

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to me income	e lax relur	15.			
<u> Part I - Id</u>	lentification					
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TI				
Print						
	Island Institute				22-278	36731
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.			
filing your return. See	386 Main Street, PO Box 648					
instructions.	City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.			
	Rockland, ME 04841					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	-PF	04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
After yo	ou enter your Return Code, complete either Part II or Parl	t III. Part II	, including signature, is applicable c	only for an	extension of	
time to file	e Form 5330.					
• If this a	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	n Name		-			
	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	poks are in the care of Peter Rand	•				
		PO Bo	x 648 - Rockland,	ME 04	841	
Teleph	none No. 207-594-9209		Fax No			
-	organization does not have an office or place of business	in the Uni				
	s for a Group Return, enter the organization's four-digit (					
box						
	quest an automatic 6-month extension of time until Ma					
	organization named above. The extension is for the orga				ipt organizati	
	calendar year 20 or					
X		20	23, and ending	JUN 3	0	2024
		,	; and onlining			
2 lfth	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period			i indi rotai		
3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
	nonrefundable credits. See instructions.	, once the		3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		Ψ	5.
	mated tax payments made. Include any prior year overpa			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				Ψ	<b>J</b> .
	ng EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.
uəli	ig ci n o (cleotronio i ederal tax rayinent oystelli). See		110.	1 30	Ψ	<b>U</b> •

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			I	Re	turn (	of Or	JBLI <b>dar</b>	IC Niza	DIS atio	CLO n F	)SUR <b>Sen</b>	E CC	DPY <b>Fro</b> i	** m l	nco	me	Tay	<b>K</b>	OMB No. 1545	-0047
For	_Q	QN					•					•							202	<u>ົ</u>
Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									<u>J</u>											
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Pu Inspectio											
_		e 2023 calend	ndar v	ear. or ta			-		1,				d endir			30,	20	2.4	Inspectio	
	heck if	C Name o			-	- <u>-</u>			- /										tion number	
a	pplicab	le:	01 01 2	gamzation													01 100			
	_Addre	ge ISIA	and	Inst	<u>citut</u>	e														
	Name chang Initial	ge Doing b														22-	278	6731	<u> </u>	
	returr	Number				x if mail is				reet ad	ldress)		Room	n/suite	ΕТ	elepho				
	Final returr termi					, PO									_			4-92		0.4
_	ated ∖Amer					e, country	, and	ZIP c	or fore	ign po	ostal co	de				ross rece			12,014,3	94.
	_returr ]Appli			.nd, 1		4841	Dot	<u>~</u> ~	Dat	54					H(a)			up retu		7
	_tion pendi	F Name a				al officer:	ret	ет	ка	liu								ates?		_
		empt status: [				i01(c) (			insert			7(a)(1)	or	527					ded? <b>Yes</b> t. See instructior	No
	Vebsi					tute	, or		IIISEIL	110.) <u>[</u>	494	(a)(1)			-				umber	15
		f organization:				Trust	_	<b>9</b> Ssocia	tion		Other			Vear					State of legal domic	ile ME
	irt I	Summary		oorporaa							0 1101			- 1041		nation.	230			110.222
	1		-	ne organiz	zation's r	nission or	most	siani	ficant	activ	ities: V	le b	old	lv	nav	iσa	te d	clim	nate and	
ce	.	economi																		
nar	2	Check this bo				anization														
Governance	3	Number of vo			-					-		-						3		16
	4										16									
s S	5	Total number																5		81
/itie	6	Total number																6		19
Activities &	7 a	Total unrelate																7a	52,2	248.
_ <	b	Net unrelated	ed bus	iness tax	able inco	me from	Form	990-	r, Par	t I, lin	e 11 .			<u>.</u>				7b		0.
																rior Ye		_	Current Yea	
ē	8	Contributions	ns and	l grants (F	Part VIII,	line 1h)									6,	879	-		5,926,9	
enu	9	Program servi		•		•											, 30		288,4	
Revenue		Investment in													3,	947			1,250,5	
	11	Other revenue													4.4		,03		264,7	
	12	Total revenue									n (A), lin	e 12)				333			7,730,7	
	13	Grants and si			• •					3)					т,	524		-	727,4	-
		Benefits paid									• • •				5	096		0.	6,117,6	0.
ses	15										A), lines	5-10)		·	5,	090		<u>4.</u> 0.	0,117,0	0.
ens	16a	Professional f		•					1e)		1,45	2 0	01					••		0.
Expenses	17	Total fundrais Other expense	-	-	-				24a					_	2	334	42	8	2,247,0	108
	18	Total expense	•		. ,	-									-	955	-		9,092,1	
	19	Revenue less														377			-1,361,3	
JC SS		10001001000	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	0.1000.00	<u></u>						<u></u>	<u></u>	<u></u>	Be	-	g of Cu	-		End of Year	
ets (	20	Total assets (I	(Part	X line 16	5)										-	646			38,393,6	
Assets or d Balances	21	Total liabilities	•		,											002			1,055,6	
Net	22	Net assets or														644			37,337,9	
	irt II	Signatur															-		. ,-	
Und	er pen	alties of perjury,	y, I dec	clare that I	have exar	nined this	return,	inclu	ding a	ccomp	anying s	chedule	es and s	stateme	ents, ar	nd to th	e best c	of my kn	nowledge and beliet	í, it is
true,	corre	ct, and complete	te. Dec	claration o	f preparer	(other tha	1 office	er) is l	based (	on all i	informati	on of w	hich pr	eparer	has an	ny know	ledge.			

	Signature of officer			Date					
Sign				Dale					
Here	<u>Peter Rand, Chief Financi</u>	al Officer							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	Melissa Magoon, CPA	Melissa Magoon, (	CPA 03/03	/25 self-employed P01712842					
Preparer	Firm's name Berry Dunn McNeil	& Parker, LLC		Firm's EIN 01-0523282					
Use Only	Firm's address 2211 Congress St								
	Portland, ME 04102 Phone no. (207)775-23								
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form <b>990</b> (2023)								

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

T

Form	990 (2023) Island Institute	22-27863	731	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	We boldly navigate climate and economic change with islam		basta	1
	communities to expand opportunities and deliver solution	5.		
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	XNo
	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?		Yes	XNo
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exp	oenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
	revenue, if any, for each program service reported.			
4a	1 010 550 150 010	le \$	44,7	54.)
	Creating a diversified, climate-forward marine economy,	by invest	ing :	
	clean marine energy solutions, working waterfront protec			
	support of sustainable seafood, and collaboration with s			
	policymakers, community leaders and industry experts to	address	- 1	
	challenges to the lobster industry.			
	<u></u>			
4h	(Code:) (Expenses \$913,721. including grants of \$69,730. ) (Reven		40,1	07 \
40	Building climate resilience by helping communities adapt			
	rising seas, warming waters and ocean acidification.		Lace	<u> </u>
	TIDING Dead, warming waterb and occan actarriederon.			
4c	(Code:) (Expenses \$1,953,736. including grants of \$201,526. ) (Reven	•	85,7	58 \
40	(Code:)(Expenses \$1,953,736. including grants of \$201,526. (Reven Cultivating community-led solutions through the Island F		rogra	<u> </u>
	grants, scholarships, education, and workforce pathways	errows pr		<u></u> ,
	granes, schorarships, education, and workforce pachways	ever relice	- 6-	
4d	Other program services (Describe on Schedule O.)			
		364,632. <sub>)</sub>		
4e	Total program service expenses6,572,395.			
			Form <b>99</b>	<b>)</b> (2023)
332002	12-21-23			
	3			

15060303 757052 111638

Form	990	(2023)

Form 990 (2023) Island Institute
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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
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	L
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X X
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 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		X
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		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X 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	44.		x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	-11	<u> </u>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120		12a	х	
h	Schedule D, Parts XI and XII	120		<u> </u>
5	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	X	Ĺ
332003	12-21-23	Form	990	(2023)

332003 12-21-23

2023.05060 ISLAND INSTITUTE

4

Form	990	(2023)
	330	

Form 990 (2023) Island Institute
Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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	23	х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u>_</u>	<u> </u>
<b>2</b> 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	х	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Δ	x
		358		
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 72			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	+ 12-21-23	Form	990	(2023)

5 2023.05060 ISLAND INSTITUTE

	990 (2023)Island Institute22-2786t VStatements Regarding Other IRS Filings and Tax Compliance (continued)	731	P	<sub>age</sub> 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	
	filed for the calendar year ending with or within the year covered by this return 2a 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	<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			
	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		<u>~</u>
b		6b		
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
р 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		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104		
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			
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
332005	12-21-23	Form	990	(2023)

Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and for a "	No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			•	
	Check if Schedule O contains a response or note to any line in this Part VI				Х
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	16			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	16			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio				
	of officers, directors, trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a		Γ			
	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	Γ			
	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	F			
	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>	-		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	····· F			
~	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	·····	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		114		
12a			12a	х	
b		Г	12b	X	
c		·····	120		
C			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	·····	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent		14	23	
15					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	х	
a L			15a	X	
b	, , , , , , , , , , , , , , , , , , , ,	·····	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		40		v
	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				
0	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 <u>ME</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)(3)s o	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X       Own website       X       Upon request       Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, and f	finano	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				
	Peter Rand - 207-594-9209				
20	Peter Rand - 207-594-9209		Form	990	(2023

Form 990 (2023) Island Institute	22-2786731	Page 7						
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								
<ul> <li>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.</li> <li>Ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>								

