TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 1000 Wilson Boulevard, Suite 1400 Arlington, VA 22209
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations and Form 8886, Reportable Transaction Disclosure Statement). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	In the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Electronic Filing Page 1 of 1

Cumulative e-File History 2017											
Federal											
Locator:	90340H										
Taxpayer Name:	World Resources Institute										
Return Type:	990, 990 & 990T (Corp)										
Submitted Date:	08/01/2019 13:02:34										
Acknowledgement Date:	08/01/2019 13:26:11										
Status:	Accepted										
Submission ID:	54681420192135000001										

Form 8879-EO

IRS e-file Signature Authorization

OMB No. 1545-1878 for an Exempt Organization For calendar year 2017, or fiscal year beginning 10/01 , 2017, and ending 09/30▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number WORLD RESOURCES INSTITUTE 52-1257057 Name and title of officer STEVEN BARKER, VP AND CFOO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 140234162. Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 2b **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here ▶ Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize GRANT THORNTON LLP to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 8 1 I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Jourle Date > 7/23/2019 ERO's signature ▶ **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

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. A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 20 18 D Employer identification number C Name of organization B Check if applicable: WORLD RESOURCES INSTITUTE 52-1257057 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 10 G STREET, NE (202) 729 - 7600Initial return City or town, state or province, country, and ZIP or foreign postal code Amended WASHINGTON, DC 20002 G Gross receipts \$ 162,941,632. return Application pending F Name and address of principal officer: ANDREW STEER H(a) Is this a group return for Yes Χ Nο subordinates' SAME AS C ABOVE Yes No H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status: 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) (insert no.) Website: ► WWW.WRI.ORG H(c) Group exemption number DE Form of organization: | X | Corporation L Year of formation: 1982 M State of legal domicile: Other > Summary 1 Briefly describe the organization's mission or most significant activities: WRI'S MISSION IS TO MOVE HUMAN SOCIETY TO LIVE IN WAYS THAT PROTECT EARTH'S ENVIRONMENT AND ITS CAPACITY TO Governance PROVIDE FOR THE NEEDS & ASPIRATIONS OF CURRENT AND FUTURE GENERATIONS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 25. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 24. 493. 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 24. 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 473,009. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 86,599,329 Contributions and grants (Part VIII, line 1h) 138,683,021 **COPY FOR** Program service revenue (Part VIII, line 2g) 0 PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,567,493. 1,613,960. 10 -706,557. -62,819.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 140,234,162. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 93,460,265. 12 23,556,020. 26,769,572. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 42,169,707. 41,045,089. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ 29,963,733. 35,099,128. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 94,564,842. 104,038,407. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -1,104,577. 36,195,755. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 150,139,401. 105,616,805. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 18,657,526. 26,909,207. 21 86,959,279. 123,230,194. 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Date Here STEVEN BARKER VP AND CFOO Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid Mary MARY TORRETTA 07/23/2019 self-employed P00847851 Preparer ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558 Firm's name Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address > 1000 WILSON BLVD, SUITE 1400 ARLINGTON, VA 22209

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2017)

703-847-7500

X | Yes

No

Form **8868**

(Rev. January 2017)

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.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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 filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

_	-								
Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					_	
All corporation	ons required to file an income tax return othe	r than Forr	m 990-T (including 112	0-C filers), partnerships,	RE	MICs, a	and trust	s	
nust use Fo	orm 7004 to request an extension of time to fi	le income	tax returns.						
				Enter filer's identifyin	g nu	mber, se	ee instruct	ions	
	n number (EIN) or								
Γype or									
orint	WORLD RESOURCES INSTITUTE 52-1257057								
ile by the lue date for									
iling your									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
istructions.	WASHINGTON, DC 20002								
nter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1	
	The state of the s		a coparate application is						
Application		Return	Application				Retu	rn	
s For		Code	Is For				Code	е	
orm 990 or	Form 990-EZ	01	Form 990-T (corporat	tion)			07		
orm 990-Bl	_	02	Form 1041-A				08		
orm 4720	(individual)	03	Form 4720 (other tha	n individual)			09		
orm 990-PF	=	04	Form 5227				10		
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
orm 990-T	(trust other than above)	06	Form 8870				12		
Telephone If the orga If this is for the whole I ist with the for the o	e No. ► 202 729-7679 anization does not have an office or place of bor a Group Return, enter the organization's four e group, check this box ► In a standard EINs of all members the extensions and automatic 6-month extension of time unorganization named above. The extension is forced and a standard and a	ousiness in ur digit Groot it is for pa on is for.	Fax No. ▶ the United States, check the United States, check the group, check the group, check the group, check the group is return for:	ck this box	org	If thand at	tach	'n	
2 If the to	calendar year 20 or tax year beginning 10/0 ax year entered in line 1 is for less than 12 methange in accounting period					L <u>7</u>			
	application is for Forms 990-BL, 990-PF, 99	90-T 4720	or 6069 enter the	tentative tax less any				—	
	undable credits. See instructions.	J 1, 4120	, 5, 5555, 511151 1115	ioairo ian, 1000 arry	3a	\$		0.	
	application is for Forms 990-PF, 990-T,	4720. oi	r 6069, enter any re	efundable credits and	Ja	Ψ		-	
	ted tax payments made. Include any prior yea				3b	\$		0.	
	e due. Subtract line 3b from line 3a. Include	1 /				*			
	onic Federal Tax Payment System). See instruc		, -	, ,	3с	\$		0.	
	u are going to make an electronic funds withdrawal		it) with this Form 8868, se	ee Form 8453-EO and Form			or payme		
nstructions.	- -	•	,						
or Privacy A	act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	1 8868	Rev. 1-2	2017)	

E-file Status Page 1 of 1

Cumulative E-File History 2016

FED

Locator: 90340H

Taxpayer Name: WORLD RESOURCES INSTITUTE

Return Type: 990, 990

 Submitted Date
 2/8/2018 12:30:14 PM

 Acknowledgement Date
 2/8/2018 12:56:14 PM

Status Accepted

Submission I D 54681420180395000002

Print Close

Form 990 (2017) Page 2

L	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	
	Did the organization undertake any significant program services during the year which were not listed on the	
-		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured.	ired hv
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$34,767,276. including grants of \$12,618,885.) (Revenue \$)	
	FOOD, FOREST AND WATER PROGRAM - SEE SCHEDULE O	
4b	(Code:) (Expenses \$ 21,283,995. including grants of \$ 9,766,491.) (Revenue \$)	
	WRI ROSS CENTER FOR SUSTAINABLE CITIES - SEE SCHEDULE O	
40	(Code:) (Expenses \$ 17,872,236. including grants of \$ 1,718,404.) (Revenue \$)	
40	CLIMATE PROGRAM - SEE SCHEDULE O	
4d	Other program services (Describe in Schedule O.)	
_	(Expenses \$ 20,565,137. including grants of \$ 2,665,792.) (Revenue \$)	
4e	Total program service expenses ▶ 94,488,644.	(001=)
	020 1.000) (2017) PAGE
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Form 990 (2017) Page **3**

Part	V 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 (see instructions)?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		3.7	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ_
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	Х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other habilities in Part X, line 25? If Yes, Complete Scredule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
•	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • • • • • • • • • • • • • • • • • •		
124	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Page 4 Form 990 (2017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		3.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.5
	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		3.5	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Λ
	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	24c		
_	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L. Part IV.	28b		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete 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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,	_		3.7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	7.7	
	19? Note . All Form 990 filers are required to complete Schedule O.	38	X	

WRI

Form 990 (2017) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance X Yes Nο 263 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 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?...... Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X 4a **b** If "Yes," enter the name of the foreign country: ightharpoonup <u>ATTACHMENT</u> 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 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. 13a 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. **b** Enter the amount of reserves the organization is required to maintain by the states in which Х

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

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Part VI

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

Sect	ion 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 1b 24			
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		3.7	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ.	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	135		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(2)(3)s	onlv)
. •	available for public inspection. Indicate how you made these available. Check all that apply.	20.70	,,(5,5	2,/
	X 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 int	erest	policy	, and
•	financial 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 record WILFRED YARTEY 10 G STREET, NE WASHINGTON, DC 20002	s:▶		

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

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.

<u></u>	,					<u>'</u>		•	·	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than of its both tor/trust employee	an tee)	(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
			8			sated				
	40.00									
(1)ANDREW STEER	40.00	37		3.7				416 554	0	22 404
PRESIDENT & CEO		Х		X				416,554.	0.	33,494.
(2) JAMES A. HARMON	1.00			v				0	_	
CO-CHAIR	0.	X		Х				0.	0.	0.
(3)DAVID BLOOD CO-CHAIR	1.00	37		3.7					_	
		Х		Х				0.	0.	0.
(4)PAMELA FLAHERTY	1.00			3.7						
VICE-CHAIR	0.	Х		X				0.	0.	0
(5)DR. SUSAN TIERNEY	1.00			3.7						
VICE-CHAIR/DIRECTOR	0.	X		Х				0.	0.	0
(6)DR. DINO PATTI DJALAL	1.00									_
DIRECTOR	0.	Х						0.	0.	0
(7) FRANCES G. BEINECKE	1.00	37						0	0	0
DIRECTOR	0.	X						0.	0.	0
(8)ROBIN CHASE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9)TIFFANY CLAY	1.00									_
DIRECTOR	0.	Х						0.	0.	0
(10)AFSANEH BESCHLOSS	1.00									
DIRECTOR	0.	Х						0.	0.	0
(11)JAMSHYD N. GODREJ	1.00	37							_	_
DIRECTOR	0.	X						0.	0.	0
(12)JOAQUIM LEVY	1.00	37							_	
DIRECTOR	0.	X						0.	0.	0
(13)MICHAEL POLSKY	1.00								_	_
DIRECTOR	0.	Х						0.	0.	0
(14)STEPHEN M. ROSS	1.00									
DIRECTOR	0.	X						0.	0.	0 (0047)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of is both tor/trus Highest compensated	an	(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
15) FELIPE CALDERON	1.00									
DIRECTOR	0.	X						0.	0.	0.
16) CLINTON A. VINCE	1.00	1								
DIRECTOR	0.	X						0.	0.	0.
17) ROGER W. SANT	1.00									
DIRECTOR	0.	X						0.	0.	0.
18) BILL RICHARDSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
19) CAIO KOCH-WESER	1.00									
DIRECTOR	0.	X						0.	0.	0.
20) JOKE BRANDT	1.00									
DIRECTOR	0.	X						0.	0.	0.
21) CHRISTINA FIGUERES	1.00									
DIRECTOR	0.	X						0.	0.	0.
22) JENNIFER SCULLY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
23) WILLIAM CHEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
24) JONATHAN LASH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
25) DANIEL CRUISE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
1b Sub-total							•	416,554.	0.	33,494.
c Total from continuation sheets to Part VII,	Section A		• •				•	4,477,061.	0.	437,640.
d Total (add lines 1b and 1c)	-						•	4,893,615.	0.	471,134.
2 Total number of individuals (including but no							o re		\$100,000 of	<u> </u>
reportable compensation from the organizat	ion 🕨	82	2							
 3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the organization and related organizations 	edule J for sure sum of rep	<i>ch ind</i> oortab	livid ole d	<i>lual</i> com	per	nsatio	n ai	nd other compens	sation from the	Yes No
individual										4 X
5 Did any person listed on line 1a receive	or accrue co	mpen	sati	ion i	fron	n any	un	related organizati	on or individual	

