

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

# 2013

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the **2013** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>		<b>D</b> Employer identification number <b>94-2578166</b>	
	Doing Business As		<b>E</b> Telephone number <b>202-232-7933</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2000 M STREET, NW, 650</b>	<b>G</b> Gross receipts \$ <b>4,992,364.</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	
<b>F</b> Name and address of principal officer: <b>CHARLES C. SAVITT</b> <b>SAME AS C ABOVE</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>WWW.ISLANDPRESS.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1978</b>	
<b>M</b> State of legal domicile: <b>CA</b>				

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE THE LATEST INFORMATION AND THE BEST IDEAS TO THOSE WORKING TO SOLVE</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	50	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,032,530.	2,442,724.
	9	Program service revenue (Part VIII, line 2g)	2,766,503.	2,538,499.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,585.	7,203.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,589.	3,938.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,831,207.	4,992,364.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	127,534.	58,600.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,148,879.	2,152,714.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	444,826.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,553,823.	2,283,788.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,830,236.	4,495,102.	
19	Revenue less expenses. Subtract line 18 from line 12	971.	497,262.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,164,322.	4,328,386.
	21	Total liabilities (Part X, line 26)	1,072,644.	739,446.
22	Net assets or fund balances. Subtract line 21 from line 20	3,091,678.	3,588,940.	

## Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CHARLES C. SAVITT, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CHARLES R. DEPPE				P01300682
	Firm's name	Firm's EIN		Firm's address	
MATTHEWS, CARTER & BOYCE	54-1487262		11320 RANDOM HILLS ROAD, SUITE 600		
FAIRFAX, VA 22030	Phone no. 703-218-3600				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part 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: SEE SCHEDULE O

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,874,614. including grants of \$ ) (Revenue \$ 1,617,532.) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,067,402. including grants of \$ ) (Revenue \$ 920,967.) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 537,706. including grants of \$ 58,600. ) (Revenue \$ ) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,479,722.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</i> .....		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? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	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? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
38		X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 202-232-7933**  
**2000 M. STREET, NW SUITE 650, WASHINGTON, DC 20036**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES C. SAVITT PRESIDENT	40.00	X		X				194,990.	0.	7,251.
(2) ALEXIS G. SANT (LEFT NOV 2013) DIRECTOR	1.00	X						0.	0.	0.
(3) MERLOYD LUDINGTON LAWRENCE SECRETARY	1.00	X		X				0.	0.	0.
(4) DECKER ANSTROM CHAIR	2.00	X		X				0.	0.	0.
(5) STEPHEN BADGER DIRECTOR	1.00	X						0.	0.	0.
(6) KATIE DOLAN VICE CHAIR	1.00	X		X				0.	0.	0.
(7) MELISSA (SHACKLETON) DANN DIRECTOR	1.00	X						0.	0.	0.
(8) BILL MEADOWS DIRECTOR	1.00	X						0.	0.	0.
(9) PAMELA MURPHY TREASURER	1.00	X		X				0.	0.	0.
(10) DRUMMOND PIKE (LEFT APRIL 2013) DIRECTOR	1.00	X						0.	0.	0.
(11) LISA A. HOOK DIRECTOR	1.00	X						0.	0.	0.
(12) RON SIMS DIRECTOR	1.00	X						0.	0.	0.
(13) TERRY GAMBLE BOYER DIRECTOR	1.00	X						0.	0.	0.
(14) MARGO ERNST DIRECTOR	1.00	X						0.	0.	0.
(15) RUSSELL FAUCETT DIRECTOR	1.00	X						0.	0.	0.
(16) SARAH SLUSSER DIRECTOR	1.00	X						0.	0.	0.
(17) KEN HARTZELL VP FINANCE & CFO	40.00			X				143,062.	0.	4,827.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID MILLER SVP & PUBLISHER	40.00			X				150,871.	0.	4,827.
(19) JULIE MARSHALL VP, SALES & MARKETING	40.00			X				92,579.	0.	4,698.
(20) DENISE SCHLENER VP, STRATEGIC ADVANCEMENT	40.00			X				125,755.	0.	4,827.
<b>1b Sub-total</b>								707,257.	0.	26,430.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								707,257.	0.	26,430.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CHICAGO PRESS 1130 S LANGLEY AVENUE, CHICAGO, IL 60628	FULFILLMENT SERVICES	413,896.
THOMSON-SHORE, INC. 7300 WEST JOY ROAD, DEXTER, MI 48130-9701	PRINTING & BINDING	247,173.
WALSWORTH PUBLISHING COMPANY PO BOX 310287, DES MOINES, IA 50331-0287	PRINTING, BINDING & FREIGHT	167,166.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,442,724.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		2,442,724.				
	Program Service Revenue	2 a	BOOK SALES	Business Code 511130	2,538,499.	2,538,499.		
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		2,538,499.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,203.			7,203.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	3,938.			3,938.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		3,938.					
12	<b>Total revenue.</b> See instructions.		4,992,364.	2,538,499.	0.	11,141.		

**ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS**

Form 990 (2013)

94-2578166 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	34,000.	34,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	24,600.	24,600.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	733,687.	394,107.	198,449.	141,131.
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	1,186,085.	856,713.	177,961.	151,411.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	94,142.	64,064.	16,908.	13,170.
10 Payroll taxes	138,800.	90,550.	27,004.	21,246.
11 Fees for services (non-employees):				
a Management				
b Legal	515.	399.	65.	51.
c Accounting	30,100.		30,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	426,636.	408,744.	16,549.	1,343.
12 Advertising and promotion				
13 Office expenses	106,459.	49,615.	33,839.	23,005.
14 Information technology				
15 Royalties				
16 Occupancy	252,316.	170,121.	35,060.	47,135.
17 Travel	153,489.	98,564.	23,132.	31,793.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,727.	8,932.	1,863.	1,932.
23 Insurance	63,032.	44,794.	8,953.	9,285.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COST OF BOOKS SOLD</b>	1,079,920.	1,079,920.		
b <b>PROMOTIONS</b>	178,439.	174,680.	555.	3,204.
c <b>SALES TAX AND FEES/DUES</b>	791.	555.	116.	120.
d <b>BAD DEBT EXPENSE</b>	-20,636.	-20,636.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,495,102.	3,479,722.	570,554.	444,826.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Form 990 (2013)

94-2578166 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	601.	1	600.
	2	Savings and temporary cash investments .....	1,204,211.	2	1,683,155.
	3	Pledges and grants receivable, net .....	308,978.	3	224,325.
	4	Accounts receivable, net .....	751,011.	4	608,784.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	1,376,661.	8	1,334,317.
	9	Prepaid expenses and deferred charges .....	59,547.	9	115,270.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 90,470.		
	b	Less: accumulated depreciation .....	10b 41,060.	10c	49,410.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	406,726.	15	312,525.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,164,322.	16	4,328,386.	
Liabilities	17	Accounts payable and accrued expenses .....	497,745.	17	381,337.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....	350,000.	24	100,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	224,899.	25	258,109.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,072,644.	26	739,446.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	2,506,506.	27	3,269,960.
	28	Temporarily restricted net assets .....	585,172.	28	318,980.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	3,091,678.	33	3,588,940.	
34	<b>Total liabilities and net assets/fund balances</b> .....	4,164,322.	34	4,328,386.	

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,992,364.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,495,102.
3	Revenue less expenses. Subtract line 2 from line 1	3	497,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,091,678.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,588,940.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS** Employer identification number **94-2578166**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,717,867.	2,179,463.	1,485,630.	2,032,530.	2,442,724.	9,858,214.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3,523,187.	3,179,691.	2,748,868.	2,766,503.	2,538,499.	14,756,748.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization'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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....	5,241,054.	5,359,154.	4,234,498.	4,799,033.	4,981,223.	24,614,962.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	380,000.	665,600.	499,500.	459,700.	1,681,350.	3,686,150.
<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 .....	1,341,228.	2,983,463.	1,061,992.	1,018,531.	1,028,469.	7,433,683.
<b>c</b> Add lines 7a and 7b .....	1,721,228.	3,649,063.	1,561,492.	1,478,231.	2,709,819.	11,119,833.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						13,495,129.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	5,241,054.	5,359,154.	4,234,498.	4,799,033.	4,981,223.	24,614,962.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,919.	2,018.	1,295.	7,585.	7,203.	21,020.
<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 .....	2,919.	2,018.	1,295.	7,585.	7,203.	21,020.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	5,663.	28,275.	6,584.	24,589.	3,938.	69,049.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	5,249,636.	5,389,447.	4,242,377.	4,831,207.	4,992,364.	24,705,031.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	54.63 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	59.92 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.09 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	.12 %

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number

94-2578166

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<b>Name of organization</b> ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS	<b>Employer identification number</b> 94-2578166
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>	Employer identification number <b>94-2578166</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/> <hr/>	\$ <u>187,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS	<b>Employer identification number</b> 94-2578166
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>	Employer identification number <b>94-2578166</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS	<b>Employer identification number</b> 94-2578166
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>	Employer identification number <b>94-2578166</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS	<b>Employer identification number</b> 94-2578166
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>	Employer identification number <b>94-2578166</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS	<b>Employer identification number</b> 94-2578166
---	---

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS

Employer identification number 94-2578166

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		24,416.	3,255.	21,161.
d Equipment		38,295.	25,109.	13,186.
e Other		27,759.	12,696.	15,063.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				49,410.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREPUBLICATION COSTS	37,758.
(2) ROYALTY ADVANCES, NET	274,767.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	312,525.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROYALTIES PAYABLE	152,885.
(3) DEFERRED RENT	105,224.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	258,109.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,992,364.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,992,364.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,992,364.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,495,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,495,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,495,102.

**Part 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 X, LINE 2:**

**EXPLANATION: UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE CENTER'S FINANCIAL STATEMENTS IS ACCOUNTED FOR IN ACCORDANCE WITH THE PROVISIONS OF AUTHORITATIVE GUIDANCE ISSUED BY THE FASB. UNDER THIS GUIDANCE, WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS MAY BE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX**

**Part XIII** Supplemental Information (continued)

POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THERE WAS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS RECOGNIZED IN THE STATEMENTS OF FINANCIAL POSITION AT DECEMBER 31, 2013 OR 2012.





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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSIST IN PROGRAM DEVELOPMENT	1	12,600.	0.		
SUBVENTION TO AUTHOR	1	12,000.	0.		