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless pers officer and a dire		rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	5	mplo	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			C C
(1) Kimberly Hamilton	40.00									
President		1		Х				265,623.	Ο.	13,740.
(2) Peter Rand	40.00									
Chief Financial Officer		1		Х				158,230.	Ο.	31,653.
(3) Susan Bernier	40.00									
Chief Philanthropy Officer		1				X		163,406.	Ο.	9,780.
(4) Jacqueline Little	40.00									
Chief Human Resources Officer		1				x		123,952.	Ο.	33,428.
(5) Nicholas Battista	40.00									
Chief Policy Officer		1				x		123,497.	Ο.	18,257.
(6) Kristin Howard	2.00									
Chair		х		х				0.	Ο.	0.
(7) Douglas Henderson	2.00									
Vice Chair		х		х				0.	Ο.	0.
(8) Kate Vogt	2.00									
Treasurer		X		Х				0.	Ο.	0.
(9) Shey Conover	2.00									
Secretary		Х		Х				0.	0.	0.
(10) Michael P. Boyd	1.00									
Clerk		Х		Х				0.	0.	0.
(11) Sebastian Belle	1.00									
Trustee		Х						0.	0.	0.
(12) David Cousens	1.00									
Trustee		Х						0.	0.	0.
(13) Megan McGinnis Dayton	1.00									
Trustee		Х						0.	0.	0.
(14) Michael Felton	1.00									
Trustee		X						0.	Ο.	0.
(15) Nathan Johnson	1.00									
Trustee		Х						0.	0.	0.
(16) Emily B. Lane	1.00									
Trustee		Х						0.	0.	0.
(17) Bryan Lewis	1.00									
Trustee		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

8

332007 12-21-23

Form 990 (2023)

15060303 757052 111638

2023.05060 ISLAND INSTITUTE

Form 990 (2023) Island I:									22-278	673	1 р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C					
(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	ss per	ition more rson i	) than c s both pr/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	0	ompensa from th organizat and relat rganizati	ation e tion ted
(18) Michael Sant	1.00	x						0.	0			0
Trustee (19) Michael Steinharter	1.00	Λ						0.	0	•		0.
Trustee		х						0.	0	•		0.
(20) Carol White Trustee	1.00	x						0.	0			0.
(21) Donna Wiegle	1.00											
Trustee (22) Charles Owen Verrill, Jr.	2.00	Х						0.	0	•		0.
Past Secretary	2.00	х		х				0.	0			0.
(23) Barbara Sweet	1.00											
Past Trustee		Х						0.	0	•		0.
1b Subtotal	I							834,708.	0	. 1	06,8	58.
c Total from continuation sheets to Part V	I, Section A							0.	0		0.	
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r</li> </ul>								834,708.		. 1	106,858.	
compensation from the organization		000	noto		.010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010				Vac	5
3 Did the organization list any former officer	, director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the si</li></ul>										3	i	X
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." con								•		5		x
Section B. Independent Contractors	<u>ipiete Scheaule</u>	<u> </u>	or su	icn <u>r</u>	bers	on .					<u>'</u>	1
1 Complete this table for your five highest co the organization. Report compensation for	-									sation	from	
(A)	-			3				(B)			(C)	
Name and business Systems Engineering	address						_	Description of s	ervices	Com	pensatio	n
120 Exchange Street, Port	land, M	E	04	10	1		-	IT Support Se	evices	1	07,8	14.
2 Total number of independent contractors (i	•	ot lin	nitec	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation				1	L				For	m <b>990</b> (	2023)

332008 12-21-23

art	t VIII	Statement of Re	ven	ue						_
		Check if Schedule O	conta	ains a respo	nse (	or note to any line		(5)	(2)	
							(A)	(B) Related or exempt	(C)	<b>(D)</b> Revenue exclu
							Total revenue	function revenue	Unrelated business revenue	from tax und
										sections 512 -
ş	1 a	Federated campaigns		1a						
un	b	Membership dues				1,858,354.				
Ĕ	с	Fundraising events								
ar A		Related organizations								
nile		Government grants (contr				465,816.				
Si		All other contributions, gifts,				, , , , , , , , , , , , , , , , , , , ,				
and Other Similar Amounts	•	similar amounts not included				3,602,742.				
ō	g	Noncash contributions included in				30,709.				
pu	-	Total. Add lines 1a-1f					5,926,912.			
0		Total. Add lines 1a-11				Business Code	•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	• •	Earned Income				900099	151 /20	151,420.		
Revenue		Other Income				900099	151,420. 84,822.	84,822.		
ne	b			<u></u>		541800	,	04,022.	ED 049	
/en	c	Publications/Informa				541000	52,248.		52,248.	
Be	d					├				
2	е									
•		All other program service								
	g	Total. Add lines 2a-2f					288,490.			
	3	Investment income (inclue	ding	dividends, ir	ntere	st, and				
		other similar amounts)					920,389.			920,3
	4	Income from investment of	of tax	exempt bo	nd p	roceeds				
	5	Royalties	. <u></u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of	, <u></u>	(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	4,165,5	69.					
	h	Less: cost or other basis	14							
a	b	and sales expenses	7b	3,835,3	63					
enue	-		_							
eve			70	550,2			330,206.			330,2
Other Rev		Net gain or (loss)			······		550,200.			550,2
t Pe	8 a	Gross income from fundraisi								
0		including \$								
		contributions reported on		-						
		Part IV, line 18			8a	<b>├</b> ────┤				
		Less: direct expenses			8b	L				
		Net income or (loss) from			ts					
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ing activities	s					
•	10 a	Gross sales of inventory, I	less r	returns		7				
		and allowances			10a	713,034.				
	b	Less: cost of goods sold			10b	448,274.				
_							264,760.	264,760.		
		· / -···				Business Code				
8	11 a									
ant	b									
Ver										
Revenue	с С									
ŧ		All other revenue				L				
- 1		Total. Add lines 11a-11d			<u></u>					
	<u>е</u> 12	Total revenue. See instruction				1	7,730,757.	501,002.	52,248.	

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		his Part IX	· 、	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	407,800.	407,800.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	319,653.	319,653.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	567,609.	126,743.	324,938.	115,928
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,536,587.	3,322,985.	342,623.	870,979
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	198,301.	144,258.	17,938.	36,10
9	Other employee benefits	454,134.	309,864.	60,063.	84,20
)	Payroll taxes	361,022.	239,708.	55,132.	66,182
1	Fees for services (nonemployees):				
	Management	15 010		10.004	
	Legal	15,010.	4,016.	10,994.	
С	Accounting	39,850.		39,850.	
	Lobbying	50,442.		50,442.	
е	Professional fundraising services. See Part IV, line 17	100 010		106 017	
f	Investment management fees	126,217.		126,217.	
g		461 005	260 040	00.000	4.04
	column (A), amount, list line 11g expenses on Sch 0.)	461,805.	369,048.	92,269.	488
2	Advertising and promotion	53,192.	53,192.	01 01 7	
3	Office expenses	199,131.	130,607.	21,017.	<u>47,50</u> 17,193
4	Information technology	257,563.	69,031.	171,339.	17,193
5	Royalties	150 000			1 0.77
6		152,000.	24,525.	125,500.	1,975
7	Travel	169,857.	145,820.	9,782.	14,255
3	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	15,766.	1/ 027	929.	
9	Conferences, conventions, and meetings	.00, CI	14,837.	949.	
)	Interest				
1	Payments to affiliates	97,873.	72,284.	10 060	14,620
2	Depreciation, depletion, and amortization	30,453.	26.	<u>    10,969.</u> 30,427.	14,020
3	Insurance	50,455.	20.	50,427.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Program Support Service	235,013.	534,573.	-444,790.	145,230
4			101 156	771	

225,891.

9,092,114.

72,766.

Form 990 (2023)

33,964.

1,637.

1,734.

1,452,004.

771.

8,355.

12,950.

1,067,715.

15060303 757052 111638

Check here

332010 12-21-23

Pulications

d Equipment Cost e All other expenses

Employee Training

b

С

25

26

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

& Dev

11 2023.05060 ISLAND INSTITUTE

6,572,395.

191,156.

62,774. 29,495.