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.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 45

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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	Average hours per week (list any hours for related organizations	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or dire (do not check more than one box, unless person is both an officer and a director/trustee) Or dire (do not check more than one box, unless person is both an officer and a director/trustee) Or director				is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am com fre	timated nount of other pensation the anization	on
200	A DEFICIENT D. MILLED. TD.	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W Z/1000 MIGO)			d related anization	
26	PRESTON R. MILLER, JR. DIRECTOR, END APRIL 2018	$\frac{1.00}{0.}$	X						0.	0.			0.
27	DANIEL L. DOCTOROFF	1.00											
	DIRECTOR, END APRIL 2018	0.	Х						0.	0.			0.
28	DANIEL WEISS	1.00											
	DIRECTOR, END APRIL 2018	0.	X						0.	0.			0.
29) WANJIRA MATHAI	1.00	37										0
30	DIRECTOR, END APRIL 2018 MANISH BAPNA	40.00	Х						0.	0.			0.
30	EXEC VP/MANAGING DIR	0.			Х				282,345.	0.		38,4	.05.
31) STEVEN BARKER	40.00							, , , ,				
	VP & CFOO	0.			Х				251,843.	0.		33,1	82.
32) ELIZABETH COOK	40.00											
	VP, INSTITUTIONAL STRATEGY/DEV	0.			Х				238,072.	0.		19,1	16.
33) JANET RANGANATHAN VP, SCIENCE & RESEARCH	40.00			Х				221 222	0.		10 /	.00
34) LAWRENCE MACDONALD	40.00							231,332.	0.		18,4	99.
	VP COMMUNICATIONS	0.			Х				209,219.	0.		26,4	76.
35	RENUKA IYER	40.00										- ,	
	CHIEF HUMAN RESOURCES OFFICER	0.			Х				125,050.	0.		6,6	69.
36	NEIL PRAKASH	40.00											
	FMR CHIEF HR OFR - END 11/2017	0.			Х				133,995.	0.		26,4	91.
	Sub-total Total from continuation sheets to Part VII, So	ection A						>					
	Total (add lines 1b and 1c)							>					
2	Total number of individuals (including but not reportable compensation from the organization		hose 82		d al	OOV	e) who	re	eceived more than	\$100,000 of			
3	Did the organization list any former offic	er, directo	r, or	tru	ıste	e, l	key e	mp	oloyee, or highes	t compensated		Yes	No
	employee on line 1a? If "Yes," complete Schedu										3	Х	
4	For any individual listed on line 1a, is the sorganization and related organizations great	sum of rep	ortab \$15	le c	om 00?	pen <i>If</i>	satior "Yes	n ai	nd other compens	sation from the			
	individual										4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5		Х
Se	ection 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

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

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted	box,	ot ch unles	Posi neck s pe	ition more	e than o is both or/trusto employ	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				organizations
37) PANKAJ BHATIA	40.00				77			201 004	0	16 240
DEP DIR CLIMATE/GLOBAL GHG DIR 38) CRAIG HANSON	40.00				X			201,094.	0.	16,249.
DIR. FFW	0.				X			205,161.	0.	16,301.
39) HELEN MOUNTFORD	40.00				21			203,101.	0.	10,301.
VP, CLIMATE & ECONOMICS	0.				Х			204,924.	0.	28,917.
40) KEVIN MOSS	40.00							201/2211		20,727.
DIR. BUSINESS CENTER	0.				X			155,618.	0.	23,581.
41) ELIZABETH OTTO	40.00									-,
DIR. WATER	0.				Х			163,528.	0.	13,429.
42) JENNIFER LAYKE	40.00									
DIR. ENERGY	0.				Х			187,273.	0.	27,990.
43) ROD TAYLOR	40.00									
GLOBAL DIR. FOREST	0.				Х			205,427.	0.	8,752.
44) BECKY MARSHALL	40.00									
CHIEF OF STAFF	0.				Х			175,828.	0.	8,750.
45) CHAD SNELGAR	40.00									
DIR. FIN. PLANNING & ANALYSIS	0.				X			152,886.	0.	7,728.
46) MARK ROBINSON	40.00									
DIR. GOVERNANCE CENTER	0.				X			198,665.	0.	10,000.
47) PAULA CABALLERO	40.00								_	
DIR. CLIMATE	0.				X			198,338.	0.	10,500.
1b Sub-total							ightharpoons			
c Total from continuation sheets to Part VII, S	-									
d Total (add lines 1b and 1c)							_		(
2 Total number of individuals (including but not reportable compensation from the organization		nose i 82		a at	OOV	e) wnc) re	ceived more than	\$100,000 of	
		- 02								Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations great	sum of repeater than	ortab \$15	le c	om	per <i>If</i>	satior "Yes	n aı	nd other compens complete Schedu	sation from the le J for such	4 X
individual										4 21
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yestion B. Independent Contractors</i>										5 X

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

(A)	(B)			(C))			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations	box, office	not chounders	Positi eck m s pers a dir	ion nore son i	than o s both or/truste em High	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	an com fr	stimated nount of other opensation om the	of tion
	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ier	(W-2/1099-MISC)		an	d relate anizatio	ed
8) CHRISTINA DECONCINI	40.00											
DIR. GOV AFFAIRS	0.					Х		174,151.	0.		13,	759
9) WALTER VERGARA	40.00											
SENIOR FELLOW	0.					Х		178,852.	0.		12,5	508
0) IAN DE CRUZ	40.00											
GLOBAL DIR. P4G	0.					Х		157,044.	0.		22,	720
1) KEVIN KENNEDY	40.00											
SENIOR FELLOW	0.					Х		161,103.	0.		24,	716
2) CHARLES BARBER	40.00											
DIR. FLI	0.					Х		158,927.	0.		22,9	902
3) HOLGER DALKMANN	0.											
FORMER DIRECTOR EMBARQ	0.						Χ	126,386.	0.			
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	Section A						> > >					_
2 Total number of individuals (including but n reportable compensation from the organizar		hose I 82		d abo	ove) who	re	ceived more than	\$100,000 of			
											Yes	N
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3	X	
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	0,00	0?	Ιf	"Yes	," (complete Schedu	le J for such	4	X	
for services rendered to the organization? If										5		Σ
										5	_	

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII	Statement of	of Revenue

		Check if Schedule O contains a respon	se or note to ar	ny line in this Part VI	III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events					
اق آق	d	Related organizations 1d					
ons, Sir	е	Government grants (contributions) . 1e	5,504,911.				
ntribution d Other	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	133,178,110.				
a So	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		138,683,021.			
ne	- "	Total. Add lines 1a-11	Business Code	130,003,021.			
Program Service Revenue	2a						
e Re	b						
×ic	c						
Ser	d						
am	е						
.go	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividen					242.225
		and other similar amounts)	_	942,805.			942,805.
	4 5	Income from investment of tax-exempt bond	•	0. 794.			794.
	3	Royalties	(ii) Personal	794.			794.
			. ,				
	6a	Gross rents					
	b	Less: rental expenses Rental income or (loss)					
	c d	Net rental income or (loss)	·	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 23,378,625.					
	b	Less: cost or other basis					
		and sales expenses 22,707,470.					
	С	Gain or (loss) 671,155.					
	d	Net gain or (loss)	<u></u>	671,155.			671,155.
ē	8a	Gross income from fundraising					
/en		events (not including \$					
Re		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18 a					
ŏ	l	Less: direct expenses		0.			
	C	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a	FOREIGN REALIZED GAIN/LOSS	900099	-77,005.			-77,005.
	b	CREDIT CARD REBATES	900099	13,392.			13,392.
	C						+
	d	All other revenue		-63,613.			
	12	Total. Add lines 11a-11d		140,234,162.			1,551,141.
						1	

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52-1257057

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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	3,567,571.	3,567,571.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	23,202,001.	23,202,001.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	4,444,145.	3,167,074.	1,034,606.	242,465.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	01 000 011	0 020 220	004 500
7	Other salaries and wages	24,631,643.	21,707,811.	2,039,330.	884,502.
8	Pension plan accruals and contributions (include	2 202 002	1 004 661	020 055	05 267
	section 401(k) and 403(b) employer contributions)	2,202,883.	1,884,661.	232,855.	85,367.
9	Other employee benefits	8,519,121.	7,286,741.	901,773. 251,562.	330,607.
10	Payroll taxes	2,371,915.	2,028,128.	251,562.	92,225.
	Fees for services (non-employees):	0.			
	Management	140,895.		140,895.	
	Legal	357,283.		357,283.	
	Accounting	33,502.		337,203.	33,502.
	Lobbying	33,302.			33,302.
	Professional fundraising services. See Part IV, line 17.	170,453.		170,453.	
	Investment management fees	170,433.		170,433.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	187,042.		187,042.	
40	(A) amount, list line 11g expenses on Schedule O.)	0.		107,012.	
	Advertising and promotion	196,457.	189,517.		6,940.
13		0.	105/017.		0,710.
14 15	Information technology	0.			
	Royalties	3,260,355.	2,781,893.	357,187.	121,275.
	Travel	4,673,615.	4,319,035.	253,523.	101,057.
	Payments of travel or entertainment expenses		, ,	,	· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	2,098,709.	1,839,753.	98,083.	160,873.
	Interest	0.			
21	_	0.			
22	Depreciation, depletion, and amortization	1,865,458.	1,799,415.		66,043.
	Insurance	0.			
	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.)				
а	RESEARCH EXPENSES	9,197,285.	9,030,390.	166,895.	
-	COMMUNICATIONS	3,050,240.	3,050,222.		18.
	OTHER DIRECT COSTS	2,307,875.	1,314,185.	850,372.	143,318.
d	INDIRECT SALARIES	1,808,133.	1,744,120.		64,013.
е	All other expenses	5,751,826.	5,576,127.	46,351.	129,348.
	Total functional expenses. Add lines 1 through 24e	104,038,407.	94,488,644.	7,088,210.	2,461,553.
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)	0.			

