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# <sub>=orth</sub> 990

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

2008

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

Open to Public Inspection

A For	the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009					
B Chec	C Name of organization	D Employer identific	ation number				
lch	dress ange ange type ange type Doing Business As	22-30	98727				
In	Number and street (or P 0 box if mail is not delivered to street address) Room/su		130121				
∟—Jat	Specific Instruct 535 STONE CUTTERS WAY	802-2	229-2900				
Llre	city or town, state or country, and ZIP + 4	G Gross receipts \$	9,166,651.				
	adina -	H(a) Is this a group ret					
	F Name and address of principal officer GEORGE HAMILTON	for affiliates?	Yes X No				
	SAME AS C ABOVE	H(b) Are all affiliates incli					
	exempt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 site: ► WWW.ISCVT.ORG	<del></del> 1	st (see instructions)				
		H(c) Group exemption ear of formation. 1991 M					
Part	I Summary		State of legal doffficile V 1				
ခ <sub>္</sub> 1	Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1.					
& Governance	Check this box  if the organization discontinued its operations or disposed of m	ore than 25% of its assets					
8 8	Number of voting members of the governing body (Part VI, line 1a)	3	13				
ا «ق 4		4	13				
S es		5	38				
Activities 2		6	50				
7   G	Total number of volunteers (estimate if necessary)  a Total gross unrelated business revenue from Partylli, line 12, column (C)  b Net unrelated business taxable income from Form 990-7, line 34 2 2010	7a	0.				
-	b Net unrelated business taxable income from Fdra, 490-17 line 34 2 2010		0,				
Revenue		Prior Year 8 , 812 , 137 .	Current Year 8,785,925				
Revenue	I UUDLIN, UT I	327,357.	360,893				
e le		22,781.	18,545				
~~~   1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,345.	1,288				
1:		9,163,620.	9,166,651.				
1;		3,441,358.	2,719,180.				
10	Benefits paid to or for members (Part IX, column (A), line 4)						
တ္ထု 1	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	3,086,939.	3,579,523				
Expenses	a Professional fundraising fees (Part IX, column (A), line 11e)						
χ̈́	b Total fundraising expenses (Part IX, column (D), line 25) ► 223,602.	4 045 556					
- 11	7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,947,776.	2,068,762				
1		8,476,073.	8,367,465				
	Revenue less expenses Subtract line 18 from line 12	687,547.	799,186				
sets 2	Total assets (Part X, line 16)	Beginning of Year 2,600,584.	End of Year 3,657,777				
Net Assets or Fund Balances	, , , , , , , , , , , , , , , , , , ,	249,220.	505,901				
	· • · · · · · · · · · · · · · · · · · ·	2,351,364.	3,151,876				
Part							
	Under penalties of perjury, I defiate that I have examined this return, including accompanying schedules and statemen and complete peclaration of interparer (other than officer) is based on all information of which preparer has any knowled	ats, and to the best of my knowledge	e and belief, it is true, correct,				
	4-011	11/	-/10				
Sign		4/0-	5/10				
Here	GEORGE HAMILTON, PRESIDENT	Date •	-				
	Type or print name and title	Check if Preparer	's identifying number				
Paid	signature David F. Janua CPA 3-30-10	self- employed >	ructions)				
Prepare Use On	y yours if GELMAN, ROSENBERG & FREEDMAN	EIN ►					
JJC 011	' self-employed), address, and 4550 MONTGOMERY AVE., SUITE 650 NOR'						
ZIP+4 BETHESDA, MARYLAND 20814-2930 Phone no ► (301) 951-9090							
	e IRS discuss this return with the preparer shown above? (see instructions)	<del> </del>	X Yes No				
832001	12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	instructions.	Form <b>990</b> (2008				
		/	<u>'</u> — 15 .				
			7 '				

Buelly describe the organization's messon   SEE SCHEDULE O FOR CONTINUATION		990 (2008) INSTITUTE FOR SUSTAINABLE COMMUNITIES 22-3098727 Page 2 t III Statement of Program Service Accomplishments (see instructions)