15060303 757052 111638

12 2023.05060 ISLAND INSTITUTE

990 (2 rt X	2023) Island Institu Balance Sheet	te			22-	2786731 Page 11			
17	Check if Schedule O contains a response or note	e to any li	ing in this Part X			X			
		e to any m		(A)	[	(B)			
				Beginning of year		End of year			
1	Cash - non-interest-bearing			50,029.	1	28,129.			
2	Savings and temporary cash investments			2,866,316.		2,448,106.			
3	Pledges and grants receivable, net			717,673.		783,011.			
4	Accounts receivable, net			88,377.		398,251.			
5	Loans and other receivables from any current or								
	trustee, key employee, creator or founder, subst	antial con	ntributor, or 35%						
	controlled entity or family member of any of thes	se person:	s		5				
6	Loans and other receivables from other disqualif	fied perso	ons (as defined						
	under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6				
7	Notes and loans receivable, net			51,700.		99,756.			
8	Inventories for sale or use			299,624.	8	337,102.			
9	Prepaid expenses and deferred charges			152,006.	9	183,180.			
10a	Land, buildings, and equipment: cost or other								
	basis. Complete Part VI of Schedule D	10a	3,388,351.						
b	Less: accumulated depreciation	10b	2,515,044.	933,229.		873,307.			
11	Investments - publicly traded securities			28,697,582.		30,390,188.			
12	Investments - other securities. See Part IV, line 1			94,557.	12	94,557.			
13	Investments - program-related. See Part IV, line 1	11	L		13				
14	Intangible assets			51,386.		116,663.			
15	Other assets. See Part IV, line 11		L	2,644,063.	15	2,641,351.			
16	Total assets. Add lines 1 through 15 (must equa			36,646,542.		38,393,601.			
17	Accounts payable and accrued expenses		L	827,298.	17	827,563.			
18	Grants payable				18				
19	Deferred revenue			23,596.	19	11,818.			
20	Tax-exempt bond liabilities		·····		20				
0.4	For a second standing to the second line little Operation of	0	O de la della D		~ 1				

20 Tax-exempt bo Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 100,000. 100,000. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 116,280. 51,386. 25 of Schedule D 1,002,280. 1,055,661. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 16,707,259. 15,659,314. 27 27 Net assets without donor restrictions 18,937,003. Net assets with donor restrictions 21,678,626. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 35,644,262. 37,337,940. Total net assets or fund balances 32 32 38,393,601. 36,646,542. 33 33 Total liabilities and net assets/fund balances

Form 990 (2023)

Assets

Form	1990 (2023) Island Institute	22	-2786731	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,730		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,092		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,362	1,3	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,644		
5	Net unrealized gains (losses) on investments	5	2,95'	7,1'	<u>79.</u>
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 on Schedule O)	9	9'	7,8	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	37,33	7,9	<u>40.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	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:				
	X 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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2023
Open to Public Inspection

Name of th	e organizati	on
	3	

Nar	ne of t	the organization	1						identification number			
D			nd Institut						2-2786731			
	art I	Reason for Public (					ee instruction	S.				
The	organ	ization is not a private found										
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).					
2		A school described in sect										
3		A hospital or a cooperative	hospital service orga	nization described in so	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in			
~		section 170(b)(1)(A)(iv). (C		and a local the state of the state of the			( )					
6		A federal, state, or local gov	-									
'	X											
_		section 170(b)(1)(A)(vi). (C										
8		A community trust describe			-							
9		An agricultural research org										
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10		An organization that norma										
		activities related to its exem		-					-			
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Con										
11		An organization organized a	-	•	•				_			
12		An organization organized a	•		•			•				
		more publicly supported or							check the box on			
		lines 12a through 12d that	• •					-				
á		<b>Type I.</b> A supporting orga		-	• • •	-						
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must o										
ł		<b>Type II.</b> A supporting org	-				•		-			
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	•									
C		Type III functionally inte						ly integrate	d with,			
		its supported organization		-								
C		Type III non-functionally						-				
		that is not functionally int			•		-	an attentiv	/eness			
	_	requirement (see instructi	,	•								
e		Check this box if the orga					Туре I, Туре	II, Type III				
		functionally integrated, or		hally integrated supportion	ng organiz	ation.						
1		er the number of supported o	•									
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
	,	organization	()	(described on lines 1-10	in your governi	-	support (see in	-	support (see instructions)			
				above (see instructions))	Yes	No						
_												
Tot	al											
100									1			

Schedule A	Form	990	202
Schedule A	FOILIT	990	1202.

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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4071653.	6057758.	5826528.	2879028.	5926912.	24761879.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4071653.	6057758.	5826528.	2879028.	5926912.	24761879.
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)						3786493.
	Public support. Subtract line 5 from line 4.						20975386.
	ction B. Total Support	1		I	1		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4071653.	6057758.	5826528.	2879028.	5926912.	24761879.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	614,355.	525,560.	831,463.	688,197.	920,389.	3579964.
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.)						
11	Total support. Add lines 7 through 10						28341843.
	Gross receipts from related activities,						,340,778.
13	First 5 years. If the Form 990 is for the	-					
0	organization, check this box and <b>stop</b>						
	ction C. Computation of Publi						74 01
	Public support percentage for 2023 (I		-			14	74.01 %
	Public support percentage from 2022					15	76.18 %
16a	33 1/3% support test - 2023. If the o						37
	stop here. The organization qualifies		-		line of <b>F</b> in OO <b>d</b> (OO)		
D	<b>33 1/3% support test - 2022.</b> If the open states have The exception states have						
47-	and stop here. The organization qual				10 160 or 16b o		
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	-			-	7a and line 15 is	
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization		-		• •		
				2, 100, 170, 01 170	, encor this box a		(Form 990) 2023

332022 12-21-23

Schedule A				Institute	
Part III	Support	: Schedule	for Organizat	ions Described ir	n 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> 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						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	<u>.</u>			
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
Section C. Computation of Publ	ic Support Per	centage			, , ,	
<b>15</b> Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022 Section D. Computation of Invest					16	%
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from		'			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r				33 1/3%, and l	ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
332023 12-21-23					Sched	lule A (Form 990) 2023
		16	5			

2023.05060 ISLAND INSTITUTE

Yes No

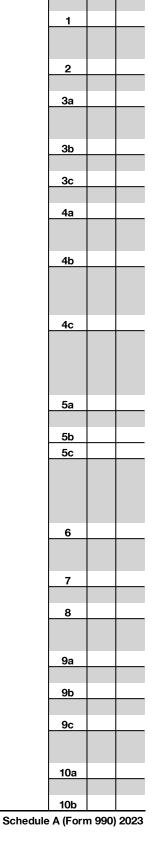
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

332024 12-21-23



	(Form 990) 2023		Institute
Part IV	Supporting Org	anizations (cont	tinued)

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> 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 officers, 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.

## Section C. Type II Supporting Organizations

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

110 30	Sponted orga		
Section D	). All Type	III Supporting	<b>Organizations</b>

			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 on line 2, above, 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		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- a 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 suppor	ted a governmental entity (see instruction <u>s).</u>
---	--	---	------------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "No" provide details in **Part VI.** 

**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.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

332025 12-21-23

#### 18 2023.05060 ISLAND INSTITUTE

Sche	edule A (Form 990) 2023 Island Institute			22-2786731 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 ( <i>explain ii</i>	7 Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			·
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 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 0.035.	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 0.85 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-function	ally integrate	d Type III supporting org	ganization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Island Institute	
------------------	--

22-2786731 Page 7

	dule A (Form 990) 2023 Island Instit			2	2-2786731	Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ed)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the					
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	[		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributab Amount for 2	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2	023 Island	Institute		22-2786731 Page 8
Part VI Supplem Part IV, Sec line 1; Part	<b>ental Information.</b> Pro tion A, lines 1, 2, 3b, 3c, 4b, IV, Section D, lines 2 and 3; ines 5, 6, and 8; and Part V,	vide the explanations require 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 Part IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17a or 1b, and 11c; Part IV, Section B, lines 1 ta, 2b, 3a, and 3b; Part V, line 1; Part V Also complete this part for any additior	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
Schedule A, I	List of Unusual	Grants Receiv	red:	
Description:	Cash Contribut	ion		
Date: 06/30/2	23 Amount:	4000000.		
332028 12-21-23		21		Schedule A (Form 990) 2023

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

22-2786731

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# Island Institute

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>865,729.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>803,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>572,781.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>525,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$340,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>269,223.</u>	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
	Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4	Name, address, and ZIP + 4         Total contributions

Name of organization

Employer identification number

22-2786731

23 2023.05060 ISLAND INSTITUTE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$_250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    8                                </u>		\$8_,509.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   10                                 </u>		\$124,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
323452 12-26-23		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

24 2023.05060 ISLAND INSTITUTE

Schedule B (Form 990) (2023)

Island Institute

Name of organization

Part I

Employer identification number

22-2786731

Island	l Institute		22-2786731		
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$\$			

25 2023.05060 ISLAND INSTITUTE

111638\_1

Name of organization

Page **3** 

Employer identification number

Name of o	rganization			Employer identification number	
Telano	d Institute			22-2786731	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or I	ry For organizations	at total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of gif	t		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-					
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-	(e) Transfer of gift				
-	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship of tra			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-		(e) Transfer of gif	t		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
323454 12-26	-23			Schedule B (Form 990) (202	
		0.0			

26 2023.05060 ISLAND INSTITUTE

SCHEDULE	С
	-

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I A only.