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Part X **Balance Sheet**

		Check if Schedule O contains a response of	e to any line in this Pa	this Part X				
		·		-	(A)		(B)	
					Beginning of year		End of year	
	1	Cash - non-interest-bearing			2,500.	1	42,880.	
	2	Savings and temporary cash investments			16,452,349.	2	21,308,868.	
	3	Pledges and grants receivable, net			41,792,298.	3	71,165,757.	
	4	Accounts receivable, net		[0.	4	0.	
	5	Loans and other receivables from current and	forme	r officers, directors,				
		trustees, key employees, and highest co	ompei	nsated employees.				
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.	
	6							
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu						
'n		organizations (see instructions). Complete Part II of Sche			0.	6	0.	
šets	7	Notes and loans receivable, net			0.	7	0.	
Assets	8	Inventories for sale or use			0.	8	0.	
_	9	Prepaid expenses and deferred charges			1,634,953.	9	2,000,982.	
	10 a	Land, buildings, and equipment: cost or						
			10a					
	b	Less: accumulated depreciation	10b	9,578,473.	7,751,471.	10c	6,813,298.	
	11	Investments - publicly traded securities			36,953,215.	11	37,377,650.	
	12	Investments - other securities. See Part IV, line 11			1,030,019.	12	1,125,764.	
	13	Investments - program-related. See Part IV, line 11		F	0.	13	0.	
	14	Intangible assets			0.	14	0.	
	15	Other assets. See Part IV, line 11			0.	15	10,304,202.	
	16	Total assets. Add lines 1 through 15 (must equal			105,616,805.	16	150,139,401.	
	17	Accounts payable and accrued expenses			7,290,631.	17	12,495,215.	
	18	Grants payable	0.	18	0.			
	19	Deferred revenue		9,467,048.	19	8,545,995.		
	20	Tax-exempt bond liabilities			0.	20	0.	
	21	Escrow or custodial account liability. Complete Pa			118,117.	21	125,533.	
ies	22	Loans and other payables to current and for						
Liabilities		trustees, key employees, highest compen			0		0	
-ja		disqualified persons. Complete Part II of Schedule			0.		0.	
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.	
	24	Unsecured notes and loans payable to unrelated			0.	24	0.	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines		'	1,781,730.	٥.	5,742,464.	
	26	of Schedule D Total liabilities. Add lines 17 through 25			18,657,526.	25 26	26,909,207.	
_	20	Organizations that follow SFAS 117 (ASC 958),			10,037,320.	20	20,000,201.	
S		complete lines 27 through 29, and lines 33 and	34.	There P and				
ŭ	27	Unrestricted net assets			9,362,547.	27	9,404,007.	
sala	28	Temporarily restricted net assets			52,496,732.	28	88,726,187.	
Þ	29	Permanently restricted net assets			25,100,000.	29	25,100,000.	
Ξ		Organizations that do not follow SFAS 117 (ASC 958)						
ō		complete lines 30 through 34.						
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30		
SSE	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31		
Ϋ́	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32		
Š	33	Total net assets or fund balances			86,959,279.	33	123,230,194.	
	34	Total liabilities and net assets/fund balances			105,616,805.	34	150,139,401.	
							Form 990 (2017)	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		04,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		36,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		86,9		
5	Net unrealized gains (losses) on investments	5		7	76,6	572.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-7	01,5	512.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1.	23,2	30,1	94.
Part						
	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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	nt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the		77	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number Name of the organization WORLD RESOURCES INSTITUTE 52-1257057 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2017

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Page 2 Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81,917,245.	72,738,600.	97,506,285.	86,599,329.	138,683,021.	477,444,480.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	81,917,245.	72,738,600.	97,506,285.	86,599,329.	138,683,021.	477,444,480.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f).						33,685,476.
6	Public support. Subtract line 5 from line 4						443,759,004.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	81,917,245.	72,738,600.	97,506,285.	86,599,329.	138,683,021.	477,444,480.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	433,515.	541,909.	462,209.	773,839.	943,599.	3,155,071.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	-180,115.	-611,394.	-893,244.	-710,272.	-63,613.	-2,458,638.
11	Total support. Add lines 7 through 10						478,140,913.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	633,800.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (li		•			14	92.81%
15	Public support percentage from 2016				· ·	15	92.78 %
16a	331/3% support test - 2017. If the org	•					
	box and stop here. The organization qu	•	• • •	•			
b	33 1/3 % support test - 2016. If the org						
	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
						chedule A (Form 9	

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(4) 20.0	(3) 20	(0) 20 10	(4) 20.0	(0) 20	(1) 10161
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	ond, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2017 (lin	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did ne	ot check the box	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	-					. \square
b	331/3% support tests - 2016. If the orga	_	_	•			
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
_	

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1		
is ed	2		
er	3a		
d ie			
3)	3b		
	3с		
If	4a		
n n			
	4b		
n ed 3)			
	4c		
i," N n;			
n	5a		
ly	Ju		
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o d or			
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r h			
_	7		
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e d			
h	9a		
h	9b		
it	9c		
n d	36		
	10a		
to	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2017

Part	Supporting Organizations (continued)			
rait	Supporting Organizations (continued)		Yes	No
4.4	Has the arganization accounted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
ocotii	on b. Type reapporting organizations		Yes	No
			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the consciention mustide to each of its composited conscientions by the last day of the fifth mouth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Casti		3		
	on E. Type III Functionally Integrated Supporting Organizations	44	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	u uCti	UHS).	
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The organization supported a governmental entity. Describe in 1 art vi now you supported a government entity (see	monu	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
——————————————————————————————————————		(A) I Hol Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Drior Voor	(B) Current Year
Section B - Willimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Section C - Distributable Amount			Current real
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see
instructions).			· ·

Schedule A (Form 990 or 990-EZ) 2017

Current Year

Section D - Distributions

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	oneiva	
Ü	(provide details in Part VI). See instructions.	the organization is resp	Olisive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		411	,,,,,
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
6	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
<u>а</u>	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	E				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER REVENUE	-180,115.	-611,394.	-893,244.	-710,272.	-63,613.	-2,458,638.
TOTALS	-180,115.	-611,394.		-710,272.	-63,613.	

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number Name of the organization WORLD RESOURCES INSTITUTE 52-1257057 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (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, 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** $\lfloor X \rfloor$ 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, 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 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).

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) (2017)

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$16,221,387. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$11,250,000. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$9,276,842. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$8,501,498. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,676,792. 	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	art 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		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$3,422,121.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$7,795,698.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$, 6,136,507.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$.	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.)
(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.)

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization WORLD RESOURCES INSTITUTE

				52-1257057	
Part III	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y	e year from any one co is completing Part III, ent vear. (Enter this informati	ntributor. Comer the total of ϵ	nplete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I	(b) Full pose of gift	(c) use or grit		(u) Description of now gift is field	
		(e) Transfer of gift			
	Transferee's name, address, and a	ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	. -				
	Transferee's name, address, and 2	(e) Transfer of gift ZIP + 4		p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and a	ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(a) Transfer of wife			
	(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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

		that have NOT filed Form 5768 (election							
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c	(Prox			
•	Section 501(c)(4), (5), or (6) orga								
Nam	e of organization			Employer ide	ntification number				
WOR	RLD RESOURCES INSTITU	JTE		52-125	7057				
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.				
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ad	ctivities in Part IV. (see in	structions for				
	definition of "political campa	ign activities")							
2		xpenditures (see instructions)							
3		campaign activities (see instruction							
Par		organization is exempt under s							
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$					
2		cise tax incurred by organization m							
3	=	a section 4955 tax, did it file Form	-			_ No			
					Yes	No			
	If "Yes," describe in Part IV.	vernination is evenuationales	acation E01/a) av	veent coetion E01/e\/2	`				
	•	organization is exempt under).				
1		expended by the filing organization							
2	Enter the amount of the filir	ng organization's funds contributed	I to other organizati	ons for section					
•	527 exempt function activities								
3	line 17b								
4 5	Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, suclars a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
		· · · · · · · · · · · · · · · · · · ·	· ·	1					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of pol contributions receiv promptly and dire delivered to a sep- political organizati none, enter -0-	red and ectly arate ion. If			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Schedule C (Form 990 or 990-EZ) 2017

Sch	edule C (Form 990 or 990-EZ) 2017 WORLD	RESOURCES INSTITUTE	52-12	257057 Pa	age 2
Pa	ort II-A Complete if the organization section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under	
A		elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,	
В	Check ▶ if the filing organization c	necked box A and "limited control" provisions app	oly.		
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			
k	Total lobbying expenditures to influence	e a legislative body (direct lobbying)	33,502.		
c	Total lobbying expenditures (add lines	1a and 1b)	33,502.		
c	Other exempt purpose expenditures .		101,576,854.		
e	Total exempt purpose expenditures (ad	ld lines 1c and 1d)	101,610,356.		
f	Lobbying nontaxable amount. Enter t	ne amount from the following table in both			
	columns.		1,000,000.		
	If the amount on line 1e, column (a) or (b) is	:: The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.		
ŀ	Subtract line 1g from line 1a. If zero or	less, enter -0-	0.		0.
i	Subtract line 1f from line 1c. If zero or	ess, enter -0-	0.		0.
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ition file Form 4720		
		?		Yes	No
	•	4-Year Averaging Period Under section 501(h)			
	(Some organizations that made	a section 501(h) election do not have to compl	ete all of the five columi	ns below.	
	Sec	the separate instructions for lines 2a through	2f.)		

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.	
c Total lobbying expenditures	40,117.	34,836.	33,918.	33,502.	142,373.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	d For	m 576	8	
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	cription of the lobbying activity.	Yes No			Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
a b c d	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements? Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j 2a b c	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		o No
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro				Ye 1 2 3	s No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					s
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).		of			
a	Current year			2a 2b		
b	Carryover from last year		• • •	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	20	• • •	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?	of th	ie	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list); Part	II-A, lines	1 and
DIR	ECT CONTACT					
SCH	EDULE C, PART II-A, LINE 1B					
WE	WORK WITH CONGRESS TO DRAFT LEGISLATIONS ON CLIMATE CHANGE. WE ARE	3				
CAL	LED ON CAPITOL HILL FROM TIME TO TIME TO TESTIFY. EXPENSES ARE TRA	ACKEI)			

Schedule C (Form 990 or 990-EZ) 2017

IN PROJECT # 00162, 02103.

