### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Internal Revenue Service

**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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	רטו נו	le 2018 calendar year, or tax year beginning JUL 1, ZUIS and en	aing U	ON 30, 2019	
В	Check it applicat	C Name of organization		D Employer identif	cation number
	Addr chan Nam				
	chan	ge Doing business as		13-2	644641
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	Final	1101 15TH STREET, NW 11	.00	(202	) 783-7400
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	795,114.
	Ame	nded MACHINGMONI DC 20005		H(a) Is this a group r	
F	IggA			for subordinates	
	tion pend	SAME AS C ABOVE		H(b) Are all subordinates i	
_				1	
			527	1	list. (see instructions)
		ite: WWW.FOEACTION.ORG	T	H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year	of formation: 1969[1	M State of legal domicile; NY
P	art I	-			
o o	1	Briefly describe the organization's mission or most significant activities: FOE AC	TITON	FIGHTS FOR	LAWS AND
Activities & Governance		LAWMAKERS THAT PROTECT THE ENVIRONMENT.			
ű	2	Check this box  if the organization discontinued its operations or disposed	of more	than 25% of its net as	_
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
80	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
itie	6	Total number of volunteers (estimate if necessary)			300
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ	h	Net unrelated business taxable income from Form 990-T, line 38			0.
_				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		740,917.	795,114.
	9			0.	0.
en /en	3	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		740,917.	795,114.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,000.	20,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,017.	345,607.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	L b	Total fundraising expenses (Part IX, column (D), line 25)	<u>.                                    </u>		
ш	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		262,641.	416,496.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		370,658.	782,603.
	19	Revenue less expenses. Subtract line 18 from line 12		370,259.	12,511.
Net Assets or	2	·		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		937,329.	980,940.
ASS	21	Total liabilities (Part X, line 26)		13,862.	44,962.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		923,467.	935,978.
	art II			32371071	33373701
		alties of perjury, I declare that I have examined this return, including accompanying schedules an	d etatama	nte, and to the heet of m	v knowledge and helief it is
					y knowledge and belief, it is
uut	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	lias ally kilowieuge.	
		Signature of officer		I Date	
Sig		, -	/ a cm =		
Here			(ACTI	.ON)	
		Type or print name and title	T =	<u> </u>	
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN
Pai	d	MICHAELA J. CROMAR, CPA MICHAELA J. CROMA	R, 0	7/15/20 self-emplo	
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address > 901 N. GLEBE ROAD, SUITE 200			
_		ARLINGTON, VA 22203		Phone no. 57	1-227-9500
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

Other program services (Describe in Schedule O.)

660,975. Total program service expenses

) (Revenue \$

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b> ′		<del></del>
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		<del></del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	<del>"</del>		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		$\stackrel{\wedge}{\vdash}$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			3,7
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<del></del>		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
	Some some of the big something by, mile it ill ites. Combinete Schedule I, Parts I and II			

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
c=	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	c=		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
Par	Note. All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in Box 3 of Form 1090. Enter -0- if not applicable   Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
832004	1 12-31-18			(2018)

FRIENDS OF THE EARTH (ACTION) 13-2644641 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts Х were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **d** If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
 Note. See the instructions for additional information the organization must report on Schedule O.

Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

4a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form **990** (2018)

X

12a

13a

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	and the state of t	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
9		9		Х
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No.
10-	Did the expenientian have lead charters branches as effiliated?	10a	res	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		<b>.</b> ,	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	37
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Ţ-
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, AZ, CA, CO, CT, FL, GA	, IL ,	KS,	<u>LA</u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	vailab	le
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERICH PICA - 202-783-7400			
	1101 15TH STREET, NW, SUITE 1100, WASHINGTON, DC 20005			
	SEE SCHEDILE O FOR FILL LIST OF STATES	_	ggn	0040