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

ivan					Emplo	oper identification number
D		Institute		an in a continu FC	7	22-2786731
Pa	rt I-A Complete if the org	panization is exempt und	er section 501(c)	or is a section 52	27 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	ures				
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(	3).		
	Enter the amount of any excise tax					
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$	
	If the organization incurred a section					
4a	Was a correction made?					Yes No
	If "Yes," describe in Part IV.		<b>501</b> (a)		04(-)	(0)
		anization is exempt und			. ,	(3).
	Enter the amount directly expended		-		\$.	
2	Enter the amount of the filing organ		-			
_	exempt function activities				\$.	
3	Total exempt function expenditures		,			
	line 17b					
4	Did the filing organization file Form					
5	Enter the names, addresses, and e made payments. For each organiza					
	contributions received that were pr political action committee (PAC). If				eparate	segregated fund or a
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

2023 Open to Public Inspection

Schedule C (Form 990) 2023	Island	Inst	itute		22-2	786731	Page <b>2</b>
Part II-A Complete if the org	janizatior	n is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction und	er
section 501(h)).							
A Check if the filing organiza	ation belong	s to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, El	N,
expenses, and sha	re of excess	lobbying e	expenditures).				
B Check if the filing organiza	ation checke	ed box A an	d "limited control" pro	visions apply.	[		
	its on Lobby ditures" me		nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliate total	• •
1a Total lobbying expenditures to influ	uence public	c opinion (c	arassroots lobbving)				
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)					50,442.		
c Total lobbying expenditures (add li	50,442.						
d Other exempt purpose expenditure		9,041,672.					
e Total exempt purpose expenditure					9,092,114.		
f Lobbying nontaxable amount. Ente					604,606.		
If the amount on line 1e, column (a) of			bying nontaxable amo				
not over \$500,000, 20% of the amount on line 1e.							
over \$500,000 but not over \$1,000	ess over \$500,000.						
over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000							
over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.							
over \$17,000,000, \$1,000,000.							
	g Grassroots nontaxable amount (enter 25% of line 1f)						
<b>h</b> Subtract line 1g from line 1a. If zer		,			0.		
i Subtract line 1f from line 1c. If zero	-				0.		
j If there is an amount other than ze	ro on either	line 1h or l	ine 1i, did the organiza	ation file Form 4720	-		
reporting section 4911 tax for this						Yes	No
(Some organizations t	hat made a	section 50	eraging Period Under )1(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	low.	
	Lobb	ying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	<b>(e)</b> To	otal
2a Lobbying nontaxable amount	520	,087.	508,920.	597,786.	604,606.	2,231	,399.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						3,347	<u>,099.</u>
<b>c</b> Total lobbying expenditures	48	,761.	16,207.	21,395.	50,442.	136	,805.
d Grassroots nontaxable amount	130	,022.	127,230.	149,447.	151,152.	557	,851.
e Grassroots ceiling amount (150% of line 2d, column (e))						836	<u>,777</u> .
	1			1	1	1	

Schedule C (Form 990) 2023

332042 11-06-23

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
u d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b)	Part I	II-A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
	Total		2c			
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE	D
----------	---

I

(Form	990	)
-------	-----	---

# **Supplemental Financial Statements**

OMB No. 1545-0047 23 to Public ection

No

(For	m 990)		2023 Open to Public		
	al Revenue Service		Attach to Form 990. 0 for instructions and the latest information.		Inspection
Nam	e of the organizati				identification number
_		Island Institute			2-2786731
Pa		-	d Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		<u></u>	
			(a) Donor advised funds	(b) Funds and	d other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fun		
-			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose confer	-	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV		Yes No
				, iii le 7.	
1		servation easements held by the organization		orioally import	tant land area
		n of land for public use (for example, recrea of natural habitat	tion or education) Preservation of a hist Preservation of a cert		
		n of open space		ineu historie :	structure
2		• •	fied conservation contribution in the form of a co	nservation es	sement on the last
2	day of the tax year				at the End of the Tax Yea
а				2a	
b				2b	
c	-		ucture included on line 2a	2c	
d		vation easements included on line 2c acqu			
u				2d	
3			eased, extinguished, or terminated by the organ	·	the tax
-	year				
4		where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
		forcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation		
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements duri	ng the year
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(	i)	
	and section 170(h	)(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense staten	nent and	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	at describes f	he
_		ounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Pa		•	f Art, Historical Treasures, or Other S	Similar Ass	ets.
	Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	ance sheet w	orks
		· · ·	olic exhibition, education, or research in furthera	nce of public	
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balanc		
			exhibition, education, or research in furtherance	e of public se	rvice,
		ing amounts relating to these items.			
	.,				
2			asures, or other similar assets for financial gain,	provide	
	-	unts required to be reported under FASB A	-		
a					
b	Assets included in	1 Form 990, Part X		\$	

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

332051 09-28-23

15060303 757052 111638

30 2023.05060 ISLAND INSTITUTE

Schedule D (Form 990) 2023

Sche		Institute			2	2-278	5731	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar <i>I</i>	Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant us	e of its		-	
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	empt purpose	in Part XII	l.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			Yes		No
Par					n Form 990, P	art IV, line	9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets n	ot included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
	5	I.	5			Α	mount		
с	Beginning balance				1c		,		
	Additions during the year						,		
	Distributions during the year						,		
	Ending balance						,		
	Did the organization include an amount on Fo					· 🗍	Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •				1
Par									4
	· · · · ·	(a) Current year	(b) Prior year	(c) Two years back		ars back 🛛 (	<b>e)</b> Four y	ears l	back
1a	Beginning of year balance	28,677,517.	26,762,060.	30,987,978	. 24,362	1,595.	22,9	25,4	444.
	Contributions		4,160,000.	694,333	. 1,153	3,458.			990.
	Net investment earnings, gains, and losses	3,873,359.	2,918,954.	-3,830,875		2,544.			516.
	Grants or scholarships	. ,			,				
	Other expenditures for facilities								
•	and programs	2,192,752.	5,163,497.	1,089,376	1,029	9,619.	ç	86.3	355.
f	Administrative expenses	, , -	, , , -	, ,	,				
g	End of year balance	30,358,124.	28,677,517.	26,762,060	30 98	7,978.	24,3	61 5	595.
2	Provide the estimated percentage of the curr			, ,	- ,	, .	,		
	Board designated or quasi-endowment	44.0210	%						
h	Permanent endowment 41.7550	%	_/0						
, r	11 0010	% %							
U	The percentages on lines 2a, 2b, and 2c show								
30	Are there endowment funds not in the posse		ion that are held an	d administered for	the				
ou	organization by:				the			′es	No
	(i) Unrelated organizations?					۱	3a(i)		X
							3a(ii)	-	x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require					3b		
1	Describe in Part XIII the intended uses of the					L	50		
Par	t VI Land, Buildings, and Equipm	2	inent lunus.						
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part 3	X line 10				
	Description of property	(a) Cost or ot			Accumulated		<b>l)</b> Book		
	Description of property	basis (investm			depreciation		IJ BOOK	value	;
10	Land			5,919.			85	91	19.
	Land				,446,52	6.	767		
	Buildings Leasehold improvements			<u>,,,,,,</u>	, = = 0 , 5 2 0	<u> </u>		,	
			1 01	1,875.	991,60		20	27	75.
	Equipment			6,918.	76,91			, 4 /	<u>/J.</u> 0.
-	Other						873	20	
Total	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part >	, line 10c, column	(B))				-	
					S	chedule D	(Form s	99U)	2023

15060303 757052 111638

Schedule D	(Form 990)	) 2023	Is.	Land	l Ins	ti	tu	τe

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			· · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
		(c) Method of Valdation. Cost of end-	
(1)			
(2)			
(3)			
(4)(5)			
(5)			
<u>(6)</u>			
(7)(9)			
(8)			
(9) Total (Col. (b) must agual Farm 000, Dart V, ling 12, col. (B))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(1) Beneficial Interest in Per	•		2,006,988.
(2) Cash Surrender Value of L:			556,518.
(3) Section 457(b) Retirement		101109	52,420.
(4) Other Assets	Tian nobeeb		25,425.
(5)			25,425.
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	( <i>(</i> <b>R</b> ))		2,641,351.
Part X Other Liabilities	<i>.</i> (D))	I	2,012,0010
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.         (a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			.,
(2) Operating Lease Liabilitie	28		116,280.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			116,280.
Total. (Column (b) must equal Form 990, Part X, line 25, co.	l. (D)) ·····		110,200.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 Island Institute			22-	2786731 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Witl	h Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,107,849.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,957,179.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	546,130.		
е	Add lines 2a through 2d			2e	3,503,309.
3	Subtract line 2e from line 1			3	7,604,540.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	126,217.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	126,217.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,730,757.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,414,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	448,274.		
е	Add lines 2a through 2d			2e	448,274.
3	Subtract line 2e from line 1			3	8,965,897.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	126,217.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	126,217.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,092,114.
Pa	t XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part V, line 4:

	The	purpose c	of the	organization's	endowment	funds	is	to	provide	investme	nt
--	-----	-----------	--------	----------------	-----------	-------	----	----	---------	----------	----

income and gains to further various activities of the institution.

Part X, Line 2:

The	Institute	is	exempt	from	income	tax	under	Section	501(c)(3)	of t	he
-----	-----------	----	--------	------	--------	-----	-------	---------	-----------	------	----

Internal Revenue Code (the Code). In addition, the Institute qualifies for

the charitable contribution deduction under Section 170(b)(1)(A) and has

been classified as an organization other than a private foundation under

Section 509(a)(2) of the Code.