Schedule C (Form 990 or 990-EZ) 2017 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Nam	e of the organization		Employer identification number
WOI	RLD RESOURCES INSTITUTE		52-1257057
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	,	
	Preservation of land for public use (e.g., rec	· []	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	isterred, released, extinguished, or termi	mated by the organization during the
4	tax year ▶ Number of states where property subject to conse	ryation accoment is located	
5	Does the organization have a written policy reg		etion handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
•	b	ining, manaming or violations, and emoroting so	inservation casements daring the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing o	conservation easements during the year
-	►\$		concernation decome adming the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text of		cial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	ar assets neid for public exhibition, edi potnote to its financial statements that de	ucation, or research in furtherance of scribes these items.
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other similar	ar assets held for public exhibition, ed	
	public service, provide the following amounts relati	ng to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		<u> </u>
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
_b	Assets included in Fulli 990, Fall A		

 Schedule D (Form 990) 2017
 Page 2

Par	t III Organizations Maintainir	ng Collections of	Art, Historical T	reasures,	or Other Sin	nilar Asse	ts (contin	nued)
3	Using the organization's acquisition	n, accession, and c	other records, chec	k any of the	following that	t are a sigr	nificant use	e of its
	collection items (check all that app	y):						
а	Public exhibition		_	or exchange	programs			
b	Scholarly research		e Other					
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization	on's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization					_		
	assets to be sold to raise funds rath		ained as part of the	organization	s collection?	<u> L</u>	Yes	No
Par	Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.	•	s" on Form 990, P	art IV, line 9	9, or reported	an amoun	t on Form	
1 a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions	or other assets	not		
	included on Form 990, Part X?					[Yes	X No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:				
						Amount		
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance							
	Did the organization include an am						X Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been pr	ovided on Part	XIII		X
Par								
	Complete if the organizat							
		(a) Current year	(b) Prior year	(c) Two year		ee years back	(e) Four yea	
1 a	Beginning of year balance	30,300,622.	29,075,173.	28,422	,342. 32,8	335,795.	31,75	8,444
b	Contributions							
С	Net investment earnings, gains,							
	and losses	2,220,179.	3,143,383.	2,673	,5482,4	134,865.	2,94	9,487
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,756,687.	1,917,934.	2,020	,717. 1,9	78,588.	1,87	2,136
f	Administrative expenses							
g	End of year balance	30,764,114.	30,300,622.	29,075	,173. 28,4	122,342.	32,83	5,795
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year elent ▶ 11.6290	end balance (line 1g, %	column (a))	held as:			
b	Permanent endowment ▶ 82.8	365 %	_					
С	Temporarily restricted endowment	▶ 5.5345_%						
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%.					
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and	d administered t	or the		
	organization by:						Ye	s No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?			3b	
4	Describe in Part XIII the intended u		tion's endowment fu	nds.				
Par	Land, Buildings, and Equi Complete if the organiza	pment.	s" on Form 990 F	Part IV/ line	11a See For	m 000 Pai	t X ling 1	Λ
	Description of property	(a) Cost or		or other basis	(c) Accumulated		d) Book value	0
		(invest		other)	depreciation		, =	
1a	Land							
b	Buildings							
C	Leasehold improvements			120,085.	2,096,27	_	4,023	
d	Equipment			123,278.	6,465,37		1,657	
e	Other			148,408.	1,016,82		1,131	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line 10	c.)	▶	6,813	,298.

Schedule D (Form 990) 2017			Page
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on 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 valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(4)		Cook of one of your many	or value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1) INTERCOMPANY RECEIVABLE			10,304,202
(2)			
_(3)			
(4)			
(5)			
(6)			
(8)			
(9)			10 204 000
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	10,304,202
Part X Other Liabilities. Complete if the organization answered	"Vaa" on Farm 000	Dort IV line 11e or 11f Coe For	m 000 Dort V
line 25.	res on Form 990	, Partiv, line The Or Thi. See Pon	11 990, Part A,
1. (a) Description of liability	(b) Book value	e	
(1) Federal income taxes			
(2) DEFERRED RENT	3,537,8		
(3) TERM LOAN	1,357,1		
(4) INTERCOMPANY LIABILITIES	836,5		
(5) OBLIGATION UNDER CAPITAL LEASES	10,6	90.	
(6)			
(7)			
(8)			
(9)			

5,742,464.

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

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

Schedule D (Form 990) 2017 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
~			
b	Other (Describe in Part XIII.)	_	
b c	Add lines 4a and 4b	4c	
b c 5	Add lines 4a and 4b	4c 5	
b c 5 Part	Add lines 4a and 4b	5	ing 4: Dort V ling
b c 5 Part	Add lines 4a and 4b	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	

Part XIII Supplemental Information (continued)

ESCROW OR CUSTODIAL ACCOUNT LIABILITY

SCHEDULE D, PART IV, LINE 2B

WORLD RESOURCES INSTITUTE ("WRI" OR "THE INSTITUTE") HOLDS MONEY WHICH IT RECEIVES ON BEHALF OF ANOTHER TAX-EXEMPT ORGANIZATION. THE CUSTODIAL MONIES ARE SPENT FOR THE SOLE PURPOSE OF PROVIDING SCHOLARSHIPS.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

PROCEEDS FROM THE ENDOWMENTS ARE TO BE USED TO FUND OPERATIONS. THE ORGANIZATION HAS TWO ENDOWMENTS. THE LARGEST IS \$25,000,000 FROM THE MACARTHUR FOUNDATION. THE SMALLER ENDOWMENT FUNDS INTERNSHIPS AT THE ORGANIZATION.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC" OR THE "CODE"), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE INSTITUTE IS AN ENTITY DESCRIBED UNDER SECTION 509(A)(1) AND, THEREFORE, IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE INSTITUTE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. NO MATERIAL TAXABLE UNRELATED BUSINESS INCOME

Part XIII Supplemental Information (continued)

WAS GENERATED AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE TAX YEARS ENDING SEPTEMBER 30, 2015, 2016, 2017 AND 2018 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

THE INSTITUTE FOLLOWS THE ACCOUNTING GUIDANCE THAT CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF TAX POSITIONS THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE INSTITUTE IS NOT REQUIRED TO RECORD SUCH AN OBLIGATION.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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WORLD RESOURCES INSTITUTE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ty for the grant			a used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		473,228.
(2)	EAST ASIA AND THE PACIFIC	5.	159.	GRANTMAKING		4,780,935.
(3)	EUROPE	1.	43.	GRANTMAKING		5,392,223.
(4)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		45,000.
(5)	NORTH AMERICA	1.	59.	GRANTMAKING		2,752,684.
(6)	RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		417,078.
(7)	SOUTH AMERICA	2.	66.	GRANTMAKING		6,766,362.
(8)	SOUTH ASIA	3.	128.	GRANTMAKING		443,902.
(9)	SUB-SAHARAN AFRICA	2.	29.	GRANTMAKING		2,130,589.
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	14.	484.			23,202,001.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	14.	484.			23,202,001.

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

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Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (c) Region (d) Purpose of (a) Name of (b) IRS code (e) Amount of (f) Manner of (h) Description (i) Method of 1 (g) Amount of section and EIN cash grant noncash of noncash valuation (book, FMV, grant cash organization disbursement (if applicable) assistance assistance appraisal, other) (1) CENT. AMERICA/CARIBBEAN 404.722. REVERSE RAPI EFT OR WIRE (2) CENT. AMERICA/CARIBBEAN SUPPORT ENVI 68,506. EFT OR WIRE (3) EAST ASIA/PACIFIC PROMOTE ENVI 1,018,744. EFT OR WIRE (4) EAST ASIA/PACIFIC PROTECT CLIM 152,049 EFT OR WIRE (5) 3,247,146. EAST ASIA/PACIFIC REVERSE RAPI EFT OR WIRE (6) EAST ASIA/PACIFIC SUPPORT ENVI 362,996. EFT OR WIRE **(7)** EUROPE/ICELAND/GREENLAND PROMOTE ENVI 2,072,099. EFT OR WIRE (8) EUROPE/ICELAND/GREENLAND PROTECT CLIM 289,104. EFT OR WIRE (9) EUROPE/ICELAND/GREENLAND REVERSE RAPI 2,384,511. EFT OR WIRE (10)EUROPE/ICELAND/GREENLAND 646,509 EFT OR WIRE (11)MIDDLE EAST/NORTH AFRICA SUPPORT ENVI 45,000. EFT OR WIRE (12)NORTH AMERICA PROGRAM DEVE 34,780. EFT OR WIRE (13)NORTH AMERICA PROMOTE ENVI 2,069,367. EFT OR WIRE (14)397,655. NORTH AMERICA PROTECT CLIM EFT OR WIRE (15)NORTH AMERICA REVERSE RAPI 222,757. EFT OR WIRE (16)28,125. EFT OR WIRE NORTH AMERICA SUPPORT ENVI

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

Schedule F (Form 990) 2017

	Part IV, line 15, for any re								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA/NEWLY IND. STATES	REVERSE RAPI	417,078.	EFT OR WIRE			
(2)			SOUTH AMERICA	PROGRAM DEVE	113,507.	EFT OR WIRE			
(3)			SOUTH AMERICA	PROMOTE ENVI	3,659,067.	EFT OR WIRE			
(4)			SOUTH AMERICA	PROTECT CLIM	462,224.	EFT OR WIRE			
(5)			SOUTH AMERICA	REVERSE RAPI	2,385,321.	EFT OR WIRE			
(6)			SOUTH AMERICA	SUPPORT ENVI	146,243.	EFT OR WIRE			
(7)			SOUTH ASIA	PROMOTE ENVI	309,574.	EFT OR WIRE			
(8)			SOUTH ASIA	REVERSE RAPI	25,766.	EFT OR WIRE			
(9)			SOUTH ASIA	SUPPORT ENVI	108,562.	EFT OR WIRE			
(10)			SUB-SAHARAN AFRICA	PROMOTE ENVI	519,448.	EFT OR WIRE			
(11)			SUB-SAHARAN AFRICA	REVERSE RAPI	1,560,996.	EFT OR WIRE			
(12)			SUB-SAHARAN AFRICA	SUPPORT ENVI	47,677.	EFT OR WIRE			
(13)									
(14)									
(15)									
(16)									
	er total number of recipient orga								
by 3 Ent	the IRS, or for which the grantee er total number of other organiz	e or counsel has proventions or entities	vided a section 501(c)(3) ed	quivalency lette	r 		· · · · >		28.

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (f)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<u>(</u> 13)							
<u>(</u> 14)							
<u>(</u> 15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017

Part IV Foreign Forms Page 4

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2017 Page **5**

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Part V Su

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

MONITORING GRANT FUNDS IS DONE THROUGH A COMBINATION OF REVIEWING

REQUIRED PROGRESS AND FINANCIAL REPORTS SUBMITTED BY ALL SUBRECIPIENTS,

AND RANDOM SUBRECIPIENT SITE VISITS TO REVIEW FINANCIAL & PROJECT RECORDS

AND TO OBSERVE OPERATIONS. WHERE APPLICABLE, THE ORGANIZATION REQUIRES

SUBRECIPIENT AUDITS IN ACCORDANCE WITH UNIFORM GUIDANCE, SUBPART F. ALL

OF THE ORGANIZATION'S SUBGRANTS ARE MADE TO FURTHER ITS TAX-EXEMPT

PURPOSE AND MISSION.