### Part VIII 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.

(A)	(B)	Danition			(E)	(F)				
Name and Title	Average		Position (do not check more than one			than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ited		organization	(W-2/1099-MISC)	from the
	related	ustee	Institutional trustee		8	bens		(W-2/1099-MISC)		organization
	organizations below	lual tri	tional		nploye	st com	_			and related organizations
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRENT BLACKWELDER	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) BUNNY GABEL	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) ANN HOFFMAN	1.00							_	_	_
SECRETARY		Х	_	Х				0.	0.	0
(4) ARTURO GARCIA-COSTAS	1.00	<b>↓</b>								
BOARD MEMBER	1.00	X						0.	0.	0
(5) MICHAEL J HERZ BOARD MEMBER	1.00	X							_	_
(6) ARLIE SCHARDT	1.00	^	$\vdash$					0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0.
(7) SOROUSH SHEHABI	1.00							0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(8) ERICH PICA	1.00	1								
PRESIDENT	36.50			х				0.	190,000.	11,477
(9) JULIE DYER	1.00								-	-
VP ADMIN AND ORG CULTURE	36.50			Х				0.	109,250.	10,199
			_							
		-	-							
		-								
			$\vdash$							
		1								
		1								
		1								
	_									

Form **990** (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	(do box,	not cl	Pos heck i	c) ition more rson i		one n an	(D)  Reportable compensation from	(E)  Reportable compensation from related	on	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	the organication (W-2/1099-MISC)  the organization (W-2/1099-MISC)  the organization (W-2/1099-MISC)		organization (W-2/1099-MIS	SC)	ompens from the organization and relation organization	ation ne ition ited				
1b Sub-total							<u> </u>	0.	299,2	50.	21,6	76.
c Total from continuation sheets to Part VI							ightharpoonup	0.		0.		0.
d Total (add lines 1b and 1c)							<b></b>	0.	299,2	50.	21,6	76.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	Э		
compensation from the organization											<del></del>	0
											Yes	No
3 Did the organization list any <b>former</b> officer,	,		•	•	•	•			nployee on			X
line 1a? If "Yes," complete Schedule J for si								and companyation from t	ha aranization	3		<u> </u>
4 For any individual listed on line 1a, is the su										4	х	
and related organizations greater than \$150											72	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person							Х					
Section B. Independent Contractors	<u>ipietė Scriedulė</u>	; J 10	or st	ICH I	jers	OH .				<u></u> 3		1 22
Complete this table for your five highest con	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.											
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	Com	(C) censatio	on
ANNE LEWIS STRATEGIES LLC							$\dashv$	DIGITAL ADVO				
MASSACHUSETTES AVE NW SUITE 505, MARKETING FIRM 158,015.							15.					

MASSACHUSETTES AVE NW SUITE 505, MARKETING FIRM 158,015.

CHAMBERS LOPEZ STRATEGIES LLC POLITICAL STRATEGY
PO BOX 5539, ARLINGTON, VA 22205 MARKETING FIRM 108,516.

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

Form **990** (2018)

Par	Part VIII Statement of Revenue							
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f		1b	300,000.  495,114. 10,134.  Business Code	795,114.			312 314
Progra		All other program service reve	nue					
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and roceeds				
	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
en	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising	g events (not	<b>&gt;</b>				
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a					
	9 a b	Net income or (loss) from function Gross income from gaming active Part IV, line 19 Less: direct expenses	tivities. See a					
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
-	С	Net income or (loss) from sale						
-	44 :	Miscellaneous Revenu		Business Code				
	b							
	q C	All other revenue						
	u	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instructions			795,114.	0.	0.	0.

### Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	X
	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,500.	20,500.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	293,363.	224,831.	50,517.	18,015.
8	Pension plan accruals and contributions (include		-		-
-	section 401(k) and 403(b) employer contributions)	5,738.	4,036.	1,395.	307.
9	Other employee benefits	30,596.	4,036. 21,519.	1,395. 7,437.	307. 1,640. 852.
10		15,910.	11,190.	3,868.	852
	Payroll taxes  Fees for services (non-employees):	13,310.	11,150.	3,000.	052
11	1 1 1				
a	Management	25,505.	21,354.	4,151.	
b	<u> </u>		41,334.		
С	<u> </u>	19,398.		19,398.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	31,311.	29,885.		1,426.
12	Advertising and promotion	170,807.	170,807.		
13	Office expenses	37,944.	1,268.	2,285.	34,391. 2,405.
14	Information technology	21,570.	6,710.	12,455.	2,405.
15	Royalties				
16	Occupancy	35,936.		35,936.	
17	Travel	5,015.	2,327.	2,660.	28.
18	Payments of travel or entertainment expenses	7,424			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	RESEARCH, DATA, LISTS	36,350.	34,500.		1,850.
b	DUES & SUBSCRIPTIONS	29,393.	22,833.		6,560.
C	PROFESSIONAL DEVELOPMEN	3,000.	3,000.		2,200
d	OVERHEAD ALLOCATION	0.	86,215.	-92,550.	6,335.
		267.	00,210.	22,330.	267
	All other expenses	782,603.	660,975.	47,552.	74,076
25		,02,003.	000,575.	±1,334•	7-7-070
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2018