	U.S.	general	ly accepted	accounting	principles	(U.S.	GAAP) re	quire	
	332054 09-2	8-23						Schedule D (Form 990) 2023	
					33				
15	060303	757052	111638		2023.05060	ISLAND	INSTITUT	re 111638	_1

Schedule D (Form 990) 2023 Island Institute	22-2786731 Page 5
Part XIII Supplemental Information (continued)	
management to evaluate tax positions taken by the Institu	ute and recognize
a liability if the Institute has taken an uncertain posit	tion that more
likely than not would not be sustained upon examination l	by the Internal
Revenue Service and state taxing authorities. The Institu	ute is subject to
routine audits by taxing jurisdictions; however, there a	re currently no
audits for any tax periods in progress.	
Part XI, Line 2d - Other Adjustments:	
Change in Beneficial Interest in Perpetual Trust	97,856.
Cost of Goods Sold	448,274.
Total to Schedule D, Part XI, Line 2d	546,130.
<u> Part XII, Line 2d - Other Adjustments:</u>	
Cost of Goods Sold	448,274.
	Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury     Attach to Form 990.       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.										
Name of the organization Island Institute Employer identification number 22-278673										
Part I General Information on Grants a										
1 Does the organization maintain records a criteria used to award the grants or assist	stance?						on 🔣 Yes 🗌 No			
2 Describe in Part IV the organization's pro		<u> </u>					N/ Page 04 for any			
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Par	TV, line 21, for any			
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
Luke's Lobster Holding, LLC										
84 Industrial Park Rd.										
Saco, ME 04072	38-3977756		54,255.	0.			Lift all Boats			
Community Shellfish Co., LLC PO Box 106							Responsive Fund - Storm			
Bremen, ME 04551			10,000.	0.			Response			
Greenhead Lobster 38 Ocean St., #2 Stonington, ME 04681	01-0515454		10,000.	0.			Responsive Fund - Storm Response			
Town of Brunswick 85 Union St. Brunswick, ME 04011	01-6000089	Government	7,930.	0.			ShoreUp Sea Level Rise Grant			
Town of Southport PO Box 149 Southport, ME 04576	01-6000375	Government	10,000.	0.			ShoreUp Sea Level Rise Grant			
Town of Swans Island PO Box 11 Swans Island, ME 04685	01-6000391	Government	10,000.	0.			ShoreUp Sea Level Rise Grant			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>			e line 1 table				<u> </u>			

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

Schedule I (Form 990) 2023

#### Schedule I (Form 990) Island Institute Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Town of Islesboro							
PO Box 76							ShoreUp Sea Level Rise
Islesboro, ME 04848	01-6000214	Government	10,000.	0.			Grant
Monhegan Plantation							
262 Monhegan Ave.							ShoreUp Sea Level Rise
Monhegan, ME 04852	01-0280086	Government	10,000.	٥.			Grant
Hylan and Brown Boat Builders							
10 Frank Day Lane							
Brooklin, ME 04616	01-0522185		10,000.	0.			Business Resilience Grant
National Lead for America, Inc.							
100 S Market St, Suite 2C							
Wichita, KS 67202	83-1839530	501(c)(3)	26,667.	0.			Broadband Planning
Midcoast Council of Governments							
PO Box 62							
Damariscotta, ME 04543	01-0542494	Government	6,000.	0.			Broadband Planning
			-,	·			
Hancock County Planning Commission							
395 State St							
Ellsworth, ME 04605	01-0310087	501(c)(3)	6,000.	0.			Broadband Planning
							Historical Building
Frenchboro Congregational Church	90-0804494		26,248.	0.			Preservation
	1	1	1			1	1

Schedule I (Form 990)

Schedule I (Form 990) 2023

Island Institute

22-2786731 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Compass Grants	21	29,500.	0.		Workforce training grants
					College scholarships for
Scholarships	39	78,000.	0.		island/coastal students
					Travel/enrichment scholarships
Geiger Scholarships	26	53,859.	0.		for island/coastal students
					Grants made to individuals in
Storm Response Grants	14	42,500.	0.		response to winter storms
					Grants made to individuals for
ShoreUp Grants	1	2,300.	0.		sea level rise planning

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information

Part I, Line 2:

Grants and scholarship funds are monitored through continued relationships

with and reporting from the recipients.

hedule I (Form 990) Island Inst					22-2786731 Pag
art III Continuation of Grants and Other Assistance to (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
siness Resilience Grants	41.	113,494.	0.		Grants made to individuals to support small business
					Schedule I (Form 5

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 2	)
		Compensated Employees		20	ZJ	)
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer id			nber
		Island Institute	22-2	78673	1	
Pa	rt I Question	s Regarding Compensation				
_					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		spending account Personal services (such as maid, chaumer	ir, chet)			
h	If any of the bayes	on line to ave checked, did the exception follow a written policy recording powerst or				
b	•			16		x
2				<u>1b</u>		
2				2		x
	inusiees, and onice					
3	Indicate which if ar	w, of the following the organization used to establish the compensation of the organization's				
•						
			511 (0			
	·					
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
						X
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Travel for companions Travel for companions Discretionary spending account Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, fany of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization's Compensation committee Written employment contract M Independent compensation consultant Travele for meson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nongualified retirement plan? Participate in or receive payme		'n			
а				<u>6a</u>		X
b	, 0			6b		X
7						
				7	Х	<u> </u>
8			ie			
		· · · · · · · · · · · · · · · · · · ·		8	_	X
9						
					<b>.</b>	
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2023

LHA 332111 11-06-23

15060303 757052 111638

#### 22-2786731

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Kimberly Hamilton	(i)	220,133.	108.	45,382.	4,038.	9,702.	279,363.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Peter Rand	(i)	157,797.	433.	0.	10,146.	21,507.	189,883.	0.
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Susan Bernier	(i)	163,081.	325.	0.	9,780.	0.	173,186.	0.
Chief Philanthropy Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Jacqueline Little	(i)	123,844.	108.	0.	3,686.	29,742.	157,380.	0.
Chief Human Resources Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1b:

The organization provided a taxable housing allowance to the current

president. The housing allowance was included in the offer of employment,

and is not part of an organizational policy.

Part I, Line 7:

Discretionary bonuses were authorized for members of the senior leadership

team in June 2024, in recognition of organizational and individual

performance.

Schedule J (Form 990) 2023

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2023
Open to Public

Employer identification number

22-2786731

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

#### Island Institute

Pa	rt I Types of Property				·			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	30 709.	Stock Marke	+ V2	- 1 11 6	
9 10	Securities - Closely held stock	23	<b>v</b>		beeck harke		<u>u</u>	-
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous Qualified conservation contribution -							
13								
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

15060303 757052 111638

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023

15060303 757052 111638

43 2023.05060 ISLAND INSTITUTE SCHEDULE O (Form 990)



22-2786731

Island Institute

Form 990, Part I, Line 1, Description of Organization Mission:

opportunities and deliver solutions.

Form 990, Part III, Line 4d, Other Program Services:

Ancillary programmatic support

Expenses \$ 2,685,359. including grants of \$ 276,248. Revenue \$ 364,632.

Form 990, Part VI, Section B, line 11b:

The Board of Trustees has delegated the detail review of the draft Form 990 prepared by independent accountants to their Finance committee. The Finance Committee and management reviews the 990, and prior to submission, a public inspection copy of the Form 990 is provided to the entire Board of Trustees.

Form 990, Part VI, Section B, Line 12c:

The organization monitors compliance with its conflict of interest policy

through a formal annual conflict of interest statement required by all

trustees and ongoing communication with members of the board of trustees

throughout the year.

Form 990, Part VI, Section B, Line 15:

The Executive Committee of the board is empowered to undertake all trustee matters, including an annual review of the president's performance. They meet annually with the president and review their formal evaluation. The full board in executive session reviews the outcome of that meeting and then votes on the president's compensation, taking into account comparable For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

lame of the organization	Employer identification number
Island Institute	22-2786731
compensation data obtained for other similar organizat	ions. The
organization conducts a market study of compensation e	very 2 to 3 years of
employee compensation, including for key employees. The	ese deliberations and
lecisions are documented in meeting minutes and in budg	get materials.
Form 990, Part VI, Section C, Line 19:	

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

Island Institute

386 Main Street, PO Box 648

Rockland, ME 04841

EIN: 22-2786731

Section 1.263(a)-3(n) Election:

Island Institute is electing to capitalize repair and maintenance costs

under Regulation Section 1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Beneficial Interest in Perpetual Trust

97,856.

332212 11-14-23

332161 09-28-23 LHA

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

SCHEDULE R (Form 990)

## **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.

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

Name of the organization

Island Institute

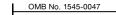
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II

organizations during the tax year.							
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Davis Conservation Foundation - 22-2976811							
30 Forest Falls Dr. STE 5							
Yarmouth, ME 04096	Awards Grants	Maine	501(c)(3)	Line 12a, I	N/A		х
	7						
	7						

Schedule R (Form 990) 2023



23 Open to Public Inspection

Department of the Treasury Internal Revenue Service

22-2786731

Employer identification number

### Schedule R (Form 990) 2023 Island Institute

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.

	······································	,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	I or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	]								

#### Schedule R (Form 990) 2023 Island Institute

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	1
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			Ŧ
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		╉
c Lease of facilities, equipment, or other assets from related organization(s)	1k		I
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			╉
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)			T

(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(</u> 4)			
(5)			
_(6)			