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN F

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization Employer identification number WORLD RESOURCES INSTITUTE 52-1257057 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADVENTURERS AND SCIENTISTS FOR CONSERVATION							REVERSE RAPID DEGRAD
P.O. BOX 1834 BOZEMAN, MT 59771	45-3345338	501(C)(3)	67,632.				OF ECOSYSTEMS
(2) ALLOTROPE PARTNERS, LLC							PROTECT CLIMATE FROM
409 13TH STREET, 19TH FL. OAKLAND, CA 94612	46-4277309		433,297.				GREENHOUSE GAS EMISS
(3) AMAZON CONSERVATION ASSOCIATION							REVERSE RAPID DEGRAI
1012 14TH ST NW #625 WASHINGTON, DC 20009	52-2211305	501(C)(3)	14,978.				OF ECOSYSTEMS
(4) BROOKINGS INSTITUTION							SUPPORT ENVIR & SOCI
1775 MASSACHUSETTS AVE WASHINGTON, DC 20036	53-0196577	501(C)(3)	246,700.				EQUITABLE DECISIONS
(5) CDP NORTH AMERICA INC							PROTECT CLIMATE FROM
132 CROSBY ST, 8TH FL NEW YORK, NY 10012	36-4709977	501(C)(3)	120,050.				GREENHOUSE GAS EMISS
(6) CENTER FOR CARBON REMOVAL							PROTECT CLIMATE FROM
344 THOMAS L. BERKLEY WAY OAKLAND, CA 94610	81-2560407	501(C)(3)	35,000.				GREENHOUSE GAS EMISS
(7) CLIMATE POLICY INITIATIVE							SUPPORT ENVIR & SOCI
235 MONTGOMERY ST SAN FRANCISCO, CA 94104	26-4129153	501(C)(3)	81,907.				EQUITABLE DECISIONS
(8) ELAW							SUPPORT ENVIR & SOCI
1412 PEARL ST EUGENE, OR 97401	94-3116602	501(C)(3)	31,500.				EQUITABLE DECISIONS
(9) INTERNATIONAL FOOD POLICY RESEARCH INST.							REVERSE RAPID DEGRAI
2033 K STREET NW WASHINGTON, DC 20006	52-1041632	501(C)(3)	23,437.				OF ECOSYSTEMS
(10) INTERNATIONAL WOOD PRODUCTS ASSOCIATION							REVERSE RAPID DEGRAI
4214 KING STREET ALEXANDRIA, VA 22302	94-1371133	501(C)(3)	20,000.				OF ECOSYSTEMS
(11) JANE GOODALL INSTITUTE							REVERSE RAPID DEGRAD
1595 SPRING HILL ROAD VIENNA, VA 22182	94-2474731	501(C)(3)	5,435.				OF ECOSYSTEMS
(12) MISSOURI BOTANICAL GARDEN							REVERSE RAPID DEGRAD
P.O. BOX 299 ST. LOUIS, MO 63166	43-0666759	501(C)(3)	244,012.				OF ECOSYSTEMS

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

Schedule I (Form 990) (2017)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization Employer identification number WORLD RESOURCES INSTITUTE 52-1257057 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (a) Description of (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) MONGABAY ORG CORP REVERSE RAPID DEGRAD P.O. BOX 0291 MENLO PARK, CA 94026 45-3714703 501(C)(3) 37,400. OF ECOSYSTEMS (2) PACIFIC INSTITUTE REVERSE RAPID DEGRAD 654 13TH STREET OAKLAND, CA 94612 94-3050434 501(C)(3) 140,000. OF ECOSYSTEMS (3) RAINFOREST FOUNDATION REVERSE RAPID DEGRAD 270 LAFAYETTE ST NEW YORK, NY 10012 95-1622945 72,657. 501(C)(3) OF ECOSYSTEMS (4) RESOLVE, INC. REVERSE RAPID DEGRAD 1255 23RD ST, NW WASHINGTON, DC 20037 52-1841035 501(C)(3) 75,000. OF ECOSYSTEMS (5) ROCKY MOUNTAIN INSTITUTE PROTECT CLIMATE FROM 2490 JUNCTION PLACE BOULDER, CO 80301 74-2244146 501(C)(3) 317.792. GREENHOUSE GAS EMISS (6) SDSN ASSOCIATION INC. REVERSE RAPID DEGRAD 475 RIVERSIDE DR STE 530 NEW YORK, NY 10115 47-3511012 501(C)(3) 159,500 OF ECOSYSTEMS (7) STANFORD UNIVERSITY REVERSE RAPID DEGRAD P.O. BOX 3099 STANFORD, CA 94305-4022 94-1156365 501(C)(3) 6,500 OF ECOSYSTEMS (8) THE ASPEN INSTITUTE PROTECT CLIMATE FROM 1 DUPONT CIRCLE NW WASHINGTON, DC 20036 84-0399006 501(C)(3) 74,045. GREENHOUSE GAS EMISS (9) TSINGHUA EDUCATION FOUNDATION PROMOTE ENVIR SUSTAI 2200 SAND HILL ROAD MENLO PARK, CA 94025 52-2073001 501(C)(3) 118,192 TRANSPORT SOLUTIONS (10) UNITED NATIONS DEVELOPMENT PROTECT CLIMATE FROM ONE UNITED NATIONS PLAZA NEW YORK, NY 10017 13-2924889 501(C)(3) 22,304. GREENHOUSE GAS EMISS (11) UNIVERSITY OF MARYLAND UNIVERSITY OF MD COLLEGE PARK, MD 20742 52-6002033 501(C)(3) 50,000. PROGRAM DEVELOPMENT (12) UNIVERSITY OF MARYLAND PROTECT CLIMATE FROM UNIVERSITY OF MD COLLEGE PARK, MD 20742 52-6002033 501(C)(3) 43,197. GREENHOUSE GAS EMISS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

WORLD RESOURCES INSTITUTE						52-125705	57
Part I General Information on Grants a	nd Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ints or assistand edures for mor	ce?	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MARYLAND							REVERSE RAPID DEGRAD
UNIVERSITY OF MD COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	772,383.				OF ECOSYSTEMS
(2) US BCSD							SUPPORT ENVIR & SOCI
411 W. MONROE STREET AUSTIN, TX 78704	76-0424525	501(C)(3)	58,000.				EQUITABLE DECISIONS
(3) WILDLIFE CONSERVATION SOCIETY							REVERSE RAPID DEGRAD
2300 SOUTHERN BOULEVARD BRONX, NY 10460	13-1740011	501(C)(3)	289,434.				OF ECOSYSTEMS
_(4)							
(5)							
_(6)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an	d government	organizations lis	sted in the line 1 tal	ble 			24.
3 Enter total number of other organizations I	•	•					1.
For Paperwork Reduction Act Notice, see the Instru							nedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) 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
_1					
2					
_3					
_4					
_5					
_6					
7					

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

PROCEDURE FOR MONITORING USE OF GRANTS

SCHEDULE I, PART I, LINE 2

MONITORING GRANT FUNDS IS DONE THROUGH A COMBINATION OF REVIEWING

REQUIRED PROGRESS AND FINANCIAL REPORTS SUBMITTED BY ALL SUBRECIPIENTS,

AND RANDOM SUBRECIPIENT SITE VISITS TO REVIEW FINANCIAL & PROJECT RECORDS

AND OBSERVE OPERATIONS. WHERE APPLICABLE, THE ORGANIZATION REQUIRES

SUBRECIPIENT AUDITS IN ACCORDANCE WITH UNIFORM GUIDANCE, SUBPART F. ALL

OF THE ORGANIZATION'S SUBGRANTS ARE MADE TO FURTHER ITS TAX-EXEMPT

PURPOSE AND MISSION.

SCHEDULE J (Form 990)

Compensation InformationFor 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

Department of the Treasury Internal Revenue Service Name of the organization

WORLD RESOURCES INSTITUTE

Questions Regarding Compensation

Employer identification number

52-1257057

			Yes	No
1a	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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	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	4.		
_	explain	1b		
2	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		
3	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			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7	Х	
	payments not described on lines 5 and 6? If "Yes," describe in Part III.		- 27	
8	Were any amounts reported on 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			
				Х
0	in Part III	8		Λ
9	Regulations section 53.4958-6(c)?	9		
	NGUUIQUOID 3GUUUII J3,43J0-U(U!			1

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

Schedule J (Form 990) 2017

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	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANDREW STEER	(i)	409,696.	0.	6,858.	32,054.	1,440.	450,048.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
MANISH BAPNA	(i)	276,504.	5,000.	841.	23,552.	14,853.	320,750.	0.
2EXEC VP/MANAGING DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN BARKER	(i)	242,150.	6,000.	3,693.	20,395.	12,787.	285,025.	0.
3 ^{VP & CFOO}	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH COOK	(i)	232,806.	3,000.	2,266.	19,116.	6,143.	263,331.	0.
4 VP, INSTITUTIONAL STRATEGY/DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
JANET RANGANATHAN	(i)	226,145.	3,000.	2,187.	18,499.	5,093.	254,924.	0.
5 VP, SCIENCE & RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
LAWRENCE MACDONALD	(i)	204,009.	2,000.	3,210.	12,673.	13,803.	235,695.	0.
6 P COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
PANKAJ BHATIA	(i)	196,584.	3,500.	1,010.	16,249.	6,525.	223,868.	0.
DEP DIR CLIMATE/GLOBAL GHG DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
CRAIG HANSON	(i)	194,503.	10,000.	658.	16,301.	9,253.	230,715.	0.
8 ^{DIR. FFW}	(ii)	0.	0.	0.	0.	0.	0.	0.
HELEN MOUNTFORD	(i)	194,246.	10,000.	678.	14,494.	14,423.	233,841.	0.
9 VP, CLIMATE & ECONOMICS	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN MOSS	(i)	154,798.	0.	820.	8,494.	15,087.	179,199.	0.
10 DIR. BUSINESS CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH OTTO	(i)	162,015.	0.	1,513.	13,429.	5,853.	182,810.	0.
11 DIR. WATER	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER LAYKE	(i)	173,654.	13,000.	619.	11,067.	16,923.	215,263.	0.
12DIR. ENERGY	(ii)	0.	0.	0.	0.	0.	0.	0.
ROD TAYLOR	(i)	186,653.	17,250.	1,524.	8,752.	5,322.	219,501.	0.
13 GLOBAL DIR. FOREST	(ii)	0.	0.	0.	0.	0.	0.	0.
BECKY MARSHALL	(i)	175,000.	0.	828.	8,750.	0.	184,578.	0.
14 ^{CHIEF OF STAFF}	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINA DECONCINI	(i)	169,634.	3,000.	1,517.	13,759.	2,355.	190,265.	0.
15 ^{DIR. GOV AFFAIRS}	(ii)	0.	0.	0.	0.	0.	0.	0.
WALTER VERGARA	(i)	174,159.	0.	4,693.	12,508.	0.	191,360.	0.
16 SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
IAN DE CRUZ	(i)	151,522.	5,000.	522.	8,297.	14,423.	179,764.	0.
1 GLOBAL DIR. P4G	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN KENNEDY	(i)	159,553.	0.	1,550.	13,650.	11,066.	185,819.	0.
2 ^{SENIOR FELLOW}	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES BARBER	(i)	154,638.	2,000.	2,289.	12,066.	10,836.	181,829.	0.
3 ^{DIR. FLI}	(ii)	0.	0.	0.	0.	0.	0.	0.
NEIL PRAKASH	(i)	128,096.	3,378.	2,521.	11,451.	15,040.	160,486.	0.
4 FMR CHIEF HR OFR - END 11/2017	(ii)	0.	0.	0.	0.	0.	0.	0.
CHAD SNELGAR	(i)	149,598.	3,000.	288.	7,728.	4,965.	165,579.	0.
DIR. FIN. PLANNING & ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK ROBINSON	(i)	196,804.	0.	1,861.	10,000.	3,203.	211,868.	0.
6DIR. GOVERNANCE CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
PAULA CABALLERO	(i)	196,429.	0.	1,909.	10,500.	5,565.	214,403.	0.
7 ^{DIR. CLIMATE}	(ii)	0.	0.	0.	0.	0.	0.	0.
HOLGER DALKMANN	(i)	126,386.	0.	0.	0.	0.	126,386.	0.
8 FORMER DIRECTOR EMBARQ	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2017

