WALTER L. WEISMAN, CPA 8911 LA MESA BLVD., STE 201 LA MESA, CA 91942-9032 619.697.7878

October 25, 2013

Earth Discovery Institute 120 North Park Drive Crest, CA 92021

Dear Client:

Your 2012 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2012 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by November 15, 2013. Mail the California return on or before November 15, 2013 and make the check payable to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0501

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$50 payable by November 15, 2013. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2013 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Walter L. Weisman, CPA

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning $\underline{7/01}$, 2012, and ending $\underline{6/30}$, $\underline{2013}$.

► Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization	Employer identification number					
Farth Diagovery Institute	26-2288903					
Rame and title of officer	20 2200703					
Cathleen Chadwick President						
Part I Type of Return and Return Information (Whole Dollars Only)						
Check the box for the return for which you are using this Form 8879-EO and enter the application check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return believe line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter the applicable line below. Do not complete more than 1 line in Part I.	eing filed with this form was blank, then					
1 a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 228,399.					
2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	·					
3 a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)						
4 a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF						
5 a Form 8868 check here B Balance Due (Form 8868, Part I, line 3c or Part II, line 3c or Part II)	<u> </u>					
Part II Declaration and Signature Authorization of Officer						
Under penalties of perjury, I declare that I am an officer of the above organization and that I is electronic return and accompanying schedules and statements and to the best of my knowledge and I further declare that the amount in Part I above is the amount shown on the copy of the organitermediate service provider, transmitter, or electronic return originator (ERO) to send the orthe IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its desifunds withdrawal (direct debit) entry to the financial institution account indicated in the tax preorganization's federal taxes owed on this return, and the financial institution to debit the entry contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days propauthorize the financial institutions involved in the processing of the electronic payment of taxe answer inquiries and resolve issues related to the payment. I have selected a personal identification organization's electronic return and, if applicable, the organization's consent to electronic fundamental decompositions.	belief, they are true, correct, and complete. nization's electronic return. I consent to allow my ganization's return to the IRS and to receive from greason for any delay in processing the return or gnated Financial Agent to initiate an electronic paration software for payment of the to this account. To revoke a payment, I must or to the payment (settlement) date. I also s to receive confidential information necessary to cation number (PIN) as my signature for the					
Officer's PIN: check one box only						
X authorize Walter L. Weisman, CPA to enter	my PIN 90069 as my signature					
ERO firm name	Enter five numbers, but do not enter all zeros					
on the organization's tax year 2012 electronically filed return. If I have indicated within this return a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen.	that a copy of the return is being filed with					
As an officer of the organization, I will enter my PIN as my signature on the organization's tax ye indicated within this return that a copy of the return is being filed with a state agency(ies) program, I will enter my PIN on the return's disclosure consent screen.	ar 2012 electronically filed return. If I have regulating charities as part of the IRS Fed/State					
Officer's signature ► Date ►						
Part III Certification and Authentication						
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	33649612345					
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronic above. I confirm that I am submitting this return in accordance with the requirements of Pub 4 Authorized IRS <i>e-file</i> Providers for Business Returns.	ally filed return for the organization indicated					
ERO's signature ► Walter L. Weisman, CPA Date ►						
ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So						
BAA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO					

Form **990**

For the 2012 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

2013

D Employer Identification Number

Department of the Treasury Internal Revenue Service

Check if applicable:

В

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

7/01

, 2012, and ending

	\vdash	ress change	Earth Discovery Institute			22889		
	\vdash	ne change	120 North Park Drive Crest, CA 92021		E Telepho			
	\vdash	al return	01000, 011 31011		619	-277-:	3605	
	\vdash	ninated ended return			G Gross re	aninto Ġ	220	200
	\vdash	lication pending	F Name and address of principal officer: Cathleen Chadwick	H(a) Is this	a group return			399. X _{No}
	Appi	lication pending	1821 Suncrest Blvd. El Cajon, CA 92021	` '	affiliates incl attach a list.			No
$\overline{}$	Tax-ex	empt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	If 'No,'	attach a list.	(see instru	ictions)	
<u>.</u>			w.earthdiscovery.org	H(c) Group	exemption nu	ımber ►		
K		of organization:	X Corporation Trust Association Other L Year of Forma				al domicile: CA	
Pa		Summar		200	0 1 2	10.10 01 109		·
Ť	1 B	Briefly descri	be the organization's mission or most significant activities: <u>The miss</u>	ion of	the E	arth	Discover	V
au]	Institut	e is to conduct innovative, effective science	educat	cion an	id con	servatio	<u> </u>
anc			hip programs that are integrated with science					
Activities & Governance		<u>conserva</u>						
οκ		Check this bo				_	ets.	7
å			ting members of the governing body (Part VI, line 1a)			3 4		<u>7</u> 5
ies			of individuals employed in calendar year 2012 (Part V, line 2a)			5		0
ΙŠ			of volunteers (estimate if necessary)			6		186
Ac			ed business revenue from Part VIII, column (C), line 12			7 a		0.
	b N	let unrelated	business taxable income from Form 990-T, line 34			7 b		0.
	•	S =	and monte (Death) (III Fire 112)	_	rior Year		Current Ye	
e			and grants (Part VIII, line 1h)				228	,399.
Revenue		-	nce revenue (Fart VIII, lille 2g)					
Re,			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)				228	,399.
-	13 G	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)				-	
	14 B	Benefits paid	to or for members (Part IX, column (A), line 4)					
"	15 S	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)				82	,308.
Expenses	16a P	Professional	fundraising fees (Part IX, column (A), line 11e)					
thei	b T	otal fundrais	sing expenses (Part IX, column (D), line 25) ► 3,171.					
û	17 C	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)				140	,195.
	18 ⊤	otal expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)					,503.
	19 R	Revenue less	expenses. Subtract line 18 from line 12					,896.
s or					ng of Curren	t Year	End of Ye	ar
Net Assets or Fund Balance	20 T		(Part X, line 16)		87,0		92	,918.
let A	21 T	otal liabilitie	s (Part X, line 26)			0.		0.
	22 1		fund balances. Subtract line 21 from line 20		87,0	22.	92	,918.
Pa	rt II	Signatur	e Block					
Unde	r penaltie olete. Decl	es of perjury, I de laration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to arer (other than officer) is based on all information of which preparer has any knowledge.	the best of m	ny knowledge	and belief,	it is true, correct	, and
		<u> </u>						
Sic	ın	Signatu	re of officer	Da	ite			
Sig He	re	Cati	hleen Chadwick	Pres	ident			
			print name and title.	1100	Lacire			
		Print/Type p	oreparer's name Preparer's signature Date		Check	K if P1	ΓIN	
Pai	id	Walter	L. Weisman, CPA Walter L. Weisman, CPA		self-employe		00061514	
	eparer							
	e Only				Firm's EIN	33-0	0486788	
			La Mesa, CA 91942-9032		Phone no.		597.7878	
May	the IR	S discuss th	is return with the preparer shown above? (see instructions)				X Yes	No

Part	i III	Statement of Program Service Accomplishments	
		• · · · · · · · · · · · · · · · · · · ·	X
	-	/ describe the organization's mission:	
	<u>See</u>	Schedule 0	
	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?	
		e organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
		s,' describe these changes on Schedule O.	
•	Sectio	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to s, the total expenses, and revenue, if any, for each program service reported.	
	others	s, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code	<u> </u>)
		specific purpose of this corporation is to oversee and implement the management	
		n for and to deliver educational and recreational programming at Crestridge	
		<u>logical Reserve through projects such as habitat restoration, trail system design</u>	
		construction, environmental education and stewardship, youth job training,	
		tallation of public art, interpretation of natural and cultural history, ongoing	
	COM	munity outreach and public education.	
			-
			-
4 h	(Codo	::) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
4 D		on Valley Union School District:	_)
		ves up to 3,000 primarily fourth and fifth grade students from this K-8 district	. —
		ually with science service-learning at Crestridge Ecological Reserve. Classroom	-
		chers work with district's Service-learning Coordinator to schedule field visits.	. —
		ldren explore Crestridge for 2-3 hours in groups of 9-12 with expert naturalist	. —
		dance. Grade level-specific science standards are addressed through nature-based,	. —
		ds-on activities. Students participate in biologically-based habitat restoration.	_
		students receive, use, and take with them a personal nature field journal. All	
		ticipating classes are encouraged to conduct follow-up service-learning projects	-
		er their visits that extend their science learning and manifest that knowledge to	_
		benefit of their schools and neighborhoods.	
4 c	(Code	:) (Expenses \$ including grants of \$) (Revenue \$)
	Sou	th Bay Union School District/US Fish and Wildlife Service:	
		ves up to 600 primarily fourth and fifth grade students from this K-6 district	_
		ually with science service-learning at multiple sites including the San Diego Bay	
	Nat:	ional Wildlife Refuge and the Tijuana River National Estuarine Research Reserve.	
	Cla	ssroom teachers work with EDI's Education Coordinator to schedule field visits.	
	Chi:	ldren explore field sites for 2-3 hours in groups of 9-12 with expert naturalist	
		dance. Grade level-specific science standards are addressed through nature-based,	_
		ds-on activities. Students participate in biologically-based habitat restoration	
		some sites. All students receive, use, and take with them a personal nature field	
	jou:	<u>rnal</u>	_
			_
	- · ·		
		program services. (Describe in Schedule O.) See Schedule O	
	(Expe		
4 e	ıotal	program service expenses ► 209, 927.	