**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:

EXPLANATION: ALL GRANTEES ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS DESCRIBING ACTIVITES UNDERTAKEN AND HOW THE FUNDS WERE SPENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS**

Employer identification number  
**94-2578166**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> 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 in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2013

**ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS**

94-2578166

Schedule J (Form 990) 2013

Page 2

**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 in 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES C. SAVITT PRESIDENT	(i)	194,990.	0.	0.	0.	7,251.	202,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID MILLER SVP & PUBLISHER	(i)	150,871.	0.	0.	0.	4,827.	155,698.	0.
	(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)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization  
**ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS**

Employer identification number  
**94-2578166**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIROMENTAL PROBLEMS AND TO HELP ENVIROMENTAL ORGANIZATIONS BETTER  
COMMUNICATE THE RESULTS OF THEIR WORK.

FORM 990, PART 111, LINE 1- ORGANIZATION'S MISSION

EXPLANATION: TO PROVIDE THE BEST IDEAS AND INFORMATION TO THOSE SEEKING  
TO UNDERSTAND AND PROTECT THE ENVIROMENT AND CREATE SOLUTIONS TO ITS  
COMPLEX PROBLEMS. OUR GREATEST STRENGTH IS OUR DEEP KNOWLEDGE AND  
APPRECIATION OF THE INTERDISCIPLINARY SUBJECTS THAT COMPOSE OUR CORE  
LITERATURE. WE SEEK OUT INNOVATIVE THINKERS, IDEAS AND PRACTICES THAT  
ARE INFORMED BY RIGOROUS SCIENCE AND EVIDENCE BASED ANALYSIS.

TO OUR AUTHORS, WE PROVIDE DETAILED EDITORIAL EXPERTISE TO GUIDE AND  
SHARE THEIR IDEAS. TO OUR AUDIENCES, WE PROVIDE NEW SYNTHESIS, POLICY  
CONCEPTS AND MANAGEMENT PRACTICES. WE ARE BUILDING A KNOWLEDGE BASE  
THAT CAN ADDRESS TODAY'S ENVIROMENTAL PROBLEMS WHILE CREATING THE  
FRAMEWORK FOR LONG-TERM ECOLOGICAL HEALTH AND HUMAN WELLBEING.

ISLAND PRESS DELIVERS THESE IDEAS IN MULTIPLE FORMATS, INCLUDING BOOKS,  
COMMUNICATION CAMPAIGNS, SYMPOSIA, AND ELECTRONIC MEDIA. AS THE MTHODS  
OF INFORMATION DELIVERY EVOLVE, SO WILL THE WAY ISLAND PRESS PROVIDES  
SOLUTIONS AND INSPIRATION TO POLICY MAKERS, PRACTITIONERS, SCIENTISTS,  
STUDENTS AND ACTIVISTS.

FORM 990, PART III, LINE 4A:

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

EXPLANATION: RESEARCH AND PUBLICATION

ISLAND PRESS WORKS WITH LEADING THINKERS AND PRACTITIONERS TO TAKE THE  
NEWEST AND MOST CUTTING-EDGE IDEAS IN SCIENCE AND THE ENVIRONMENT AND  
PRESENT THEM IN A COMPELLING, UNDERSTANDABLE WAY. BY STIMULATING IDEAS  
AND SHAPING EMERGING FIELDS OF KNOWLEDGE, ISLAND PRESS EMPOWERS  
DECISION MAKERS FROM THE PUBLIC, PRIVATE, AND NONPROFIT SECTORS WITH  
THE KNOWLEDGE THEY NEED TO MAKE CRITICAL CHOICES ABOUT THE FUTURE OF  
OUR PLANET.

IN 2013, ISLAND PRESS WORKED CLOSELY WITH VOICES FROM ACADEMIA, THE  
PRIVATE SECTOR, THE ADVOCACY COMMUNITY, GOVERNMENT, AND THE MEDIA THAT  
NEED TO BE HEARD. TOGETHER WITH OUR AUTHORS, WE DEVELOP PUBLICATIONS  
THAT ADDRESS A WIDE RANGE OF ENVIRONMENTAL PROBLEMS AND SOLUTIONS AND  
TOOLS FOR ADDRESSING THOSE PROBLEMS. EACH ISLAND PRESS BOOK UNDERGOES A  
RIGOROUS EDITORIAL PROCESS TO ENSURE IT IS ACCESSIBLE AND RELEVANT TO  
ITS TARGET AUDIENCE.

ISLAND PRESS PUBLISHED 23 NEW PRINT TITLES AND RELEASED 12 TITLES IN  
PAPERBACK EDITIONS IN 2013, SELLING A TOTAL OF 117,964 UNITS.

HIGHLIGHTS OF OUR NEW BOOKS INCLUDE:

"COMMON GROUND ON HOSTILE" TURF BY LUCY MOORE  
AN ENVIRONMENTAL MEDIATOR SHARES THE MOST COMPELLING STORIES FROM HER  
CAREER TO OFFER HOPE AND INSPIRATION FOR RESOLVING SEEMINGLY  
INTRACTABLE ENVIRONMENTAL CONFLICTS.

"COMPLETING OUR STREETS: THE TRANSITION TO SAFE AND INCLUSIVE

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

TRANSPORTATION NETWORKS"

BY BARBARA MCCANN

A LEADER IN THE COMPLETE STREETS MOVEMENT EXPLAINS AND ANALYZES THE STRATEGIES THAT ARE FUNDAMENTALLY CHANGING THE WAY TRANSPORTATION PROJECTS ARE CHOSEN, PLANNED, AND BUILT. PLANNING PROFESSIONALS AND POLICYMAKERS WILL BENEFIT FROM THESE STORIES OF HOW COMMUNITIES HAVE MADE THEIR STREETS SAFER FOR ALL.