Part | Supplemental Information

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

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

WRI USES A BONUS PROGRAM TO RECOGNIZE MILESTONE ACHIEVEMENTS AND NURTURE

TALENT. WE AWARD BOTH ANNUAL BONUSES LINKED TO THE ANNUAL PERFORMANCE

REVIEW AND SPOT BONUSES WHEN STAFF ACHIEVE A SIGNIFICANT GOAL OR GO ABOVE

AND BEYOND.

SCHEDULE O (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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WORLD RESOURCES INSTITUTE

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

WRI'S MISSION IS TO MOVE HUMAN SOCIETY TO LIVE IN WAYS THAT PROTECT EARTH'S ENVIRONMENT AND ITS CAPACITY TO PROVIDE FOR THE NEEDS AND ASPIRATIONS OF CURRENT AND FUTURE GENERATIONS.

PROTECTING THE PLANET AND THE PEOPLE ON IT HAS NEVER BEEN A JOB FOR THE FAINT-HEARTED, BUT AT THIS PARTICULAR MOMENT - WITH DEADLY STORMS, HEAT WAVES, DROUGHTS AND OTHER PHENOMENA DEMONSTRATING OUR INCREASING VULNERABILITY TO A CHANGING CLIMATE - THE NEED FOR COURAGE IS ABSOLUTELY CLEAR.

AT WRI, WE HAVE BEEN PRIVILEGED TO WORK WITH MANY IN THIS VANGUARD TO FOSTER SUSTAINABLE PROSPERITY AND ENVIRONMENTAL RESILIENCE AROUND THE GLOBE, FROM OPENING UP TRANSPORT IN 87 CHINESE CITIES TO IMPROVING URBAN LIFE FOR NEARLY 2 MILLION BRAZILIANS TO CUTTING FOOD WASTE WORLDWIDE.

THESE PROJECTS AND OTHERS DETAILED IN THIS ANNUAL REPORT SHOW THE VALUE OF NURTURING PARTNERSHIPS AND FOLLOWING OUR WINNING "COUNT IT, CHANGE IT, SCALE IT" APPROACH TO TACKLE THE MOST COMPLEX CHALLENGES.

OUR STRATEGY FOR THE NEXT FIVE YEARS BUILDS ON THIS APPROACH, RECOGNIZING
THAT SOLUTIONS WILL REQUIRE DISRUPTIVE POLITICAL, SOCIAL AND CORPORATE

PARTNERSHIPS - MOVEMENTS RATHER THAN MERE POLICY SHIFTS - MOTIVATED BY

OPPORTUNITY FOR A BETTER FUTURE RATHER THAN BY NARROWER ENVIRONMENTAL

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GOALS.

PROGRAM SERVICES

FORM 990, PART III

WRI'S MORE THAN 860 EXPERTS AND STAFF WORK IN MORE THAN 60 COUNTRIES,
WITH INSTITUTIONAL OFFICES IN BRAZIL, CHINA, INDIA, INDONESIA, MEXICO AND
THE UNITED STATES, IN ADDITION TO A PROGRAM OFFICE FOR OUR SUSTAINABLE
CITIES WORK IN ISTANBUL. OUR REGIONAL HUB IN THE NETHERLANDS SUPPORTS OUR
WORK IN EUROPE AND OUR REGIONAL HUB IN ETHIOPIA SUPPORTS AND EXPANDS WORK
IN MORE THAN 20 COUNTRIES ON THE CONTINENT.

WE FOCUS ON SEVEN URGENT GLOBAL CHALLENGES THAT MUST BE ADDRESSED THIS DECADE: CITIES, CLIMATE, ENERGY, FOOD, FORESTS, WATER AND OCEAN.

- 1. CLIMATE: PROTECT COMMUNITIES AND NATURAL ECOSYSTEMS FROM DAMAGE CAUSED BY GREENHOUSE GAS EMISSIONS, AND GENERATE OPPORTUNITIES FOR PEOPLE BY CATALYZING A GLOBAL TRANSITION TO A LOW-CARBON ECONOMY.
- 2. ENERGY: DRIVE THE SCALE-UP OF CLEAN, AFFORDABLE POWER SYSTEMS
 THROUGHOUT THE WORLD TO DELIVER SUSTAINABLE SOCIO-ECONOMIC DEVELOPMENT.
- 3. FOOD: ENSURE THE WORLD'S FOOD SYSTEMS REDUCE THEIR IMPACT ON THE ENVIRONMENT, DRIVE ECONOMIC OPPORTUNITY, AND SUSTAINABLY FEED 9.6 BILLION PEOPLE BY 2050.
- 4. FORESTS: ALLEVIATE POVERTY, ENHANCE FOOD SECURITY, CONSERVE

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BIODIVERSITY, AND MITIGATE CLIMATE CHANGE BY REDUCING FOREST LOSS AND RESTORING PRODUCTIVITY TO DEGRADED, DEFORESTED LANDS.

- 5. WATER: ACHIEVE A WATER-SECURE FUTURE BY MAPPING, MEASURING, AND MITIGATING GLOBAL WATER RISKS.
- 6. ROSS CENTER FOR SUSTAINABLE CITIES: IMPROVE QUALITY OF LIFE IN CITIES BY DEVELOPING AND SCALING ENVIRONMENTALLY, SOCIALLY, AND ECONOMICALLY SUSTAINABLE URBAN AND TRANSPORT SOLUTIONS.
- 7. OCEAN: TO ADDRESS THREATS FACING THE HEALTH AND ECONOMIC VITALITY OF THE OCEAN, WRI IS EXPANDING ITS EXISTING WORK AND CARRYING FORWARD WORK THAT WRI'S PATRON, HRH THE PRINCE OF WALES, UNDERTOOK THROUGH HIS INTERNATIONAL SUSTAINABILITY UNIT. TWO HIGH-PROFILE INITIATIVES THE HIGH LEVEL PANEL FOR A SUSTAINABLE OCEAN ECONOMY AND FRIENDS OF OCEAN ACTION WILL HELP DRIVE A GLOBAL MOVEMENT, OCEAN ACTION AGENDA 2030.

WE DESIGN SOLUTIONS FOR AND ANALYZE THESE SEVEN CRITICAL GOALS THROUGH
THE LENSES OF OUR FOUR CENTERS: BUSINESS, ECONOMICS, FINANCE AND
GOVERNANCE.

PROGRAM SERVICE ACTIVITY 1

FORM 990, PART III, LINE 4A

FOOD: WRI WORKS TO MEET THESE THREE NEEDS. WE DEVELOP ANALYSES,
PARTNERSHIPS, AND STRATEGIES TO SECURE A SUSTAINABLE FOOD FUTURE.

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WRI'S WORLD RESOURCES REPORT PROJECT DEVELOPS SOLUTIONS TO THE WORLD'S

FOOD PRODUCTION AND CONSUMPTION PROBLEMS. WE IDENTIFY WAYS TO REDUCE FOOD

LOSS AND WASTE. WE ANALYZE STRATEGIES TO SUSTAINABLY INCREASE FOOD

PRODUCTION, SUCH AS RESTORING DEGRADED LANDS BACK INTO PRODUCTIVITY,

INCREASING PASTURELAND YIELDS, AND IMPROVING LAND AND WATER MANAGEMENT.

WE ADVANCE METHODS TO REDUCE FOOD PRODUCTION'S IMPACT ON THE ENVIRONMENT,

SUCH AS CLIMATE-SMART AGRICULTURE.

FORESTS: WRI WORKS WITH GOVERNMENTS, BUSINESSES, AND CIVIL SOCIETY TO SUSTAIN FORESTS FOR FUTURE GENERATIONS. WE AIM TO CURB DEFORESTATION WORLDWIDE AND HELP TO RESTORE AND REFOREST ALREADY-CLEARED LAND. WRI'S GLOBAL FOREST WATCH INITIATIVE USES THE MOST ADVANCED SATELLITE DATA AND CROWD-SOURCED INFORMATION TO TRACK DEFORESTATION THROUGHOUT THE WORLD IN NEAR-REAL-TIME. OUR GLOBAL RESTORATION INITIATIVE IDENTIFIES WAYS TO RESTORE TREES AND PRODUCTIVITY TO DEFORESTED AND DEGRADED LANDS. OUR FOREST LEGALITY ALLIANCE HELPS BUSINESSES ELIMINATE ILLEGALLY SOURCED WOODS FROM THEIR SUPPLY CHAINS. WE ALSO DEVELOP POLICY RECOMMENDATIONS TO ENSURE EFFECTIVE AND INCLUSIVE GOVERNANCE OF THE WORLD'S FOREST RESOURCES.

WATER: WRI WORKS WITH BUSINESSES, GOVERNMENTS, AND CIVIL SOCIETY TO
ENSURE A WATER-SECURE FUTURE. WE SEEK TO ADDRESS BOTH WATER QUANTITY AND
QUALITY CHALLENGES.

OUR AQUEDUCT PROJECT USES THE MOST UP-TO-DATE DATA TO PRODUCE GLOBAL

WATER RISK MAPS, ALLOWING STAKEHOLDERS TO ASSESS CURRENT AND FUTURE CHALLENGES. WE CONDUCT ECONOMIC AND OTHER ANALYSES TO IDENTIFY THE MOST COST-EFFECTIVE STRATEGIES TO REDUCE WATER POLLUTION. WE IDENTIFY SOLUTIONS SUCH AS RESTORING ECOSYSTEM SERVICES TO ALLEVIATE STRESSES ON THE WORLD'S WATER SUPPLIES.