	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	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? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Earth Discovery Institute Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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
t	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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		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? <i>If 'Yes,' complete Schedule M</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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

BAA Form **990** (2012)

Form 990 (2012) Earth Discovery Institute Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12			
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
(ت Did the organization comply with backup withholding rules for reportable payments to vendors and ru	eportable gaming			
	(gambling) winnings to prize winners?		1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 0			
ŀ	$oldsymbol{\mathfrak{g}}$ If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in	structions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the yea	r?	3 a		X
ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4 a		Х
t	of If 'Yes,' enter the name of the foreign country:				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		X
(If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		Х
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required to file	7с		Х
C	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		X
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file f as required?	Form 8899	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:	•			
a	a Gross income from members or shareholders	11 a			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.).	11 b	10		
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu	i	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
č			158		
	Note. See the instructions for additional information the organization must report on Schedul	ᠸ ∪.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
	Enter the amount of reserves on hand	13 c	14		V
	a Did the organization receive any payments for indoor tanning services during the tax year?.		14a		X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	scneaule O	14b		

Form 990 (2012) Earth Discovery Institute 26-2288903 Page 6 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 to any question in this Part VI..... Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing 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 . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee?..... Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhólďers, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8а X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.. Χ 120 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? a The organization's CEO, Executive Director, or top management official...... 15 a Χ **b** Other officers of key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)

See Schedule O

the public during the tax year.

19

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

<u> </u>	1			(C	:)				,	
(A) Name and Title	(B) Average	one bo	ox, ur	o not	check perso	k more t	h an	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	er an	of Officer	Former Highest compensated employee Key employee		e)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Diana Griffin Treasurer	5	Х		Х				0.	0.	0.
(2) Cathleen Chadwick President	$-\frac{40}{0}$	Х		Х				82,308.	0.	0.
(3) Victoria Bonnett Director	2	Х						0.	0.	0.
	2	Х		Х				0.	0.	0.
(5) Dena Rosenberger Director	<u> </u>	Х						0.	0.	0.
(6) Michael Beck Director	2	Х						0.	0.	0.
(7) Mary Duffy Director	2	Х						0.	0.	0.
(8)										
(9)										
(10)		-								
(11)		-								
(12)										
(13)										
(14)		_								

Part VII Section A. Officers, Directors, Trus	tees, I	Key	Em	ipic O		es, a	and	d Highest Com	pensated Empl	oyees	(COI	nt)
	` `			•	•			(D)	(F)		(E)	
(A) Name and title	Average hours	urs box, unless person is both an		(D) Reportable	(E) Reportable compensation from	E	(F) stimated	i				
Name and title	per week							compensation from the organization (W-2/1099-MISC)	amo	unt of ot pensation	her	
	(list any hours for	Individual or director	nstitu	Officer	Key employed	lighe: mplo	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization		
	related organiza	dual	tion	€Ē	mple	st co Iyee	약				d related anization	
	 tions below 	Individual trustee or director	nstitutional trustee		уее	mper						
	dotted line)	èè	stee			Highest compensated employee						
(I.E.)						<u> </u>						
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)												
(00)												
(20)												
(21)												
(22)		•										
(23)												
(24)		-										
(25)												
		•										
1 b Sub-total							>	82,308.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0. 82,308.	0.			0.
Total number of individuals (including but not limited to							ved			ensatio	า	0.
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>individu</i>	stee, al	key	em	ploy	ee, c	or hi	ighest compensate	ed employee · · · · · · · · · · · · · · · · · · ·	3		Х
4 For any individual listed on line 1a, is the sum of r	eportab	le co	mpe	nsa	tion	and	oth	er compensation	from			
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	than \$1	50,00	20'?	lf 'Y	'es'	com	olet	e Schedule J for		4		Х
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	om :	anv	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te Sc	ched	lule	J fo	r suc	:h p	erson		5		X
Complete this table for your five highest compensation from the organization. Report compensation.	ited inde	epen	dent	COL	ntrac	ctors	tha	t received more th	nan \$100,000 of			
		the ca	alen	dar <u>y</u>	year	endii	ng v				<u>~</u>	
(A) Name and business addre	SS							Description of	of services	Compe	C) nsatio	n
2 Total number of independent contractors (including but		ited to	o tho	se I	isted	l abo	ve)	who received more	than			
\$100,000 in compensation from the organization	0											