"FOOD, GENES, AND CULTURE: EATING RIGHT FOR YOUR ORIGINS" BY GARY PAUL NABHAN

GARY NABHAN TRACES FOOD TRADITIONS AROUND THE WORLD TO UNCOVER HOW THE MISMATCH BETWEEN OUR GENES AND OUR DIET IS LEADING TO SERIOUS HEALTH CONDITIONS.

"FORECLOSING THE FUTURE: THE WORLD BANK AND THE POLITICS OF ENVIRONMENTAL DESTRUCTION" BY BRUCE RICH

A DEEPLY-RESEARCHED ANALYSIS OF HOW THE WORLD BANK'S POLICIES HAVE HASTENED ENVIRONMENTAL DESTRUCTION AND HURT THE SAME PEOPLE THEY CLAIM TO HELP. RICH DEPICTS HOW THE WORLD BANK IS A MICROCOSM OF GLOBAL POLITICAL AND ECONOMIC TRENDS-POWERFUL FORCES THAT THREATEN BOTH ENVIRONMENTAL AND SOCIAL RUIN IN AN INCREASINGLY CONNECTED WORLD.

"THE GUIDE TO GREENING CITIES" BY SADHU JOHNSTON, STEVEN NICHOLAS, AND JULIA PARZEN

THREE GREEN CITY LEADERS SHARE TOOLS, INSIGHTS, AND TRICKS OF THE TRADE TO HELP READERS CREATE HEALTHY, VIBRANT AND GREEN COMMUNITIES. THIS IS AN ESSENTIAL HOW-TO GUIDE FOR POLICYMAKERS AND OTHER CITY LEADERS.

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

"THE NATURE OF URBAN DESIGN: A NEW YORK PERSPECTIVE ON RESILIENCE" BY  
ALEXANDROS WASHBURN

A GROUNDBREAKING NEW WORK THAT SHOWS THE VALUE OF DESIGN THAT IS NOT  
ONLY BEAUTIFUL, BUT BENEFICIAL TO BOTH PEOPLE AND THE ENVIRONMENT-AND  
HOW TO ACHIEVE IT. WASHBURN LAYS OUT AN APPROACH TO URBAN DESIGN THAT  
WILL HELP CITIES THRIVE IN AN ERA OF CLIMATE CHANGE AND SHOWS HOW TO  
HANDLE THE POLITICAL AND FINANCIAL REALITIES THAT CAN MAKE OR BREAK A  
PROJECT.

"SEVEN MODERN PLAGUES: AND HOW WE ARE CAUSING THEM" BY MARK JEROME  
WALTERS

MARK JEROME WALTERS USES INTERVIEWS AND SCIENTIFIC RESEARCH TO SHOW HOW  
HUMAN BEHAVIOR AND ENVIRONMENTAL DISTURBANCES HAVE LED TO TERRIFYING  
PANDEMICS AND THE EMERGENCE OF INFECTIOUS DISEASES.

"NATIONAL CLIMATE ASSESSMENT REPORTS"

ISLAND PRESS IS ALSO PUBLISHING AND DISSEMINATING A SERIES OF REPORTS  
RELATED TO THE NEW NATIONAL CLIMATE ASSESSMENT. THE NATIONAL REPORT, A  
DRAFT OF WHICH WAS RELEASED IN 2013, IS BASED ON A SERIES OF TECHNICAL  
INPUT REPORTS BASED ON REGION AND SECTOR. THESE REPORTS PROVIDE A RICH  
SOURCE OF INFORMATION BY SYNTHESIZING SCIENTIFIC RESEARCH ACROSS  
DISCIPLINES, CONNECTING THE LATEST KNOWLEDGE GATHERED FROM A WIDE  
VARIETY OF SOURCES WITH EXPERT ANALYSIS. WE PUBLISHED SIX VOLUMES OF  
TECHNICAL INPUTS IN 2013, WITH THREE MORE TO COME IN 2014, AND ARE  
WORKING WITH SEVERAL ENVIRONMENTAL ORGANIZATIONS AND MANY OF THE  
REGIONAL SCIENTIFIC BODIES THAT DEVELOPED THE REPORTS TO ENSURE THAT  
THIS INFORMATION IS WELL-PUBLICIZED AND MADE WIDELY AVAILABLE.



Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

FORM 990, PART III, LINE 4B

EXPLANATION: MARKETING, COMMUNICATION, AND DISTRIBUTION

ISLAND PRESS DISSEMINATES AND COMMUNICATES INFORMATION ON ENVIRONMENTAL ISSUES AND SOLUTIONS THROUGH BOOK PUBLISHING AND SALES, AS WELL AS IN-PERSON AND ONLINE OUTREACH TO AUDIENCES. OUR BOOKS REACH SCIENTISTS, POLICYMAKERS, ENVIRONMENTAL ADVOCATES, STUDENTS, THE MEDIA, AND CONCERNED CITIZENS TO SHINE A SPOTLIGHT ON IMPORTANT ISSUES AND POTENTIAL SOLUTIONS TO THEM. ISLAND PRESS BOOKS HAVE BEEN PURCHASED BY GOVERNMENTAL, PROFESSIONAL, AND NONPROFIT STAFF AND THEIR ORGANIZATIONS; BUSINESSES; LIBRARIES; STUDENTS AND PROFESSORS; AND GENERAL READERS INTERESTED IN ENVIRONMENTAL ISSUES. WE ALSO EXTEND OUR REACH GLOBALLY: SELECT WORKS ARE CURRENTLY BEING TRANSLATED INTO 18 DIFFERENT LANGUAGES, INCLUDING ARABIC, ITALIAN, CROATIAN, JAPANESE, GERMAN, FRENCH, MACEDONIAN, SPANISH, INDONESIAN, AND SWEDISH. INTEREST IN OUR URBAN SUSTAINABILITY WORK IS ESPECIALLY STRONG IN INDIA, CHINA, SOUTH KOREA, AND SOUTHEAST ASIA, WHERE MEETING THE CHALLENGES OF ACCELERATING URBANIZATION IS A GROWING CONCERN.

A PUBLISHING PARTNERSHIP THAT MADE A NOTABLE IMPACT IN 2013 WAS THAT WITH THE NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS (NACTO). WE PUBLISHED THEIR "URBAN STREET DESIGN GUIDE" IN OCTOBER. THE GUIDE SHOWS HOW STREETS CAN BE RE-ORIENTED TO PRIORITIZE TRANSIT, SAFE WALKING AND BIKING, AND PUBLIC ACTIVITY. UNLIKE MOST TRANSPORTATION ENGINEERING MANUALS, IT EMPHASIZES THAT URBAN STREETS ARE PUBLIC PLACES AND HAVE A LARGER ROLE TO PLAY IN COMMUNITIES THAN SOLELY BEING CONDUITS FOR AUTOMOBILE TRAFFIC. MORE COMMUNITIES ARE SEEKING WAYS TO

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

CREATE FRIENDLY, SAFE, AND HEALTHY STREETS, AND THIS GUIDEBOOK WILL BE AN ESSENTIAL RESOURCE. WE ALREADY HAVE EVIDENCE THAT THE BOOK IS CHANGING HOW OFFICIALS APPROACH STREET DESIGN. IN DECEMBER, THE WASHINGTON STATE DEPARTMENT OF TRANSPORTATION WAS THE FIRST STATE DOT TO ENDORSE THE GUIDE. OFFICIALS REPRESENTING 23 CITIES HAVE SIGNED LETTERS OF ENDORSEMENT FOR THE "URBAN STREET DESIGN GUIDE": ARLINGTON (VA), ATLANTA, AUSTIN, BALTIMORE, BOSTON, CHARLOTTE, CHATTANOOGA, CHICAGO, DENVER, HOBOKEN (NJ), INDIANAPOLIS, LOUISVILLE, NEW YORK, OAKLAND (CA), PHILADELPHIA, PHOENIX, PORTLAND, SALT LAKE CITY, SAN DIEGO, SAN FRANCISCO, SEATTLE, SOMERVILLE (MA), AND TACOMA (WA). IN AUGUST 2013, JUST MONTHS PRIOR TO THIS ENDORSEMENT OF THE STREET DESIGN GUIDE, THE FEDERAL HIGHWAY ADMINISTRATION OFFICIALLY ENDORSED ITS PRECURSOR, "URBAN BIKEWAY DESIGN GUIDE" (DISTRIBUTED BY ISLAND PRESS), IN AN AGENCY-WIDE MEMORANDUM. THE BIKE GUIDE HAS BEEN OFFICIALLY ADOPTED BY BOTH THE GEORGIA DOT AND MASSACHUSETTS DOT.

ISLAND PRESS HAS WORKED CLOSELY WITH ANOTHER PARTNER, THE SOCIETY FOR ECOLOGICAL RESTORATION (SER), FOR OVER A DECADE. IN 2013, WE CO-HOSTED WITH SER A RESTORATION VIDEO COMPETITION OPEN TO STUDENTS AND EARLY-CAREER PROFESSIONALS NO MORE THAN TWO YEARS OUT OF SCHOOL. OUR GOAL WAS TO HIGHLIGHT GREAT RESTORATION PROJECTS WHILE HELPING YOUNG PROFESSIONALS GET A JUMP-START IN THEIR CAREER. TERESA PEREIRA AND TAYLOR KEEGAN, BOTH MASTER'S CANDIDATES IN LANDSCAPE ARCHITECTURE AND ECOLOGICAL RESTORATION AT TEMPLE UNIVERSITY, WERE THIS YEAR'S WINNERS. PEREIRA AND KEEGAN'S VIDEO SHARED EXPERIENCES FROM A SUMMER PROGRAM INCORPORATING WORK AT SEVERAL DIFFERENT SITES IN PENNSYLVANIA, INCLUDING DATA COLLECTION IN RICKETT'S GLEN STATE PARK TO UNDERSTAND THE CHARACTERISTICS OF AN OLD-GROWTH FOREST AND A PROJECT IN AMBLER

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

THAT CONVERTED INVASIVE SHRUBBERY INTO STREAMBANK REINFORCEMENTS.

PEREIRA AND KEEGAN RECEIVED TRAVEL SUPPORT TO ATTEND THE SER 2013 WORLD  
CONFERENCE IN MADISON, WI, IN OCTOBER AS PART OF THEIR PRIZE.