PROGRAM SERVICE ACTIVITY 2

FORM 990, PART III, LINE 4B

WRI ROSS CENTER FOR SUSTAINABLE CITIES: WRI AIMS TO ENSURE THAT CITIES DRIVE ECONOMIC OPPORTUNITY WHILE SUSTAINING NATURAL RESOURCES AND IMPROVING QUALITY OF LIFE. THROUGH OUR WRI ROSS CENTER FOR SUSTAINABLE CITIES, WE USE TECHNICAL EXPERTISE, CUTTING-EDGE RESEARCH, AND ON-THE-GROUND PARTNERSHIPS TO DESIGN SOLUTIONS THAT ENABLE SUSTAINABLE CITY GROWTH.

OUR ANALYSIS AND TOOLS ALLOW CITIES TO EFFECTIVELY MANAGE THEIR NATURAL RESOURCES AND REDUCE THEIR GREENHOUSE GAS EMISSIONS WHILE IMPROVING QUALITY OF LIFE. WORKING ACROSS OUR NETWORK, WE DEVELOP AND SUPPORT THE IMPLEMENTATION OF RESEARCH-BASED SOLUTIONS IN SUSTAINABLE MOBILITY, URBAN FORM, URBAN EFFICIENCY, AND CLIMATE THAT WILL REDUCE POLLUTION, IMPROVE HEALTH, AND CREATE SAFE, ACCESSIBLE PUBLIC SPACES FOR ALL PEOPLE TO THRIVE. WE COLLABORATE WITH LOCAL AND NATIONAL DECISION-MAKERS IN BRAZIL, CHINA, INDIA, MEXICO, AND TURKEY TO IMPLEMENT PROJECTS THAT OVERCOME THE CHALLENGES OF URBANIZATION AND MAKE FOR GREATER CITIES. WE PARTNER WITH BUSINESSES, GOVERNMENTS, AND CIVIL SOCIETY TO SCALE OUR SUCCESSFUL PILOT PROJECTS GLOBALLY.

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PROGRAM SERVICE ACTIVITY 3

FORM 990, PART III, LINE 4C

CLIMATE PROGRAM: WRI ENGAGES BUSINESSES, POLICYMAKERS AND CIVIL SOCIETY

AT THE LOCAL, NATIONAL AND INTERNATIONAL LEVELS TO ADVANCE TRANSFORMATIVE

SOLUTIONS THAT MITIGATE CLIMATE CHANGE AND HELP COMMUNITIES ADAPT TO ITS

IMPACTS.

OUR INTERNATIONAL CLIMATE WORK USES ANALYSIS, INNOVATION AND PARTNERSHIPS
TO ACHIEVE EFFECTIVE NATIONAL POLICIES AND AN AMBITIOUS, EQUITABLE GLOBAL
CLIMATE ACTION AGREEMENT. OUR U.S. CLIMATE ACTION INITIATIVE IDENTIFIES
COST-EFFECTIVE SOLUTIONS FOR THE UNITED STATES TO REDUCE ITS EMISSIONS IN
THE SHORT- AND LONG-TERM. THE GREENHOUSE GAS PROTOCOL HELPS HUNDREDS OF
COMPANIES AND ORGANIZATIONS MEASURE, MANAGE, AND REPORT THEIR GREENHOUSE
GAS EMISSIONS. CLIMATE WATCH, WRI'S FREE AND OPEN ONLINE PLATFORM,
EMPOWERS POLICYMAKERS, RESEARCHERS, MEDIA AND OTHER STAKEHOLDERS WITH
CLIMATE DATA, VISUALIZATIONS AND RESOURCES THEY NEED TO GATHER INSIGHTS
ON NATIONAL AND GLOBAL PROGRESS ON CLIMATE CHANGE.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ENERGY: WRI WORKS WITH BUSINESSES, POLICYMAKERS, AND CIVIL SOCIETY TO

TRANSFORM THE GLOBAL ENERGY SYSTEM. WE AIM TO DRAMATICALLY REDUCE

GREENHOUSE GAS POLLUTION WHILE MEETING THE ENERGY NEEDS OF THE POOREST

AND BUILDING COMPETITIVE ECONOMIES.

OUR CHARGE INITIATIVE WORKS TO SECURE UNIVERSAL ACCESS TO CLEAN,

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AFFORDABLE POWER. WE SHED LIGHT ON THE COSTS, BENEFITS, AND RISKS

ASSOCIATED WITH DIFFERENT ENERGY AND POLICY OPTIONS. WE DEVELOP

INNOVATIVE APPROACHES TO BUYING, SELLING, AND REGULATING CLEAN

ELECTRICITY. WE PROVIDE POLICY RECOMMENDATIONS TO ADVANCE RENEWABLE

ENERGY--PARTICULARLY IN MAJOR EMERGING ECONOMIES LIKE INDIA AND SOUTH

AFRICA. AND WE FOSTER COLLABORATION AMONGST A DIVERSE GROUP OF ENERGY

STAKEHOLDERS, INCLUDING REGULATORS, UTILITIES, BUSINESSES, GOVERNMENTS,

AND CIVIL SOCIETY.

OUR CENTERS: WE DESIGN SOLUTIONS FOR AND ANALYZE OUR SEVEN CRITICAL GOALS THROUGH THE LENSES OF OUR FOUR CENTERS:

- 1) OUR BUSINESS CENTER HARNESSES THE PRIVATE SECTOR TO SPUR ACTION,
 INNOVATION, AND AMBITION IN SUPPORT OF SUSTAINABLE DEVELOPMENT OUTCOMES.
 WE COMBINE RESEARCH, ANALYSIS, TOOLS, AND DIRECT ENGAGEMENT WITH
 BUSINESSES TO CREATE SOLUTIONS THAT ADVANCE ENVIRONMENTAL SUSTAINABILITY
 AND DRIVE VALUE.
- 2) OUR ECONOMICS CENTER HELPS DECISION-MAKERS IDENTIFY OPPORTUNITIES FOR COST-EFFECTIVE ACTION TO PROTECT OR ENHANCE NATURAL RESOURCES, AND ENSURE THE DELIVERY OF ESSENTIAL ECOSYSTEM SERVICES. WE PROVIDE RESEARCH AND TOOLS TO HELP IDENTIFY AND COMPARE THE FULL COSTS AND BENEFITS OF CONTINUING ON A BUSINESS-AS-USUAL GROWTH PATH VERSUS MORE SUSTAINABLE OPTIONS.

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- 3) THE MISSION OF WRI'S FINANCE CENTER IS TO PROMOTE THE SHIFT OF FINANCE AWAY FROM ENVIRONMENTALLY UNSUSTAINABLE ACTIVITIES AND TOWARD SUSTAINABLE ONES. WE DO THIS THROUGH THE PRODUCTION OF DATA-DRIVEN, POLICY-ACTIONABLE RESEARCH AND KNOWLEDGE PRODUCTS AND BY CONVENING COALITIONS OF KEY STAKEHOLDERS THAT CAN DRIVE ACTION ON THE GROUND. OUR WORK IS STRUCTURED AROUND FIVE KEY THEMES:
- (A) FINANCING NDC IMPLEMENTATION,
- (B) "GREENING" PRIVATE SECTOR FINANCE,
- (C) STRENGTHENING PUBLIC FINANCIAL INSTITUTIONS,
- (D) ENCOURAGING THE U.S. AND CHINA TO BE SUSTAINABLE FINANCE CHAMPIONS,
- (E) STRENGTHENING INVESTMENT IN ADAPTATION AND RESILIENCE.
- 4) OUR GOVERNANCE CENTER WORKS TO EMPOWER PEOPLE AND SUPPORT INSTITUTIONS
 TO FOSTER SOCIALLY EQUITABLE AND ENVIRONMENTALLY SOUND DECISION-MAKING.
 WE USE DATA AND RESEARCH TO INSTITUTIONALIZE FUNDAMENTAL DEMOCRATIC
 PRINCIPLES SUCH AS TRANSPARENCY, PARTICIPATION, AND ACCOUNTABILITY INTO DECISION-MAKING PROCESSES, POLICIES, AND LEGAL FRAMEWORKS.

PARTNERING TO CHANGE THE WORLD

BUILDING ON THE WORK OF OUR REGIONAL HUBS AND INTERNATIONAL OFFICES,
GLOBAL CHALLENGE PROGRAMS, AND CENTERS OF EXCELLENCE, WRI HAS JOINED WITH
FAR-SIGHTED PARTNERS TO CREATE A SMALL NUMBER OF HIGHLY AMBITIOUS,
MULTI-STAKEHOLDER INITIATIVES THAT WE CALL DELIVERY PLATFORMS. THE
DELIVERY PLATFORMS MIRROR OUR COUNT IT, CHANGE IT, SCALE IT APPROACH,

COMBINING RIGOROUS RESEARCH, REAL-WORLD TESTING AND ADJUSTMENT OF
PROPOSED SOLUTIONS, AND SPECIFIC STRATEGIES TO RAPIDLY DEPLOY SUCCESSFUL
SOLUTIONS AT A GLOBAL SCALE. THEIR AMBITIOUS SCOPE AND COMPREHENSIVE
APPROACH TO ACHIEVING CHANGE AT SCALE ARE INFORMED BY OUR EARLY WORK ON
SUCH INITIATIVES AS THE GREENHOUSE GAS PROTOCOL, GLOBAL FOREST WATCH AND
AQUEDUCT. THIS SECTION ILLUSTRATES THIS APPROACH WITH UPDATES ON FOUR
DELIVERY PLATFORMS.

GLOBAL COMMISSION ON ADAPTATION

EVEN AS COUNTRIES WORK TO CUT GREENHOUSE GAS EMISSIONS, THEY MUST ALSO URGENTLY ADAPT TO THE IMPACTS OF CLIMATE CHANGE. LAUNCHED IN OCTOBER 2018 WITH THE SUPPORT OF THE NETHERLANDS, THE GLOBAL COMMISSION ON ADAPTATION SEEKS TO RAISE THE VISIBILITY OF ADAPTATION SOLUTIONS ON THE GLOBAL AGENDA, CULMINATING IN A YEAR OF ACTION IN 2020. WRI IS THE MANAGING PARTNER OF THE COMMISSION, WITH THE GLOBAL CENTER ON ADAPTATION IN ROTTERDAM AND GRONINGEN.

P4G: PARTNERING FOR GREEN GROWTH AND THE GLOBAL GOALS 2030

P4G BRINGS TOGETHER BUSINESSES, GOVERNMENTS AND NON-GOVERNMENTAL

ORGANIZATIONS IN INNOVATIVE PUBLIC-PRIVATE PARTNERSHIPS TO ADVANCE

SUSTAINABLE DEVELOPMENT SOLUTIONS. LAUNCHED IN JANUARY 2018 AND WORKING

WITH EIGHT COUNTRIES AND FOUR ORGANIZATIONS, P4G OFFERS FACILITATION,

FUNDING AND RECOGNITION FOR PARTNERSHIPS FOCUSING ON FIVE AREAS: FOOD AND

AGRICULTURE, WATER, ENERGY, CITIES AND THE CIRCULAR ECONOMY. HOSTED AT

WRI, P4G IS FUNDED BY THE GOVERNMENTS OF DENMARK AND THE NETHERLANDS.