Pai	t VIII	Statement of Rev	venue					
		Check if Schedule O	contains a res	sponse to any questi	on in this Part VIII	· · · · · · · · · · · · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a F	ederated campaigns	1	а				
, GR/ MOU	b №	Membership dues		_				
FTS.	c F	undraising events						
S, G	d ∺	Related organizations						
	e G	Government grants (contribution	· ·	106,891.				
圏に	f A	All other contributions, gifts, g imilar amounts not included	grants, and above 11	121,508.				
E S	a N	loncash contributions include	<u> </u>	121,300. S				
	h T	Total. Add lines 1a-1f		T	228,399.			
3				Business Code	22070331			
PROGRAM SERVICE REVENUE	2a b_ c_							
S	d _							
GR/	e f ∆	All other program service						
8		Fotal. Add lines 2a-2f						
		nvestment income (inc						
	0	other similar amounts).						
		ncome from investmen		•				
	5 R	Royalties	(i) Real					
	6a (Gross rents	(i) Real	(ii) Personal				
		ess: rental expenses						
		Rental income or (loss)						
	d N	Net rental income or (lo	oss)					
	7a G	Gross amount from sales of	(i) Securities	(ii) Other				
	as	ssets other than inventory.						
		ess: cost or other basis						
		and sales expenses						
		Net gain or (loss)		<u> </u>				
OTHER REVENUE	1)	Gross income from fund not including. \$_of contributions reported						
8.	S	See Part IV, line 18		а				
를		Less: direct expenses						
	9a G	Net income or (loss) fro Gross income from gam See Part IV, line 19	ning activities.					
		ess: direct expenses						
		Net income or (loss) fro						
		Gross sales of inventory						
	a	and allowances		а				
	b L	ess: cost of goods solo	d	b				
	c N	Net income or (loss) fro						
	11 a	Miscellaneous Revenu	ue	Business Code				
	па _ b							
	- c							
	d A	All other revenue						
	e T	Total. Add lines 11a-11	d					
	12 T	Total revenue. See inst	ructions		228,399.	0.	0.	0.

Form 990 (2012) Earth Discovery Institute 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 to any question in this Part IX								
Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,308.	74,018.	8,290.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	F	0.	· ·	•
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,000.		1,000.	
d Lobbying			·	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0)				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,670.	2,670.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program supplies, toois, mater	79,204.	79,204.		
b Field coordinators & instructo	43,126.	43,126.		
c Fundraising plant sale	3,171.	- , == • •		3,171.
d Transportation	2,919.	2,919.		>, = · = •
e All other expenses	8,105.	7,990.	115.	
25 Total functional expenses. Add lines 1 through 24e	222,503.	209,927.	9,405.	3,171.
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)			3, 200.	3,111.

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	87,022.	1	92,918.
	2	Savings and temporary cash investments	·	2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	J	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(b)(1)), persons described in section 4958(c)(3)(R), and contributing			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
Δ		· · · · · · · · · · · · · · · · · · ·		6	
A S E T S	7	Notes and loans receivable, net		7	
Ě	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		·			
		Less: accumulated depreciation		10 c	
	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	<u>-</u>		14 15	
	15 16	Other assets. See Part IV, line 11	07 000	16	00 010
	17	Accounts payable and accrued expenses	87,022.	17	92,918.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B	22	Loans and other payables to current and former officers, directors, trustees,			
L I A B I L I T I		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	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	0.	26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
	07	lines 27 through 29, and lines 33 and 34.	0.000	07	E0 16E
Ŝ	27	Unrestricted net assets.	87,022.	27	78,167.
ASSETS	28	Temporarily restricted net assets		28 29	14,751.
O R	29	Organizations that do not follow SFAS 117 (ASC 958), check here ►		29	
		and complete lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds		32	
N C	33	Total net assets or fund balances	87,022.	33	92,918.
Ĕ	34	Total liabilities and net assets/fund balances.	87,022.	34	92,918.