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	844,335.	1	972,231.	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		22,978.	4	6,536.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		17,936.	9	2,173.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	l1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		52,080.	15	0.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	937,329.	16	980,940.
	17	Accounts payable and accrued expenses		13,862.	17	6,644.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
e)	22	Loans and other payables to current and former				
Ħ		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities					22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of	•		20 210
		Schedule D		0.	25	38,318.
	26	Total liabilities. Add lines 17 through 25		13,862.	26	44,962.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an		062 720		077 040
anc	27	Unrestricted net assets		863,739.	27	877,949.
Bala	28	Temporarily restricted net assets		59,728.	28	58,029.
P I	29				29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		000 467	32	025 070
~	33	Total net assets or fund balances		923,467.	33	935,978.
	34	Total liabilities and net assets/fund balances .		937,329.	34	980,940.

Form **990** (2018)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

FRIENDS OF THE EARTH (ACTION), INC.

**Employer identification number** 

13-2644641

Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

RIENI	OS OF THE EARTH (ACTION), INC.	13	-2644641
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,134	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### FRIENDS OF THE EARTH (ACTION), INC.

13-2644641

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
	MARKETABLE SECURITIES	-	
2		-	
		\$ 10,134.	08/23/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -   _	
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - -	
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - 	
823/53 11-08		\$Sebadula B (Farm)	990 990-F7 or 990-PF) (2018)

Name of organization **Employer identification number** FRIENDS OF THE EARTH (ACTION) 13-2644641 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

	(see separate instructions), then	tional Complete Dort III			
	Section 501(c)(4), (5), or (6) organizaten of organization	lions. Complete Part III.		Emp	oloyer identification number
	FRIENDS	OF THE EARTH (AC	CTION), INC.		13-2644641
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			148,681. 300.
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	•	. , , ,		\$
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
48	a Was a correction made?				Yes No
_ k	If "Yes," describe in Part IV.				
		anization is exempt unde		<u>`</u>	
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and en made payments. For each organization tributions received that were prepolitical action committee (PAC). If	aization's funds contributed to other.  Add lines 1 and 2. Enter here are an are all and a lines 1 a	er organizations for second on Form 1120-POL,  of all section 527 poliform the filing organizations separate political organizations.	tical organizations to whication's funds. Also enter the	\$ 148,681.  Yes X No  h the filing organization are amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018					2644641 F	
Part II-A Complete if the org	janization is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under	
expenses, and sha	re of excess lobbying	expenditures).	n Part IV each affiliated (	group member's nam	ne, address, EIN,	
B Check ▶ if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated (	
	its on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated of totals	Jroup
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)				
<b>b</b> Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)				
c Total lobbying expenditures (add l	ines 1a and 1b)					
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	•	,				
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a) o	· '	obying nontaxable am	ount is:			
Not over \$500,000		the amount on line 1e.				
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5	· · · · · ·	00 plus 15% of the exc 00 plus 10% of the exc				
Over \$1,500,000 but not over \$1,5	ss over \$1,500,000.					
Over \$17,000,000	\$1,000		ss over ψ1,500,000.			
<del>- 0 (ει φ ι 7 ,000 ,000</del>	γ τ,σσσ	,000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)					
h Subtract line 1g from line 1a. If zer	, ,					,
i Subtract line 1f from line 1c. If zero	o or less, enter -0					
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this	year?				Yes	No
		eraging Period Under	• •			
(Some organizations t	See the separ	rate instructions for li	nes 2a through 2f.)	f the five columns b	elow.	
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total	I
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2018

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

Yes 501(c)(5)	No No	Amo	bunt
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
	, or sec	tion	
		Yes	No
	. 1	X	
	. 2		X
prior year? <b>501(c)(5)</b> ,	3		X
	. 1		
ı			
	20		
	. 3		
	. 5		
1	s tical	2a 2b 2c 3 Stical 4 5	2a 2b 2c 3 s stical 4

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE EARTH (ACTION), INC.