FORM 990, PART III, LINE 4C

EXPLANATION: PROGRAM SERVICES/TECHNICAL ASSISTANCE

CONSERVATION FINANCE NETWORK

A NEW PROGRAM AT ISLAND PRESS, THE CONSERVATION FINANCE NETWORK (CFN),  
IS ALSO CONNECTING PEOPLE DIRECTLY TO IDEAS. ESTABLISHED IN  
COLLABORATION WITH CONSERVATION LEADERS IN THE FIELD, CFN SEEKS TO  
ACCELERATE THE PACE AND SCALE OF LAND AND RESOURCE CONSERVATION THROUGH  
THE APPLICATION OF INNOVATIVE FINANCIAL CONCEPTS, TECHNIQUES AND  
STRATEGIES. ISLAND PRESS PUBLISHED THE FOUNDATIONAL LITERATURE IN  
CONSERVATION FINANCE, HELPING GIVE BIRTH TO AN IMPORTANT SERIES OF  
WORKSHOPS (CALLED "BOOT CAMPS" FOR THEIR INTENSITY) AT YALE AND  
STANFORD UNIVERSITIES. THESE BOOT CAMPS CONNECT FINANCE AND BUSINESS  
PROFESSIONALS WITH CONSERVATIONISTS, WHO DEVELOP STRATEGIES TO  
IMPLEMENT WHEN THEY RETURN HOME. IN A SURVEY OF NEARLY 300 BOOT CAMP  
ALUMNI, CONNECTING TO A PEER NETWORK OF PRACTICE WAS IDENTIFIED AS THE  
MOST VALUABLE CONTRIBUTION TO THEIR ACHIEVEMENT OF CONSERVATION  
RESULTS. CFN HOSTED SEVERAL BOOT CAMPS IN 2013 AND DEVELOPED A  
STRATEGIC PLAN FOR EXPANDING THE PROGRAM TO INCLUDE EXTENSIVE FOLLOW-UP  
TRAINING AND MENTORSHIP, AS WELL AS NEW BOOT CAMPS TARGETING SPECIFIC  
REGIONS AND ISSUES.

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

EDUCATIONAL PARTNERSHIPS

WE VALUE OUR NETWORK OF PARTNERS FOR THEIR HELP IN DISSEMINATING INFORMATION AND INSPIRING CHANGE AMONG THEIR MEMBERS. FOR EXAMPLE, ISLAND PRESS BEGAN A COLLABORATION WITH THE SECURITY AND SUSTAINABILITY FORUM (SSF) IN 2013. SSF IS AN ONLINE LEARNING ORGANIZATION FOCUSED ON CLIMATE SECURITY. THE FORUM REACHES POLICYMAKERS AT ALL LEVELS OF GOVERNMENT, ACADEMICS, AND INDUSTRY AND NON-PROFIT PROFESSIONALS, WHICH ALIGNS WELL WITH ISLAND PRESS' OWN TARGET AUDIENCE. THIS YEAR, WE ARRANGED FOR SEVEN EXPERTS ON A RANGE OF TOPICS, FROM URBAN SUSTAINABILITY TO CLIMATE CHANGE, TO PARTICIPATE IN THESE ONLINE DISCUSSIONS. ANY ISLAND PRESS BOOK FEATURED IN A WEBINAR DISCUSSION IS ALSO MADE AVAILABLE TO SSF MEMBERS AT A DISCOUNT, IN ORDER TO INCREASE ACCESS TO THESE IDEAS EVEN MORE. THE WEBINARS REACH MORE THAN 9,000 PEOPLE THROUGH SSF'S NETWORK OF PARTNER ORGANIZATIONS. PROGRAMS LIKE THIS MAKE A REAL DIFFERENCE BY REACHING PROFESSIONALS WHO CAN INTEGRATE NEW IDEAS AND TESTED SOLUTIONS INTO THEIR WORK.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FORM 990 IS REVIEWED AND APPROVED BY ALL BOARD MEMBERS PRIOR TO BEING FILED.

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

EXPLANATION: ALL INTERESTED PERSONS SUBMIT AN ANNUAL STATEMENT DISCLOSING ANY POTENTIAL OR EXISTING CONFLICTS OF INTEREST TO THE PRESIDENT AND THE BOARD. THE BOARD REVIEWS THE INFORMATION IN THE REQUEST AND TAKES APPROPRIATE ACTION. THE BOARD SHALL DETERMINE, AFTER RECEIVING A

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

DISCLOSURE, WHETHER A CONFLICT OF INTEREST EXISTS, OR CAN REASONABLY BE  
CONSTRUED TO EXIST. IF A CONFLICT OF INTEREST IS KNOWN OR DEEMED TO EXIST  
AFTER DISCLOSURE, THE BOARD OR THE COMMITTEE, AS APPLICABLE, SHALL NOT  
APPROVE THE CONTRACT WITH THE INTERESTED PARTY UNLESS IT IS DETERMINED THAT  
(A) ENTERING INTO SUCH CONTRACT IS IN THE BEST INTEREST OF ISLAND PRESS,  
(B) THE CONTRACT IS FAIR AND REASONABLE TO ISLAND PRESS, AND (C) A MORE  
ADVANTAGEOUS CONTRACT CANNOT BE OBTAINED UNDER THE CIRCUMSTANCES.  
ADDITIONALLY, THE BOARD OR THE COMMITTEE, AS APPLICABLE, SHALL TAKE ANY  
ACTION REQUIRED OR PRUDENT TO AVOID IMPOSITION OF AN EXCISE TAX UNDER  
INTERNAL REVENUE CODE SECTION 4958 IN CONNECTION WITH CONSIDERING SUCH  
CONTRACT.