TSC'S MISSION IS TO HELP COMMUNTIES AROUND THE WORLD ADDRESS ENVIRONMENTAL, ECONOMIC, AND SOCIAL CHALLENGES TO BUILD A BETTER FUTURE SHAPED AND SHARED BY ALL. THROUGH VARIOUS PROGRAMS WE GIVE PASSIONATE. COMMITTED PEOPLE THE TOOLS AND SKILLS THEY NEED TO INSPIRE  2 Did the organization understate any significant program services during the year which were not listed on the prior from \$20.0 states and year program services during the year which were not listed on the proof from \$20.0 states and year program services there changes on Schedule O  1 Determine these changes on Schedule O  2 Describe the excentage on Schedule O  4 Describe these changes on Schedule O  4 Describe the excentage on Schedule O  5 SEE SCHEDULE (School 1987) (Institute the compilation of the organization's three largest program services by expenses Section 501(28) and 501(69) (generations and section 4947(81)) thusts are equiend to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported allocations to others, the total expenses, and revenue, if any, for each program service reported allocations to others, the total expenses, and revenue, if any, for each program service reported allocations to others, the total expenses, and revenue, if any, for each program service reported allocations to others, the total expenses, and revenue, if any, for each programs service reported allocations to others, the total expenses, and revenue, if any, for each programs service reported allocations to others, the total expenses and revenue, if any, for each programs service reported allocations to others, the total expenses and revenue, if any, for each programs services by expenses and revenue, if any, for each program services by expenses and revenue is an expense of the programs and allocations to others, the formation of the company and allocations to others, the formation of the programs services (section the programs and allocations to others, the formation of the programs and		
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		i	
	located outside the United States? If "Yes," complete Schedule F, Part III	16	:	Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	990 (	2008)

832003 12-18-08

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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 7701-39 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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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, Part VI	37		Х

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 36 U.S. Information Returns. Enter 0 if not applicable b Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 38 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ► MACEDONIA, SERBIA, CHINA See the instructions for exceptions and filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? X 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? Х 7g Х h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. N/A a Did the organization make any taxable distributions under section 4966? 9a N/A b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter N/A a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Form **990** (2008)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			İ
1a	Enter the number of voting members of the governing body	13		
b	Enter the number of voting members that are independent	13		
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 organizational documents since the prior Form 990 was filed?	4	<u> </u>	X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
9a	Does the organization have local chapters, branches, or affiliates?	9a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	ĺ		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11_		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	Other officers or key employees of the organization?	15b	X	
	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		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ble for		
	public inspection Indicate how you make these available. Check all that apply			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	ancial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization 🕽	<b>-</b>	
	BRENDAN S. KELEHER - (802) 229-2900			
02222	535 STONE CUTTERS WAY, MONTPELIER, VT 05602			
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Lick this box if the organization did not compensate any officer, director, trustee, or key employee

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	Position (check all that				ılv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee			Highest compensated E		from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GEORGE HAMILTON	40.00							100 615		