**Employer identification number** 13-2644641

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in v	vriting that the assets held in donor advised for	unds
	are th	ne organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did th	ne organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for ch	naritable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conf	erring
Pa	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historica	ally important land area
		Protection of natural habitat	Preservation of a certified	historic structure
		Preservation of open space		
2	Comp	plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	-	f the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b		•		-
С		per of conservation easements on a certified historic stru		2c
d		per of conservation easements included in (c) acquired a		
		in the National Register		
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year			
4		per of states where property subject to conservation eas	-	
5		the organization have a written policy regarding the per		
_		ions, and enforcement of the conservation easements it		
6	Stair	and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
7		 unt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concernation	accompants duving the year
7	<b>►</b> \$	ant of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conservation	easements during the year
8		each conservation easement reported on line 2(d) above	e estisfy the requirements of section 170(h)(1)	(B)(i)
Ü		ection 170(h)(4)(B)(ii)?		
9		rt XIII, describe how the organization reports conservation		
		de, if applicable, the text of the footnote to the organizat	•	
		ervation easements.		
Pa	rt III	Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	histor	rical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the te	ext of the footnote to its financial statements that describ	pes these items.	
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public s	service, provide the following amounts
	relatir	ng to these items:		
	(i) R	levenue included on Form 990, Part VIII, line 1		• \$
				k .
2	If the	organization received or held works of art, historical treat	asures, or other similar assets for financial gain	n, provide
	the fo	ollowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Reve	nue included on Form 990, Part VIII, line 1		• \$
<u>b</u>	Asset	s included in Form 990, Part X		> \$
LHA	For P	aperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

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

Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.		1101101() / 11(0)	10 10 110 11 1 age
Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		line 11d. See Form 990, Par	
	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	<u>15.)</u>		<b>&gt;</b>
Complete if the organization answered "Yes" o	n Form 990, Part IV,		90, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO FRIENDS OF THE EART	H INC	38,318.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2018

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

38,318.

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

FRIENDS OF THE EARTH (ACTION), INC.

Employer identification number

13-2644641

**Questions Regarding Compensation** Part I Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of '	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) ERICH PICA	(i)	0	0	0	0	0	0	0
PRESIDENT	(ii)	190,000.	0.	0	5,700.	5,777.	201,47	• 0
	(i)							
	<u>(ii)</u>							
	(i)							
	( €							
	€							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	⊞							
832112 10-26-18							Sched	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018	FRIENDS OF	OF '	THE	EARTH	(ACTION),	INC. 13-264	-2644641	Ъ
Part III   Supplemental Information								
Provide the information, explanation, or	or descriptions re	equired	for Par	t I, lines 1a,	1b, 3, 4a, 4b, 4c, £	t I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any addit	y additional information.	

PART I, LINE 3:
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS
PERFORMED BY RELATED ENTITY, FRIENDS OF THE EARTH (FOE).
THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE, WHO
SSESS HIS OVERALL PERFORMANCE IN THE POSITION AND THE FINANCIAL CONDITION
OF THE ORGANIZATION. AS PART OF THE PROCESS, THE COMMITTEE CONSULTS WITH
OE'S OUTSOURCED HUMAN RESOURCES PROFESSIONALS FOR CURRENT BENCHMARKS OF
EXECUTIVE COMPENSATION FOR SIMILAR 501(C)(3) ORGANIZATIONS.
THE PROCESS WAS MOST RECENTLY COMPLETED IN 2016.
Schedule J (Form 990) 2018

#### SCHEDULE O

Internal Revenue Service

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

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

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

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

18 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE EARTH (ACTION) INC. **Employer identification number** 13-2644641

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD HAS COMMITTEES THAT ARE CHARGED WITH ACTING ON BEHALF OF THE BOARD RELATED TO DECISIONS UNDER EACH COMMITTEES PERVUE.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE CORPORATION SHALL CONSIST OF INDIVIDUALS (INDIVIDUAL THAT: MEMBERS) AND ORGANIZATIONS (ORGANIZATIONAL MEMBERS) (I) PAY DUES AS SPECIFIED IN THE BYLAWS OR ANNUALLY AFFIRM MEMBERSHIP AND HAVE THE RIGHT TO ELECT THREE MEMBERS OF THE BOARD; AND (II) MEET OTHER QUALIFICATIONS FOR MEMBERSHIP AS ESTABLISHED BY THE BOARD UNDER THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

PLEASE REFER TO THE RESPONSE TO FORM 990 VI LINE 6.

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

ALL MEMBERS OF THE BOARD WILL RECEIVE A COPY OF THE UNFILED FORM 990 AND HAVE AN OPPORTUNITY TO REVIEW IT.