THE BOARD MAINTAINS DETAILED MINUTES AND RECORDS REGARDING THE MATTER. SUCH  
RECORDS REFLECT THE NAME OF THE INTERESTED PERSON AND ANY DISCLOSURE MADE,  
THE VOTE ON WHETHER A CONFLICT OF INTEREST IS PRESENT, THE NAMES OF THE  
PERSONS PARTICIPATING IN ANY DISCUSSIONS AND DELIBERATIONS WITH REGARD TO  
APPROVING OR REJECTING THE CONTRACT INVOLVING THE INTERESTED PERSON AND THE  
SUBSTANCE OF SUCH DISCUSSIONS AND DELIBERATIONS, ADHERENCE WITH THE  
PROCEDURES DESCRIBED ABOVE, THE ABSTENTION FROM VOTING AND PARTICIPATION BY  
THE INTERESTED PERSON, AND THAT A QUORUM WAS PRESENT.

IN THE EVENT AN INTERESTED PERSON FAILS TO ACT IN ACCORDANCE WITH THIS  
CONFLICTS OF INTEREST POLICY, THE BOARD MAY TAKE CORRECTIVE ACTION AGAINST  
SUCH PERSON. IN THE EVENT THAT A FORMAL REPRIMAND, OR IN AN EXTREME CASE,  
THE REMOVAL OF SUCH PERSON FROM HIS OR HER POSITION(S), IS PROPOSED, SUCH  
RECOMMENDATION MUST BE PRESENTED WITH SUPPORTING DOCUMENTATION. THE  
INTERESTED PERSON INVOLVED SHALL BE GIVEN AN OPPORTUNITY TO BE HEARD PRIOR  
TO THE BOARD'S FINAL DECISION ON THE MATTER.

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS

Employer identification number 94-2578166

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

EXPLANATION: COMPENSATION FOR NEW OFFICERS/EMPLOYEES IS REVIEWED AND APPROVED PRIOR TO OFFER BY THE CFO. OVERALL LEVELS OF COMPENSATION FOR STAFF ARE REVIEWED ANUALLY BY THE BOARD DURING THE BUDGET APPROVAL PROCESS. FOR OFFICERS AND KEY EMPLOYEES, ISLAND PRESS ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH TAX-EXEMPT AND NONEXEMPT ORGANIZATIONS PREPARED BY INDEPENDEEDNT COMPENSATION CONSULTANTS AT THE TIME OF HIRING OR WHEN ADJUSTMENTS ARE MADE. NO PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT WERE INVOLVED IN THE APPROVAL PROCESS. ISLAND PRESS MAINTAINS DOCUMENTATION RESPECTING THE PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ELECTRONIC OR HARDCOPY FORMAT.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR THE OVERSIGHT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
79	HP LAPTOP	07/28/12	SL	3.00		16	849.				849.	118.		283.	401.
80	ASUS LAPTOP	05/13/12	SL	3.00		16	667.				667.	130.		222.	352.
81	ACER LAPTOP	02/15/12	SL	3.00		16	799.				799.	221.		266.	487.
82	CAMERA EQUIPMENT	01/02/12	SL	3.00		16	413.				413.	127.		138.	265.
83	DESKTOP (SPARE)	10/28/13	SL	3.00		16	793.				793.			44.	44.
84	DESKTOP (CONFERENCE ROOM)	10/28/13	SL	3.00		16	793.				793.			44.	44.
85	DESKTOP (FINANCE)	10/28/13	SL	3.00		16	793.				793.			44.	44.
86	DESKTOP (DEVELOPMENT)	10/28/13	SL	3.00		16	793.				793.			44.	44.
87	DESKTOP (EDITORIAL)	10/28/13	SL	3.00		16	793.				793.			44.	44.
88	DELL LATITUDE E6230 LAPTOP	07/14/13	SL	3.00		16	939.				939.			130.	130.
89	KH IPHONE 5	03/02/13	SL	3.00		16	647.				647.			190.	190.
1	DELL COMPUTER	12/10/09	SL	3.00		16	653.				653.	653.		0.	653.
2	DELL COMPUTER	12/10/09	SL	3.00		16	653.				653.	653.		0.	653.
3	INSPIRON 17 NOTEBOOK	09/18/09	SL	3.00		16	1,014.				1,014.	990.		0.	990.
4	NVIDIA COMPUTER	09/03/09	SL	3.00		16	421.				421.	421.		0.	421.
8	SAMSUNG NC-10 NOTEBOOK	11/14/08	SL	3.00		16	499.				499.	499.		0.	499.
9	HP MONITOR	09/18/08	SL	3.00		16	330.				330.	330.		0.	330.
11	SOLOMON SERVER	10/02/08	SL	3.00		16	2,474.				2,474.	2,474.		0.	2,474.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	PHONE SYSTEM	09/06/08	SL	5.00		16	556.				556.	481.		75.	556.
13	(D)MONITOR	09/06/08	SL	3.00		16	588.				588.	588.		0.	
15	(D)PRINTER	08/05/08	SL	5.00		16	431.				431.	373.		58.	
16	(D)MSI WIND LAPTOP	06/27/08	SL	3.00		16	480.				480.	480.		0.	
17	ASUS LAPTOP	08/07/08	SL	3.00		16	562.				562.	562.		0.	562.
18	RADIO PHONE	07/31/08	SL	5.00		16	3,900.				3,900.	3,479.		390.	3,869.
34	DESKTOP COMPUTER	12/02/10	SL	3.00		16	647.				647.	432.		215.	647.
35	TOSHIBA LAPTOP	02/16/10	SL	3.00		16	1,111.				1,111.	740.		370.	1,111.
36	DELL COMPUTER	09/02/10	SL	3.00		16	694.				694.	520.		174.	694.
37	MAC MINI	07/08/10	SL	3.00		16	775.				775.	624.		151.	775.
38	DELL SERVER FOR TMM	07/01/10	SL	3.00		16	1,200.				1,200.	1,000.		200.	1,200.
39	(D)DELL COMPUTER	07/07/10	SL	3.00		16	692.				692.	577.		115.	
40	IPOD	05/13/10	SL	3.00		16	499.				499.	429.		70.	499.
41	MACBOOK	05/06/10	SL	3.00		16	1,163.				1,163.	1,034.		129.	1,163.
59	DELL COMPUTER	11/03/11	SL	3.00		16	742.				742.	268.		247.	515.
60	DELL COMPUTER	07/19/11	SL	3.00		16	2,175.				2,175.	906.		725.	1,631.
61	MONITORS	07/26/11	SL	3.00		16	1,356.				1,356.	640.		452.	1,092.
62	COMPUTERS	05/28/11	SL	3.00		16	431.				431.	228.		144.	372.