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THE NDC PARTNERSHIP

AS A GLOBAL COALITION OF OVER 100 COUNTRIES AND INSTITUTIONS LAUNCHED IN 2016, THE NDC PARTNERSHIP WORKS TO SPUR CLIMATE ACTION WHILE ENHANCING SUSTAINABLE DEVELOPMENT. MEMBERS HELP COUNTRIES IMPLEMENT THEIR NATIONALLY DETERMINED CONTRIBUTIONS (NDCS) UNDER THE PARIS AGREEMENT. THE NDC PARTNERSHIP SUPPORT UNIT IS HOSTED BY WRI AND THE UNFCCC.

NEW CLIMATE ECONOMY

THE GLOBAL COMMISSION ON THE ECONOMY AND CLIMATE AND ITS FLAGSHIP
PROJECT, THE NEW CLIMATE ECONOMY (NCE), LAUNCHED IN 2014 TO HELP
GOVERNMENTS, BUSINESS AND CIVIL SOCIETY ACHIEVE ECONOMIC PROSPERITY AND
AMBITIOUS CLIMATE ACTION. THE COMMISSION'S MEMBERS - 28 FORMER HEADS OF
GOVERNMENT, FORMER FINANCE MINISTERS AND LEADERS IN ECONOMICS AND
BUSINESS - GUIDE NCE'S WORK AND ENGAGE WITH GOVERNMENT AND BUSINESS
LEADERS TO SPREAD ITS MESSAGE IN THE MEDIA AND AT HIGH-PROFILE EVENTS.

PROGRAM DESCRIPTION	GRANTS	EXPENSES
BUSINESS CENTER	\$241,344	\$3,239,137
FINANCE CENTER	\$322,567	\$2,505,578
GOVERNANCE CENTER	\$346,877	\$3,590,333
SPECIAL PROJECTS	\$1,159,225	\$7,114,137
COMMUNICATIONS	\$0	\$891,792
ENERGY	\$595,779	\$3,203,006
CITIES AND TRANSPORT	\$0	\$21,154

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TOTAL \$2,665,792 \$20,565,137

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE INSTITUTE'S MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WHICH WAS PREPARED BY WRI'S EXTERNAL TAX ADVISORS. THE ORGANIZATION SHARED A COPY OF THE FORM 990 WITH ITS BOARD OF DIRECTORS BEFORE FILING THE RETURN WITH THE IRS. COMMENTS FROM BOARD MEMBERS ARE SENT TO THE CHIEF FINANCIAL AND OPERATIONS OFFICER (VP AND CFOO), GLOBAL FINANCE DIRECTOR AND GLOBAL ACCOUNTING DIRECTOR. A DEADLINE IS GIVEN FOR BOARD MEMBERS TO RESPOND. IF THE DRAFT IS AVAILABLE BEFORE OUR BOARD MEETING, IT IS ALSO GIVEN OUT AT THE MEETING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

BOARD MEMBERS: COPIES OF CONFLICT OF INTEREST POLICY AND CERTIFICATION

FORM ARE GIVEN TO BOARD MEMBERS ANNUALLY WITH LIST OF VENDORS WITH WHICH

WE DO BUSINESS. BOARD MEMBERS ARE ASKED TO SIGN THE CERTIFICATION

INDICATING WHETHER THEY HAVE ANY CONFLICTS. BOARD MEMBERS ARE ALSO

EXPECTED TO DISCLOSE CONFLICTS AS THEY ARISE THROUGHOUT THE YEAR. THOSE

WITH CONFLICTS ARE NOT PERMITTED TO PARTICIPATE IN ANY DELIBERATIONS AND

DECISIONS AFFECTING THE SOURCE OF THE CONFLICT.

EMPLOYEES/OFFICERS: EVERY STAFF MEMBER SIGNS OFF ON A CONFLICT OF

INTEREST FORM. OFFICERS AND MANAGEMENT TEAM RE-SIGN CONFLICT OF INTEREST

FORMS EACH CALENDAR YEAR. STAFF MEMBERS ARE DIRECTED TO RAISE QUESTIONS

TO THEIR IMMEDIATE SUPERVISORS OR PROGRAM DIRECTORS/VPS IF THEY HAVE A

QUESTION ON AN ACTIVITY WHICH THEY THINK MIGHT POSE A CONFLICT OF

INTEREST. HUMAN RESOURCES STAFF IS AVAILABLE TO ASSIST WITH QUESTIONS.

ANY PROGRAM DIRECTOR OR VP CAN DETERMINE THAT THERE IS A CONFLICT OF INTEREST AND REQUEST THAT THE ACTIVITIES STOP. THE CONFLICT OF INTEREST POLICY SPECIFIES THAT THE STAFF MEMBER IS PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS PROCESS IF THEIR ACTIVITY IS IN QUESTION. HUMAN RESOURCES STAFF INFORM STAFF WHEN THERE IS A CONFLICT OF INTEREST AND ASSIST WITH ENSURING COMPLIANCE.

COMPENSATION DETERMINATION

FORM 990, PART VI, LINES 15A & 15B

THE ORGANIZATION ENGAGES INDEPENDENT CONSULTANTS PERIODICALLY TO CONDUCT A COMPARATIVE REVIEW OF ITS SALARY STRUCTURE AND ALSO REVIEWS SALARY SURVEYS. THE MANAGING DIRECTOR SETS PAY INCREASES FOR ALL DEPARTMENT HEADS; THE PRESIDENT DOES THE SAME FOR THE MANAGING DIRECTOR, CFOO, AND ALL VICE-PRESIDENTS; THE BOARD OF DIRECTORS DO THE SAME FOR THE PRESIDENT. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE PRESIDENT'S ANNUAL SALARY INCREASES AND BONUSES AS APPROPRIATE. THE GLOBAL DIRECTOR OF HUMAN RESOURCES MAKES A RECOMMENDATION ON THE PERCENTAGE INCREASE AND BONUS AMOUNT, AND PARTICIPATES IN THE EXECUTIVE COMMITTEE OF THE BOARD MEETING WHICH EVALUATES THE PRESIDENT'S

WRI

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization

WORLD RESOURCES INSTITUTE

Employer identification number

52-1257057

PERFORMANCE. THE GLOBAL DIRECTOR OF HUMAN RESOURCES TAKES NOTES/MINUTES
OF THIS PORTION OF THE MEETING TO DOCUMENT THE DECISION MADE REGARDING
THE PRESIDENT'S ANNUAL SALARY.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC TO THE EXTENT

REQUIRED BY LAW.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

FORM 990, PART VI, LINE 19

FOREIGN UNREALIZED GAIN (LOSS) \$(701,512)

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CHINA

INDIA

CONGO (KINSHASA)

UNITED KINGDOM

NETHERLANDS

ETHIOPIA

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization
WORLD RESOURCES INSTITUTE

Employer identification number

52-1257057

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

 ${\tt AL}$, ${\tt AK}$, ${\tt AZ}$, ${\tt AR}$, ${\tt CA}$, ${\tt CO}$, ${\tt CT}$, ${\tt DE}$,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

 ${\tt MN}$, ${\tt MS}$, ${\tt MT}$, ${\tt NH}$, ${\tt NJ}$, ${\tt NM}$, ${\tt NY}$, ${\tt NC}$, ${\tt ND}$, ${\tt OH}$, ${\tt OK}$, ${\tt OR}$, ${\tt PA}$,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SIMBIOTICA (VIZZUALITY) CALLE ELOY GONZALO, 27 MADRID SPAIN 28010	CONSULTING	1,379,936.
WAINDO SPECTERRA KOMPLEKS PERKANTORAN PEJATEN RAYA NO 7-8 JL PEJATEN RAYA NO TWO JAKARTA SELATAN INDONESIA 12510	CONSULTING	1,263,456.
ASI PUDJIASTUTI GEOSURVEY JL. KI MANGUNSARKORO NO 21, RT 1/RW 4 MENTENG KOTA JAKARTA PUSAT DAERAH KHUSUS IBUKOTA JAKARTA INDONESIA 10310	CONSULTING	885,345.
MINDSHIFT TECHNOLOGIES 307 WAVERLEY OAKS ROAD WALTHAM, MA 02452	IT SUPPORT	563,354.
PT. EXA INTERNATIONAL JL. TOMANG RAYA NO 74, JATIPULO PALMERAH KOTA JAKARTA BARAT DAERAH KHUSUS IBUKOTA JAKARTA INDONESIA 11430	CONSULTING	537,038.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury

OMB No. 1545-0047 Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number WORLD RESOURCES INSTITUTE 52-1257057

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) WORLD RESOURCES INSTITUTE FUND 52-1464425							
10 G STREET, NE WASHINGTON, DC 20002	SUPPORT	DC	501(C)(3)	12 - TYPE I	WRI	X	
(2) WRI EUROPE STICHTING							
C/O FMO, ANNA VAN SAKSENLAAN 71 DEN HAAG, NL 2593	SUPPORT	NL	501(C)(3)	12 - TYPE I	WRI	X	
(3)							
(4)							
<u>(5)</u>							
(6)							
(7)							

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

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigr country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		ion (13) illed
								Yes N	10
(1) WRI INDIA PRIVATE UNLIMITED									
87 NEW MANGAI PURI, MEHRAULI GURGAO NEW DEHLI, DL IN	FUNCTION. SUPPORT	IN	WRI	C CORP	682,514.	11,808,186.	100.0000	Х	
(2) WRI - ENVIRON. MAN. CONSULTANCY CO, LTD.									
NO. 6 B CHAOWAI STREET 100020 BEIJING, CHAOYANG DISTRICT	FUNCTION. SUPPORT	CH	WRI	C CORP	0.	0.	100.0000	Х	
(3)									
(4)									_
(5)									_
(6)									_
(7)									_

JSA

7E1308 1.000

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Schedule R (Form 990) 2017

Par	Transactions With Related Organizations. Complete if the organization answered "Yes	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
n	Reimbursement paid to related organization(s) for expenses				1p		X
a	Reimbursement paid by related organization(s) for expenses				1q		X
7	(e)						
r	Other transfer of cash or property to related organization(s)				1r		Χ
	Other transfer of cash or property from related organization(s)				1s		Χ
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				shold	s.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deta unt inv		g
(1)	WRI INDIA PRIVATE UNLIMITED	В	3,600,000.	CASH			
(2)	WRI EUROPE STICHTING	В	1,426,132.	CASH			
(3)							
(4)							
(5)							

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(6)

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Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	i) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA Schedule R (Form 990) 2017

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Part VII Supplemental Information

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