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

WHENEVER A DIRECTOR, OFFICER, COMMITTEE MEMBER, SENIOR MANAGER OR OTHER INTERESTED PERSON BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, OR RELATED PARTY TRANSACTION WHETHER FINANCIAL OR OTHERWISE, S/HE SHALL MAKE THE SITUATION KNOWN TO THE BOARD OR COMMITTEE (AS THE CASE MAY BE) PROVIDE ALL FACTS MATERIAL TO UNDERSTANDING THE NATURE AND SCOPE OF THE CONFLICT, INCLUDING WHETHER THE INTERESTED PERSON BELIEVES HIS OR HER

ABILITY TO MAKE AN INDEPENDENT DECISION BASED SOLELY ON THE BEST INTEREST

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

**Employer identification number** 

FRIENDS OF THE EARTH (ACTION), INC. 13-2644641 OF THE CORPORATION HAS BEEN COMPROMISED. ALL MATERIAL FACTS CONCERNING ANY SITUATION, WHICH MIGHT BE VIEWED AS A CONFLICT, SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS OR COMMITTEE BY THE OFFICER, DIRECTOR, COMMITTEE MEMBER, SENIOR MANAGER OR OTHER INTERESTED PERSON. IF THE INTERESTED PERSON DOES NOT MAKE THIS DISCLOSURE, ANOTHER DIRECTOR, COMMITTEE MEMBER OR OTHER PERSON WITH KNOWLEDGE OF THE POTENTIAL CONFLICT OF INTEREST OR RELATED PARTY TRANSACTION SHOULD DRAW IT TO THE BODY'S ATTENTION. WHERE DOUBT EXISTS WHETHER A CONFLICT EXISTS OR APPEARS TO EXIST, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR COMMITTEE. THE INTERESTED PERSON WITH THE POTENTIAL CONFLICT MUST RETIRE FROM THE MEETING AND NOT PARTICIPATE IN FINAL DISCUSSION AND VOTING ON THE EXISTENCE OF THE CONFLICT. IF A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON MAY BE INVITED TO PROVIDE ANY RELEVANT INFORMATION THAT COULD BE OF USE TO THE BOARD IN MAKING ITS DECISION, BUT SHALL AGAIN RETIRE AND NOT PARTICIPATE IN THE FINAL DISCUSSION AND VOTING REGARDING THE TRANSACTION. THE PERSON WITH THE CONFLICT SHALL BE PROHIBITED TO IMPROPERLY INFLUENCE THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO SUCH CONFLICT. THE BOARD OR COMMITTEE'S DECISION REGARDING THE MATTER ON WHICH THERE IS A CONFLICT SHALL BE BASED ON CONSIDERATION OF WHETHER THE TRANSACTION: IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT; IS FAIR AND REASONABLE TO THE ORGANIZATION; AND IS THE MOST ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. ALL BOARD MEMBERS ARE GIVEN CONFLICT-OF-INTEREST DISCLOSURE FORMS AT THE THREE BOARD MEETINGS PER YEAR AND MONITORING IS PERFORMED BY A DESIGNATED BOARD MEMBER OR MEMBERS THROUGH REVIEW OF THE COMPLETED DISCLOSURES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization FRIENDS	OF THE EARTH (ACTION), INC.		Employer identification number 13-2644641
AL, AK, AR, AZ, CA, CO, CT, F	L,GA,IL,KS,LA,MA,MD,ME,MN,MS	, NC, ND, N	H,NJ,NM,NY,OH,OK
OR, PA, RI, SC, TN, UT, VA, W	/A,WI,WV		
FORM 990, PART VI, SEC	TION C, LINE 19:		
GOVERNING DOCUMENTS, C	CONFLICT OF INTEREST POLICY A	ND FINAN	CIAL STATEMENTS
ARE MADE AVAILABLE TO	THE PUBLIC UPON REQUEST.		
FORM 990 PART IX LINE	7		
OTHER SALARIES AND WAG	SES CONSIST OF REIMBURSEMENTS	FOR AN	ALLOCATED
PORTION OF SALARIES AN	ND WAGES FROM FRIENDS OF THE	EARTH.	
-			

# SCHEDULE R (Form 990)

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

2018

OMB No. 1545-0047

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

FRIENDS OF THE EARTH (ACTION),

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

INC.