## Schedule R (Form 990) 2023 Island Institute

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
Part I - Id	lentification			-		
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	identificatio	n number (TIN)
Print						
	Island Institute				22-27	86731
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.			
filing your	386 Main Street, PO Box 648					
return. See instructions.	City, town or post office, state, and ZIP code. For a for		ress. see instructions.			
	Rockland, ME 04841	5				
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			07
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
	ou enter your Return Code, complete either Part II or Part	t III. Part II	- I. including signature. is applicable c	only for an	extension o	F.
	e Form 5330.			,		
• If this a	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	n Name		0			
Pla	n Number					
Pla	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	poks are in the care of Peter Rand	•	L.			
	386 Main Street,	PO Bo	ox 648 - Rockland,	ME 04	841	
Teleph	ione No. 207-594-9209		Fax No.			
• If the c	organization does not have an office or place of business	in the Un				
	s for a Group Return, enter the organization's four-digit (					
box[	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the exter	nsion is for.
1 Ire	quest an automatic 6-month extension of time until Ma	ay 15	, 20 <b>25</b> , to file	e the exem	npt organiza	tion return for
	organization named above. The extension is for the orga					
	calendar year 20 or					
Х	] tax year beginning JUL 1	, 20	2.3 , and ending	JUN 3	0.	, 20 <b>24</b>
2 lfth	ne tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and			
	mated tax payments made. Include any prior year overpa			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				· ·	
	ng EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	Extended to May 15, 202			
Form <b>990-T</b>	Exempt Organization Business Inco			OMB No. 1545-0047
	(and proxy tax under section 603			0000
	For calendar year 2023 or other tax year beginning $\underbrace{JUL 1, 2023}$ , and e	anding JUN 30, 202	<u>4</u> .	2023
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the		-	Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if you		-	501(c)(3) Organizations Only bloyer identification number
A Check box if address changed.	Name of organization ( Check box if name changed and see instr	uctions.)		
<b>B</b> Exempt under section	Print Island Institute		2	2-2786731
<b>X</b> 501( <b>c</b> )( <b>3</b> )	_or Number, street, and room or suite no. If a P.O. box, see instructions.		E Gro	up exemption number instructions)
408(e)220(e)	Type 386 Main Street, PO Box 648		(300	instructions,
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code			
529(a) 529A	Rockland, ME 04841		F 🗌	Check box if
		,393,601.		an amended return.
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust 6417(d)(1)(A) Applicable entity	Other trust	State	college/university
H Check if filing only t	o claim Credit from Form 8941 Refund shown on Form	2439 📃 Elective paymer	nt amo	unt from Form 3800
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding cor	ooration		
	attached Schedules A (Form 990-T)			2
	was the corporation a subsidiary in an affiliated group or a parent-subsi	diary controlled group?		Yes X No
	ame and identifying number of the parent corporation re of Peter Rand	Talanhana numbar 2	07	594-9209
	elated Business Taxable Income	Telephone number 2	07-	594-9209
1 Total of unrelated	business taxable income computed from all unrelated trades or busine	esses (see instructions)	1	1,168.
2 Reserved			2	
3 Add lines 1 and 2	2		3	1,168.
			4	0.
	usiness taxable income before net operating losses. Subtract line 4 from		5	1,168.
	t operating loss. See instructions		6	1,168.
	d business taxable income before specific deduction and section 199A	deduction.		
Subtract line 6 fr			7	1 000
	on (generally \$1,000, but see instructions for exceptions)		8	1,000.
	199A deduction. See instructions		9	1,000.
	<ul> <li>Add lines 8 and 9</li> <li>ess taxable income. Subtract line 10 from line 7. If line 10 is greater th</li> </ul>		<u>10</u> 11	0.
Part II Tax Com			_ ••	
1 Organizations ta	axable as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
2 Trusts taxable a	t trust rates. See instructions for tax computation. Income tax on the a			
, ,	m: Tax rate schedule or Schedule D (Form 1041)		2	
	nstructions		3	
	ts. See instructions		4	
5 Alternative minim	ium tax		5	
	bliant facility income. See instructions		6 7	0.
Part III Tax and	3 through 6 to line 1 or 2, whichever applies Payments		1	0.
	t (corporations attach Form 1118; trusts attach Form 1116)	1a		
<b>b</b> Other credits (se		1b		
	s credit. Attach Form 3800 (see instructions)	1c		
	ear minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Ac	Id lines 1a through 1d		1e	
2 Subtract line 1e	rom Part II, line 7		2	0.
3a Amount due fron	1 Form 4255	3a		
<b>b</b> Amount due fron		3b	-	
c Amount due fron		3c	-	
d Amount due fron		3d	-	
	ue (see instructions)	3e	~	0.
	ue. Add lines 3a through 3e nes 2 and 3f (see instructions) Check if includes tax previously de		3f	0.
	The 2 and 31 (see instructions).		4	0.
	ax liability paid from Form 965-A, Part II, column (k)		5	0.
	eduction Act Notice, see instructions. 323701 11-20-23			Form <b>990-T</b> (2023)
-	53			, ,

2023.05060 ISLAND INSTITUTE

Form 9	90-T (2023)			F	age 2
Part	III Tax and Payments (continued)				
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
с	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439				
i	Credit from Form 4136				
j	Other (see instructions)				
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount ove	rpaid	10		
	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informa	tion (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in o	or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of the foreign country			
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a			
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
4	Enter available pre-2018 NOL carryovers here \$ 22,023. Do no	t include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on Part	: I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	17 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	or the tax year. See instructions.			
	Business Activity Code	Available post-2017 NOL	carryover		
	901101	\$	7,684.		
		\$			
		\$			
		\$			
6 a	Reserved for future use				
b	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the Signature of officer	ed this return, including accompany an taxpayer) is based on all informa	ving schedules an ation of which pre <b>Chief</b> <u>Offic</u> Title	parer has any knowled Financia	e best of my knov ge 1	May t the pr	and belief, it is the IRS discuss reparer shown b actions)?	this return w	vith
I	Print/Type preparer's name	Preparer's signature		Date	Check		PTIN		
Paid	Melissa Magoon, CPA	Melissa Mago CPA	•	03/03/25	self-employe	d	P0171	2842	
Preparer Use Only	D. D. D. J.	McNeil & Park			Firm's EIN		01-05		2
	2211 Cong					( )		0.00	
	Firm's address Portland,	ME 04102			Phone no.	(2	07)775	-238 000 T	

Form **990-T** (2023)

323711 11-20-23

Island Inst	titute			22-2786731
Form 990-T	P	re 2018 NOL Schee	lule	Statement 1
	NOL carry forward find NOL deduction inclu		ine 6	22,023. 1,168.
Schedule A Schedule	A Portion of Pre-20 A entity	18 NOL Schedule A	Share	
	1 2		0. 0.	
Net Operat Balance af Expiring N	edule A share of Proving Deduction Eter Pre-2018 NOL Development Net Operating Losse ward of Net Operatic	eduction s		0. 1,168. 0. 0. 20,855.
Form 990-T	Pre-201	8 Net Operating 1	Loss Deduction	Statement 2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/16 06/30/17 06/30/18	16,395. 4,620. 3,421.	2,413. 0. 0.	13,982. 4,620. 3,421.	13,982. 4,620. 3,421.

NOL Carryover Available This Year

22,023.

22,023.

#### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

	partment of the Treasury ernal Revenue Service	Do not enter SSN numbers on t	nter SSN numbers on this form as it may be made public if your organization is a $501(c)(3)$ .					Open to Public Inspection for 501(c)(3) Organizations Only					
Α	Name of the organization				B Employer ident			er					
с	Unrelated business	activity code (see instructions)	901101		<b>D</b> Sequence:	1	of	2					

#### Investment Activities Describe the unrelated trade or business F

ross receipts or sales c Balance c Balance c Balance c Balance ross of goods sold (Part III, line 8) ross profit. Subtract line 2 from line 1c rapital gain net income (attach Schedule D (Form 1041 or Form 120)). See instructions	1c 2 3			
ess returns and allowances c Balance lost of goods sold (Part III, line 8) liross profit. Subtract line 2 from line 1c apital gain net income (attach Schedule D (Form 1041 or Form	2			
ross profit. Subtract line 2 from line 1c apital gain net income (attach Schedule D (Form 1041 or Form				
apital gain net income (attach Schedule D (Form 1041 or Form	3			
120)). See instructions				
"	4a			
et gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
apital loss deduction for trusts	4c			
come (loss) from a partnership or an S corporation (attach				
tatement) Statement 3	5	1,168.		1,168.
ent income (Part IV)	6			
nrelated debt-financed income (Part V)	7			
terest, annuities, royalties, and rents from a controlled				
rganization (Part VI)	8			
vestment income of section 501(c)(7), (9), or (17)				
rganizations (Part VII)	9			
xploited exempt activity income (Part VIII)	10			
dvertising income (Part IX)	11			
ther income (see instructions; attach statement)	12			
otal. Combine lines 3 through 12	13	1,168.		1,168.
	apital loss deduction for trusts come (loss) from a partnership or an S corporation (attach atement) Statement 3 ent income (Part IV) nrelated debt-financed income (Part V) terest, annuities, royalties, and rents from a controlled rganization (Part VI) vestment income of section 501(c)(7), (9), or (17) rganizations (Part VII) xploited exempt activity income (Part VIII) dvertising income (Part IX) ther income (see instructions; attach statement)	apital loss deduction for trusts4ccome (loss) from a partnership or an S corporation (attach satement)5ent income (Part IV)6nrelated debt-financed income (Part V)7terest, annuities, royalties, and rents from a controlled rganization (Part VI)8vestment income of section 501(c)(7), (9), or (17) rganizations (Part VII)9xploited exempt activity income (Part VIII) dvertising income (Part IX)101112ther income (see instructions; attach statement)121314	apital loss deduction for trusts4ccome (loss) from a partnership or an S corporation (attach satement)5atterment)Statement 3ent income (Part IV)6nrelated debt-financed income (Part V)7terest, annuities, royalties, and rents from a controlled rganization (Part VI)8vestment income of section 501(c)(7), (9), or (17) rganizations (Part VII)9xploited exempt activity income (Part VIII) dvertising income (Part IX)10ther income (see instructions; attach statement)12total. Combine lines 3 through 12131,168.	apital loss deduction for trusts       4c         come (loss) from a partnership or an S corporation (attach satement)       5         nent income (Part IV)       6         nrelated debt-financed income (Part V)       7         terest, annuities, royalties, and rents from a controlled rganization (Part VI)       8         vestment income of section 501(c)(7), (9), or (17)       9         rganizations (Part VII)       10         vestment activity income (Part IX)       11         there is a through 12       13

directly connected with the unrelated business income

_					
1	Compensation of officers, directors, and trustees (Part X)			. 1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	1,168.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16				1,168.
For F	Paperwork Reduction Act Notice, see instructions.			Schedule A	(Form 990-T) 2023