2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	COMPUTER	05/28/11	SL	3.00		16	431.				431.	228.		144.	372.
64	(D)ACER ASPIRE LAPTOP	02/23/11	SL	3.00		16	550.				550.	336.		183.	
76	SERVER MEMORY	12/21/12	SL	5.00		16	748.				748.			150.	150.
77	DELL POWER EDGE R720 SERVER	09/25/12	SL	5.00		16	6,563.				6,563.	328.		1,313.	1,641.
78	COMPUTER	08/02/12	SL	3.00		16	420.				420.	58.		140.	198.
	* 990 PAGE 10 TOTAL -						41,037.				41,037.	20,927.		6,894.	25,112.
45	4 DRAWER 42' LATERAL FILE	09/29/00	SL	10.00		16	1,134.				1,134.	1,134.		0.	1,134.
48	4 - DRAWER FILE	08/07/03	SL	7.00		16	679.				679.	679.		0.	679.
50	STORAGE CABINET	08/09/03	SL	7.00		16	437.				437.	437.		0.	437.
51	BOOKSHELVES	05/04/05	SL	7.00		16	608.				608.	608.		0.	608.
53	STORAGE SHED	07/29/06	SL	10.00		16	4,870.				4,870.	2,963.		487.	3,450.
54	FIREPROOF SAFE	09/07/06	SL	10.00		16	864.				864.	540.		86.	626.
55	AERON CHAIR	02/05/07	SL	10.00		16	1,772.				1,772.	1,048.		177.	1,225.
56	HEALTHY BACK CHAIR	12/11/08	SL	7.00		16	799.				799.	628.		114.	742.
58	AERON OFFICE CHAIR	07/20/11	SL	7.00		16	2,803.				2,803.	567.		400.	967.
65	REFORM REFURBISHED FILE CABINETS	10/09/12	SL	7.00		16	995.				995.	36.		142.	178.
66	IKEA - KITHCHEN TABLES (2)	09/24/12	SL	3.00		16	318.				318.	35.		106.	141.
67	IKEA - KITHCHEN CHAIRS (4)	09/24/12	SL	3.00		16	170.				170.	19.		57.	76.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	IKEA - KITCHEN BAR STOOLS (8)	09/24/12	SL	3.00		16	339.				339.	38.		113.	151.
69	30 MESH TASK CHAIRS	09/24/12	SL	7.00		16	8,024.				8,024.	382.		1,146.	1,528.
70	3 2-DRAWER LATERAL FILES	09/24/12	SL	7.00		16	802.				802.	38.		115.	153.
71	19 BOX/ BOX FILE PEDESTALS	09/24/12	SL	7.00		16	2,597.				2,597.	124.		371.	495.
72	4 FILE/FILE PEDESTALS	09/24/12	SL	7.00		16	547.				547.	26.		78.	104.
	* 990 PAGE 10 TOTAL -						27,758.				27,758.	9,302.		3,392.	12,694.
73	WRIT - CONTRUCTIN ADD ALTERNATES	11/27/12	SL	10.00		16	9,700.				9,700.	323.		970.	1,293.
74	DATAWATCH - SECURITY SYSTEM	08/16/12	SL	10.00		16	5,772.				5,772.	192.		577.	769.
75	ACCESS - CABLING	09/18/12	SL	10.00		16	8,944.				8,944.	298.		894.	1,192.
	* 990 PAGE 10 TOTAL -						24,416.				24,416.	813.		2,441.	3,254.
	* GRAND TOTAL 990 PAGE 10 DEPR						93,211.				93,211.	31,042.		12,727.	41,060.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>	Employer identification number (EIN) or  <b>94-2578166</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2000 M STREET, NW,, NO. 650</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of  **2000 M. STREET, NW SUITE 650 - WASHINGTON, DC 20036**  
 Telephone No.  **202-232-7933** Fax No.  **202-234-1328**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

**5** For calendar year **2013**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **PRESIDENT** Date