▶ Attach to Form 990.

**Employer identification number** 13 - 2644641

(g) Section 512(b)(13) controlled ٥ × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section 501(c)(3)) Public charity LINE 7 Total income **Exempt Code** ਉ section DISTRICT OF COLUMBIA 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) AND CHAMPIONS A HEALTHY DEFENDS THE ENVIRONMENT Primary activity Primary activity AND JUST WORLD. Name, address, and EIN (if applicable) FRIENDS OF THE EARTH - 23-7420660 Name, address, and EIN of related organization 1101 15TH STREET NW, SUITE 1100 of disregarded entity WASHINGTON, DC 20005 Part II

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

30

Schedule R (Form 990) 2018

INC. (ACTION), FRIENDS OF THE EARTH

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 13-2644641 Schedule R (Form 990) 2018

Part III

(k)	General or Percentage managing ownership partner?																	
(f)	General or managing partner?	Yes No																
( <u>)</u>	Code V-UBI	K-1 (Form 1065)																
(h)	Disproportionate allocations?	٩																
	Dispro	Yes																
(6)	Share of end-of-year	dosers																
(f)	Share of total income																	
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)																
(p)	Direct controlling entity																	
(c)	Legal domicile (state or	toreign country)																
(q)	Primary activity																	
(a)	Name, address, and EIN of related organization																	

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

(a)	(q)	(၁)	(p)	(e)	( <del>L</del> )	(6)	(l)	<u>(i)</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sh	Share of end-of-year	Эе	Section 512(b)(13) controlled entity?
		country)		OI tidat)		doodlo		Yes No

Schedule R (Form 990) 2018

INC.

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	Š
During the tax year, did the organization engage in any of the following transaction:	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		3	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				5	×	
d Loans or loan quarantees to or for related organization(s)				19		×
Loans or loan guarantees by related organization(s)				1e		×
				2		
f Dividends from related organization(s)				<b>=</b>		×
<b>g</b> Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				+		×
				Ŧ		×
i Lose of facilities equipment or other seese to related organization(s)				÷		×
ן בפססל כו ומכוווניפט, פקטוףוויפיור, כו טוויפי סססכנט נכו ופומופט טוקמו וובמנוטוויק)				=		4
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1		×
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			-T		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			두	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×	
p Reimbursement paid to related organization(s) for expenses				1p	×	
Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				11		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
832163 10-02-18			Schedule	Schedule R (Form 990) 2018	(066	2018

Page 4

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

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

(k) ercentage wnership					90) 2018
al or Pe	2				orm 9
(j) General or managing partner?	3				R (F
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Percentage (Form 1065)					Schedule R (Form 990) 2018
Disproportionate allocations?	B .				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.?	3				
Predominant income related, excluded from tax unelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2018	FRIENDS	OF	$\mathtt{THE}$	${ t EARTH}$	(ACTION),	INC.	13-2644641	Page 5
Part VII	(Form 990) 2018  Supplemental Infor	rmation							.,
	Provide additional inform	ation for response	s to c	question	s on Schedu	le R. See instructio	ns.		
-									
-									

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Enter filer's identifying number

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type o	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) or						
•	FRIENDS OF THE EARTH (ACTIO		13-2644641						
File by the due date filing your return. Se	for Number, street, and room or suite no. If a P.O. box, s 1101 15TH STREET, NW, NO. 1	Social se	ocial security number (SSN)						
instructio									
Enter t	he Return Code for the return that this application is for (fil			0 1					
Application		Return	Application			Return			
ls For			Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 990-BL		02	Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)		09				
Form 990-PF			Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069		11				
Form 990-T (trust other than above)  ERICH PICA			Form 8870		12				
Telephone No. ► 202-783-7400  Fax No. ►  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 this is for part of the group, check this box  I request an automatic 6-month extension of time untilMAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   tax year beginning JUL _ 1, 2018, and ending JUN									
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period									
3a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720			•					
-	any nonrefundable credits. See instructions.	3a	\$	0.					
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			•					
_	estimated tax payments made. Include any prior year overp	3b	\$	0.					
	Balance due. Subtract line 3b from line 3a. Include your pa	•	, , ,			0			
	using EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
C:autio	n. If you are going to make an electronic funds withdrawal	Idirect deb	nt) with this Form 8868 see Form 84	153 FO an	d Form 8879.FO for	navment			

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

Form 8868 (Rev. 1-2019)

instructions.