15060303 757052 111638

Department of the Treasury

Sahad	ulo A (Earm 000 T) 2022				Daga
Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meti	nod of inventory valuat	ion		Page 2
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9 Part	Do the rules of section 263A (with respect to property property and the section 263A (with respect to property and the				Yes No
1	Description of property (property street address, city, s		-		
•	A				
	B				
	c 🗌				
	D 🗌				
		А	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c, columns A Deductions directly connected with the income in lines 2a and 2b (attach statement)	A through D. Enter here	and on Part I, line 6, col	umn (A)	
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. En	nter here and on Part I, ee instructions)	line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)         Total deductions. Add line 4, columns A through D. El         V       Unrelated Debt-Financed Income (si         Description of debt-financed property (street address, or A	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 <u>5</u> 1	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (si Description of debt-financed property (street address, of B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 3	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 3	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (s. Description of debt-financed property (street address, of B	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Environment Street address, of a	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C A	line 6, column (B) heck if a dual-use. See in B	C	D
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C A A A	line 6, column (B) heck if a dual-use. See in B B	c %	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C A A A	line 6, column (B) heck if a dual-use. See in B B	c %	0. D
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Environment Statement Statemen	nter here and on Part I, ee instructions) Sity, state, ZIP code). C A A Sity Sity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See in B B ft I, line 7, column (A)	C	0. D 9 0.
4 5 7 2 3 2 3 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement)         Total deductions. Add line 4, columns A through D. Environment V         Unrelated Debt-Financed Income         Secription of debt-financed property (street address, or B         B         C         D         Gross income from or allocable to debt-financed property         Deductions directly connected with or allocable to debt-financed property         Straight line depreciation (attach statement)         Other deductions (attach statement)         Total deductions (add lines 3a and 3b, columns A through D)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Amount of average acquisition debt on or allocable to debt-financed property (attach statement)         Average adjusted basis of or allocable to debt- financed property (attach statement)         Divide line 4 by line 5         Gross income reportable. Multiply line 2 by line 6         Total gross income (add line 7, columns A through D)	nter here and on Part I, ee instructions) bity, state, ZIP code). C A A A A C C C C C C C C C C C C C C C	line 6, column (B) heck if a dual-use. See in B B ft I, line 7, column (A)	C C (B)	0. D 9 0.

2023.05060 ISLAND INSTITUTE

(2)       Nonexempt Controlled Organizations         (4)       Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)													1
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income [0oss] (see instructions)       4. Total of specified by payments made both rolling organizations       6. Deductions directly connected with income in column 5         (1)       1       1       1       1       6. Deductions directly connected with income in column 5         (2)       1       1       1       1       1       1         (2)       1       1       1       1       1       1       1         (3)       1       Nonexempt Controlled Organizations       1	Schedu Dart	ule A (Form 990-T) 2023	; iities Rov:	alties and R	ents Fro	m Contro	lled O	rganization	<b>S</b> (c)		tions)		Page 3
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made       5. Part of column 4 bits is included in the controlling organiza- tion's gross income       6. Deductions directly connected with income in column 5         (1)       Image: specified (see instructions)       Image: specified (see instructions)       1. Deductions directly connected with income in column 5         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 the included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: specified income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 the s, column 10       11. Deductions directly connected with income in column 10         (1)       Image: specified income (loss) (see instructions)       10. Part of column 9 the s, column 10       11. Deductions directly connected with income in column 10         (1)       Image: specified income (loss)       1. Deductions 6 and 11. Enter hree and on Part 1, inte 8, column (k).       11. Deductions 6 and 11. Enter hree and on Part 1, inte 8, column (k).         (1)       Image: specified income (loss)       1. Deductions for and 10, inte 8, column (k).       1. Deductions 6 and 11. Enter hree and on Part 1, inte 8, column (k).         (1)       Image: specified income (loss)       <	rait							<u> </u>	· ·		,		
number       (see instructions)       ton's gross income       income in column's         (1)       Image: second secon			d				4. Total of specified		5. Part of column 4 that is included in the		mn 4 in the		
(2)       Image: Constraint of the second seco				number	(see ins	structions)						incom	e in column 5
(3)       Nonexempt Controlled Organizations       10. Part of column 9 income (loss) (see instructions)       10. Part of column 9 payments made       11. Deductions directly connected with income in column 10         (1)       11. Deductions directly connected with income in column 10       11. Deductions directly connected with income in column 10         (1)       4       4       4       4         (2)       4       4       4       4         (3)       4       4       4       4         (4)       4       4       4       4         (4)       4       4       4       4         (4)       4       4       4       4         (4)       4       4       4       5       6         (5)       10. Pescription of income       2. Amount of income       3. Deductions       4       5. Total deductions (ad cols 3 and 4)         (1)       10. Description of income       2. Amount of income       3. Deductions       4. Set asides (add cols 3 and 4)       5. Total deductions (ad cols 3 and 4)         (1)       10. Description of part II. Ine 9, column (A).       4. Set asides (add cols 3 and 4)       6.       5. Total deductions (ad cols 3 and 4)         (1)       10. Description of exploited activity:       4       4       4	<u>(1)</u>												
(4)       Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)													
Norexempt Controlled Organizations           7. Taxable Income         8. Net unrelated income (loss) (see instructions)         9. Total of specified payments made         10. Part of column 9 that is included in the controlling organizations         11. Deductions directly connected with income in column 10           (1)													
7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       Data of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Add columns 5       Add columns 5       Add columns 6 and 11.         (2)       Add columns 5 and 10.       Add columns 6 and 11.         (3)       Add columns 6 and 11.       Enter here and on Part 1, line 8, column (A).       Enter here and on Part 1, line 8, column (B).       Add columns 6 and 11.         Totals       0.       0.       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization income       3. Deductions       4. Set-asides (attach statement)       5. Total deductors and set-asides (attach statement)         (1)       Add amounts in column 2. Enter here and on Part 1, line 9, column (A).       Add amounts in column 3. Enter here and on Part 1, line 9, column (A).       4. Set-asides (atd cols 3 and 4)         (2)       0.       Column 4.       Add amounts in column 5. Enter here and on Part 1, line 9, column (A).       2         1       Description of exploited activity.       Column 6. Enter here and on Part 1, line 9, column (A).       3         2       Column 4.       Add amounts in column 5. Enter here and on Part 1, line 9, column (A).       2         2       Column 6.<	<u>(4)</u>						L						
income (loss) (see instructions)         payments made         that is included in the controlling organization's         connected with income in column 10           (1)         Image: Section 500 (Section 500 (Sectio		Tauahla la asaa	0.114				-				44	Deduct	inen elius etter
(2)		income (loss)		me (loss)		•		that is inc controlling	luded organi:	in the zation's		connec	ted with
(3)       Add columns 5 and 10. Enter here and on Part 1, line 8, column (A).       Add columns 5 and 10. Enter here and on Part 1, line 8, column (A).         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       A Setasides directly connected (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (2)       0.       0.       0.         (3)       0.       0.       0.         (4)       Add amounts in column 2. Enter here and on Part 1, line 9, column (A).       Add amounts in column 6. Enter here and on Part 1, line 9, column (A).       Add amounts in column 6. Enter here and on Part 1, line 9, column (A).         1       Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         2       Gross unrelated business income from trade or business. Enter here and on Part 1, line 10, column (B)       3         3       Expenses directly connected with production of unrelated business income. Enter here and on Part 1, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       3         5       Gross income from activity that is no	<u>(1)</u>												
(4)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A).       Add columns 6 and 11. Enter here and on Part I, line 8, column (B).         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization income       (see instructions)       S. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       S. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       0.       0.       0.         (2)       0.       0.       0.         (3)       0.       0.       0.         (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.         1       Description of exploited activity:       0.       0.       0.         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (B)       3       3         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       3       4       4       5         5       5       5	(2)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A).       Add columns 6 and 11. Enter here and on Part I, line 8, column (B).         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       S. Total deductions directly connected (attach statement)       S. Total deductions and eta-saides (add cols 3 and 4)         (1)       2.       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       Add amounts in column 5. Enter here and on Part I, line 9, column (B).       Add amounts in column 5. Enter here and on Part I, line 9, column (B).         Totals       0.       0.       0.         Part VII       Exploited Exempt Activity Income, Other Than Advertising Income lines 5 through 7       (see instructions)         1       Description of exploited activity:       2         2       Gross income from trade or business. Enter here and on Part I, line 10, column (B).       3         4       Net income (loss) from unrelated business income       5         5       Gross income from activity that is not unrelated business income       5         6       5       6         7       Excess exempt expenses. Subtract line 5, but do not enter more than the amount on line       6	(3)												
Totals       0.       Enter here and on Part I, line 8, column (A).       Enter here and on Part I, line 8, column (B).         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       0.       0.       0.         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       .	(4)												
Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (add cols 3 and 4)         (1)								Enter here	and or	n Part I, (A).	Ente	er here a	and on Part I, blumn (B).
1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (attach statement)         (1)       (1)       (2)       (2)       (2)       (2)         (3)       (4)       (4)       (4)       (2)       (2)       (2)       (2)         (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       (2)       (3)       (4)         1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.         1. Description of exploited activity:       (3)       (3)       (4)       (3)         2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       (3)       0.         3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (A)       2       (3)         4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       (4)       (4)         5. Gross income from activity that is not unrelated business income       (5)       (6)       (6)         6. Expenses attributable to income entered on line 5       (6)       (6)       (6)				- 0	\_\ <b>_</b> \ <b>/</b> 7\_/	0)							0.
income       directly connected (attach statement)       (attach statement)       and set-asides (add cols 3 and 4)         (1)       (attach statement)       (attach statement	Part				)1(C)(7), (					,		<u>с т</u>	
(2)       (3)       (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       Add amounts in column (B).       Add amounts in column (B).       0.		I. Desc		ome				directly conn	ected			nt) an	d set-asides
(3)       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       Add amounts in column 2. Enter here and on Part I, line 9, column (A).         Totals       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:	(1)												
(4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A).       Add amounts in column 6).         Totals       0.       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.         1       Description of exploited activity:													
Add amounts in column 2. Enter here and on Part I, line 9, column 5. Enter here and on Part I, line 9, column (A).       Add amounts in column 5. Enter here and on Part I, line 9, column (A).         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1	(3)												
column 2. Enter here and on Part I, line 9, column (A).       column 5. Enter here and on Part I, line 9, column (B).         1       Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (B)         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7         5       Gross income from activity that is not unrelated business income         6       Expenses attributable to income entered on line 5         7       Excess exempt expenses. Subtract line 6, but do not enter more than the amount on line	(4)												
Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses. Subtract line 5 from line 6, but do not enter more than the amount on line						column 2 here and o	. Enter n Part I, ımn (A).					co here	lumn 5. Enter e and on Part I, 9, column (B).
1       Description of exploited activity:					044 7	The second show							0.
2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1			-	ivity income	, other I		ertising	y income	see ins	structions)			
<ul> <li>3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)</li> <li>4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</li> <li>4 Gross income from activity that is not unrelated business income</li> <li>5 Expenses attributable to income entered on line 5</li> <li>6 Expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>	-						- De d I	1 <b>10</b>	(4)				
line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1											2		
<ul> <li>4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</li> <li>5 Gross income from activity that is not unrelated business income</li> <li>6 Expenses attributable to income entered on line 5</li> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>	3								-		_		
lines 5 through 745Gross income from activity that is not unrelated business income56Expenses attributable to income entered on line 567Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line6	4												
5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1	-										4		
6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       6	5	•											
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line													
										<u></u>	7		