Form **990** (2012) BAA

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	28,3	399.	
2	Total expenses (must equal Part IX, column (A), line 25).	2	22	22,5	503.	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8	396.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		87 , 0)22.	
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, column (B))					
Pa	rt XII Financial Statements and Reporting	1				
	Check if Schedule O contains a response to any question in this Part XII				. П	
				Yes		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant?					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 	. 3b			
BAA	4		Form	990	(2012)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2012

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Earth Discovery Institute 26-2288903 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of 11 supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated Type II Type I С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?.... A family member of a person described in (i) above?..... 11 q (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (i) Name of supported (iv) Is the (vi) Is the organization in column (i) listed in organization in column (i) organized in the U.S.? organization your governing document? support Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E) Total

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

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	92,750.	262,267.	212,203.	139,680.	228,400.	935,300.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	92,750.	262,267.	212,203.	139,680.	228,400.	935,300.
6	Public support. Subtract line 5 from line 4						935,300.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	92,750.	262,267.	212,203.	139,680.	228,400.	935,300.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						935,300.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Section C. Computation of Public Support Percentage							
	Public support percentage for 20						100.00%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	0.00%
16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	IV how the▶
	Private foundation. If the organize	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check thi	s box and see ins	tructions ►
$D \Lambda \Lambda$					0 1		000 = 7 0010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			,			
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		, ,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 6						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						_
13	Total support. (Add Ins 9, 10c, 11, and 12.)						_
14	First five years. If the Form 990 organization, check this box and	is for the organize	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pul						
15	Public support percentage for 20	12 (line 8, colum	n (f) divided by lir	ne 13, column (f)) 		%
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;		<u>, , , , , , , , , , , , , , , , , , , </u>	_
17	Investment income percentage f				ımn (f))		%
18	Investment income percentage f	rom 2011 Schedu	le A, Part III, line	17		18	%
19 a	9a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						d line 17 ►
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported organ	ization -
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, (CHECK INS DOX and	see instructions.	

Schedule A	(Form 990 or 990-EZ) 2012	Earth Discovery Institute	26-2288903	Page 4
Part IV	Supplemental Informat Part II, line 17a or 17b; (See instructions).	ion. Complete this part to provide the explar and Part III, line 12. Also complete this part	nations required by Part II, line 10 for any additional information.);

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

26-2288903 Earth Discovery Institute Form 990, Part III, Line 1 - Organization Mission The mission of the Earth Discovery Institute is to conduct innovative, effective science education and conservation stewardship programs that are integrated with science-driven ecological conservation. Form 990, Part III, Line 4d - Other Program Services Description Chula Vista Elementary School District/WiLDCOAST: Serves up to 600 elementary school students/youth organization attendees with science service-learning at multiple sites including the Otay Valley Regional Park (OVRP) and the San Diego Bay National Wildlife Refuge. Classroom teachers work with EDI's Education Coordinator to schedule field visits. Children explore field sites for 2-3 hours in groups of 9-12 with expert naturalist guidance. Grade level-specific science standards are addressed through nature-based, hands-on activities. Students participate in biologically-based habitat restoration at OVRP where WiLDCOAST takes a leadership role in conservation community outreach. All students receive, use, and take Jamul-Dulzura Union Elementary School District/La Mesa-Spring Valley School District/SANDAG-Transnet-Environmental Mitigation Program, South County Community Outreach Program: Serves up to 300 elementary school students with science service-learning at Crestridge Ecological Reserve. Classroom teachers work with EDI's Education Coordinator to schedule field visits. Children explore field sites for 2-3 hours in groups of 9-12 with expert naturalist guidance. Grade level-specific science standards are addressed through nature-based, hands-on activities. Students

Name of the organization	Employer identification number				
Earth Discovery Institute	26-2288903				
Form 990, Part III, Line 4d - Other Program Services Description					
participate in biologically-based habitat restoration. All stud	lents receive, use,				
and take with them a personal nature field journal.					
Form 990, Part VI, Line 11b - Form 990 Review Process					
The Board President and Treasurer will review before filing. The	e_completed/reviewed				
990 will be shared with the full board at the next board meeting	.g				
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts				
Any potential conflicts of interest are required to be disclose	d and discussed by				
the full board at a regular board meeting. If a conflict of int	erest is determined,				
the board member with the conflict will refrain from voting on	the relevant issue.				
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available					
No documents available to the public.					
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