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	a consolidated basis	5.	
	Α				
	в 🗔				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F				0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F				0.
	C C				
4	Advertising gain (loss). Subtract line 3 from line	9			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	s			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on	1			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre		otal or -0- here and o	on .	
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	instructions)			

15060303 757052 111638

1

#### SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

2

B Employer identification number 22-2786731

**D** Sequence:

2

of

Α	Name of the organiz	zation
	Island	Institute

540000 C Unrelated business activity code (see instructions)

## Describe the unrelated trade or business Advertising in Organization's Working Water F

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	52,248.	85,264.	-33,016.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	52,248.	85,264.	-33,016.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	 	1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses	 	6	
7	Depreciation (attach Form 4562). See instructions			
8			8b	
9	Depletion	 	9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)	 	16	-33,016.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-33,016.
For F	Paperwork Reduction Act Notice, see instructions.		Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

Department of the Treasury

Internal Revenue Service

Е

<u> </u>						
Sched Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meth	nod of inventory valuat	ion			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				8	
9	Do the rules of section 263A (with respect to property p					Yes No
Part						
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instru	uctions.		
	A 🗌					
	в 🛄					
	c 🗌					
	D 🛄					
		Α	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)	t through D. Enter here	and on Part I, line 6, c	olumn (A)		0.
4 <u>5</u> Part 1	in lines 2a and 2b (attach statement)	nter here and on Part I, se instructions)	line 6, column (B)			0.
5 Part	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	nter here and on Part I, se instructions)	line 6, column (B)			
5 Part	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B	nter here and on Part I, se instructions)	line 6, column (B)			
5 Part	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C	nter here and on Part I, se instructions)	line 6, column (B)			
5 Part	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C Gross income from or allocable to debt-financed property	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er  Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3 a	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D)	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c  A	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3 a b c	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3 a b c	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
5 Part 1 2 3 a b c 4	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A	line 6, column (B) heck if a dual-use. See B B	instructions.		0.
5 Part 1 2 3 a b c 4	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	nter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0. 
5 Part 1 2 3 a b c 4 5	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c  A	A  A  A  A  A  A  A  A  A  A  A  A  A	line 6, column (B) heck if a dual-use. See B B %	instructions.	%	0. 
5 Part 1 2 3 a b c 4 5 6	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A  A  A  A  A  A  A  A  A  A  A  A  A	line 6, column (B) heck if a dual-use. See B B %	instructions.	%	0. 
5 Part 1 2 3 a b c 4 5 4 5 6 7 8	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	A  A  A  A  A  A  A  A  A  A  A  A  A	line 6, column (B) heck if a dual-use. See B B %	instructions.	%	0.
5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	A A A A K K K K K K	line 6, column (B) heck if a dual-use. See B B 4 4 5 7 6 7 7 7 7 7 8	instructions.	%	0. D %
5 Part 1 2 3 a b c 4 5 4 5 6 7 8	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	A A Enter here and on Part I, we instructions) ity, state, ZIP code). C A A A Enter here and on Part Output Description	line 6, column (B) heck if a dual-use. See B B 4 4 5 7 6 7 7 7 7 7 8	c C		0. D %

2023.05060 ISLAND INSTITUTE

												2
	ule A (Form 990-T) 2023 VI Interest, Annu		ovalties and R	ante Fro	m Contro		rganization	<b>S</b> (a)		tiono)		Page 3
Fart		inies, no					Exempt Control	,	ee instruct			
	1. Name of controlle	d	2. Employer	3. Net	unrelated		al of specified		art of colu		6. Deduc	tions directly
	organization		identification		ne (loss)		nents made		included			ected with
			number	(see instruction					olling orga s gross inc		income	in column 5
(1)												
(2)												
(3)												
<u>(4)</u>												
	· <del>-</del> · · · ·			· · · · ·	Controlled O	<u> </u>					<u> </u>	
7	. Taxable Income		Net unrelated		otal of specif		10. Part of that is inc			11.		ons directly
			icome (loss) e instructions)	pa	ayments made		controlling organization's		zation's	connected with income in column 10		
(4)		(000					gross	incom	le			
( <u>1)</u> (2)												
(3)												
(4)												
<u> </u>							Add colum	nns 5 a	nd 10.	Ado	d column	s 6 and 11.
							Enter here		,			nd on Part I,
							line 8, c	olumn	(A).		ine 8, col	umn (B).
Totals									0.			0.
Part			of a Section 50	1(c)(7), (	9), or (17)	Orgar			ructions)			
	1. Desc	cription of i	income		2. Amou incon		3. Deductio			asides		tal deductions
							directly conne (attach stater		(attach st	lateme		cols 3 and 4)
(1)												
(1) (2)												
(3)												
(4)												
(-)					Add amou						Add	d amounts in
					column 2 here and o							umn 5. Enter and on Part I,
					line 9, colu	,						9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	Activity Income	, Other T	han Adve	ertising	g Income (	see in	structions)	)		
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con		•									
-	line 10, column (B)									3		
4	Net income (loss) from											
-	lines 5 through 7									4		
5	Gross income from ac									5 6		
6 7	Expenses attributable Excess exempt expen											
'	4. Enter here and on F									7		
	T. LINGI HEIE AND ON F	aren, inte	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰									

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023					Page 4
Part	J					
1	Name(s) of periodical(s). Check box if reporting		re periodicals on a c	onsolidated basis	3.	
	A 🗌 <u>The Working Waterf</u>	ront				
	в 🛄					
	c 🗌					
	D					
Enter	amounts for each periodical listed above in the	correspondi	na column.			
			A	В	С	D
2	Gross advertising income		52,248.		<b>v</b>	
2	Add columns A through D. Enter here and on					52,248.
-	Add columns A through D. Enter here and on	Fart I, III e I	1, column (A)			52,240.
а			95 264			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line 1	1, column (B)			85,264.
		_	Г		Г	
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete	e				
	lines 5 through 7, and enter -0- on line 8		-33,016.			
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is le					
	-					
•	than line 6, enter -0-	·····				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the	line 8a columns tota	l or -0- here and o	on	•
<u> </u>	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, a	na irustees <sub>(se</sub>	e instructions)	T T	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u> </u>	•					
Tota	. Enter here and on Part II, line 1					0.
Part		e instruction				
			13/			

Schedule A (Form 990-T) 2023

2

Island Institute	22-2786731
Form 990-T (A) Income (Loss) from S Corporations	Statement 3
Description	Net Income or (Loss)
Ragged Coast Chocolates, LLC - Ordinary Business Income (loss) Ragged Coast Chocolates, LLC - Interest Income	1,476. 135.
Ragged Coast Chocolates, LLC - Other income (loss)	-443.
Total Included on Schedule A, Part I, line 5	1,168.

990-T Sch	A Post-202	17 Net Operating	Loss Deduction	Statement 4
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/21 06/30/22	1,901. 5,783.	0.0.	1,901. 5,783.	1,901. 5,783.
NOL Carryo	over Available This	Year	7,684.	7,684.

Form 990-T	Description of Organization's Unrelated	Statement 5
Schedule A	Business Activity	

Advertising in Organization's Working Water Front Publications

To Form 990-T, Schedule A, Line E