PRESIDENT	40.00	X		X		<del> </del>	ļ	130,615.	0.	<u> 15,913.</u>
STEPHEN D. RAMSEY CHAIR	1.00	Х		х				0.	0.	0.
JOHN A. DOOLEY										
VICE CHAIR	1.00	Х	<u> </u>	Х		<u></u>		0.	0.	0.
HARRY G. BARNES, JR.										
SECRETARY	1.00	X		X				0.	0.	0.
JERRY GREENFIELD										
TREASURER	1.00	X	<u> </u>	Х		<u> </u>		0.	0.	0.
MADELEINE KUNIN								_		
BOARD MEMBER	1.00	X	ļ			ļ	ļ	0.	0.	0.
PEREZ EHRICH									_	_
BOARD MEMBER	1.00	X				<b>├</b> -		0.	0.	0.
RAMSEY LUHR	1 00	7.							0	0
BOARD MEMBER	1.00	X	┢					0.	0.	0.
SANDY STASH BOARD MEMBER	1.00	ų.						0.	0.	0
LAUREL COLLESS	1.00	^	<del> </del> -		-	├	-	0.		0.
BOARD MEMBER	1.00	v					ļ	0.	0.	0.
RICHARD PAISNER	1.00	A	$\vdash$		-			0.		
BOARD MEMBER	1.00	x						0.	0.	0.
ANN VAN DUSEN	1.00									
BOARD MEMBER	1.00	$ _{\mathbf{X}}$	1					0.	0.	0.
AARON S. WILLIAMS		T							•	
BOARD MEMBER	1.00	x		İ				0.	0.	0.
LESLIE MCCUAIG										
SENIOR V.P.	40.00					Х		121,475.	0.	15,194.
ENRIQUE ROIG				_						
DIR. CIVIL SOCIETY	40.00		<u> </u>	<u> </u>		X		113,684.	0.	10,950.
STEPHANIE RUST					1					
REGIONAL DIR. BALKANS	40.00	_	<u> </u>	<u> </u>		X	<u> </u>	109,718.	0.	14,123.
			1							
	<u></u>	<u> </u>		<u> </u>	<u> </u>	<u></u>	<u> </u>			

832007 12-18-08

Form 990 (2008)

Part VII   Section A. Officers, Directors, Tr (A)	(B)	Τ			C)			(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Fs	timate	he
	hours	(c				арр	ly)	compensation	compensation	n		ount	
	per	-				T	Ť	from	from related			other	
	week	lect		ŀ				the	organizations	,	com	pensa	tion
	1	000	tee			sated		organization	(W 2/1099-MIS	C)	fre	om the	е
		ruste	Irus		99/	lage.		(W-2/1099-MISC)				anızatı	
		individual trustee or director	itiona	_	nplo)	st co.						relate	
		nder	Institutional trustee	Officer	Key employee	Highest compensated employee	Form				orga	ınızatı	ons
	<del>-</del>	-		-		<u> </u>			<del></del>				
<del></del>		-	-										
	-	-		<del> </del>			-						
				•									
	-	├	-	-		_							
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<del></del>							_		<del></del>				
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		†											
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		T				ļ -	-					-	
1b Total	<u> </u>		•	•		▶		475,492.		0.	5 (	5,1	80.
2 Total number of individuals (including thos	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,0	000 in reportable					
compensation from the organization								·		<b>&gt;</b>			_ 4
									-			Yes	No
3 Did the organization list any former officer	r, director or tru	ıstee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for	such individual	1									3		_X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization				
and related organizations greater than \$15	50,000? If "Yes	, " co	mple	ete S	Sche	edule	e J f	or such individual		Į	4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr	elat	ed organization for serv	ces rendered to			ļ	
the organization? If "Yes," complete Schee	dule J for such	pers	on								5	Į	Х
Section B. Independent Contractors	·												
1 Complete this table for your five highest c	ompensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fr	rom	
the organization. NONE	····						ı						
(A)								(B)	İ	_	(C		
Name and busines	s address							Description of s	ervices		omper	sation	<u> </u>
									-				
	<del>.</del>						_					,	
							_						
	·						_						
								•					
2 Total number of independent contractors	(including thos	e in	1) wl	ho re	ecer	ved	mor	e than \$100,000 in com	pensation				
	^												
from the organization	0												

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		22011000	gorioral enportage	onpenses .
	organizations in the U.S. See Part IV, line 21	7,500.	7,500.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	2,711,680.	2,711,680.		
4	Benefits paid to or for members		1 1		
5	Compensation of current officers, directors,				<del></del>
	trustees, and key employees	154,160.	15,416.	92,496.	46,248
6	Compensation not included above, to disqualified				···
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,579,474.	1,891,140.	581,772.	106,562
8	Pension plan contributions (include section 401(k)				<del> </del>
	and section 403(b) employer contributions)	82,601.	67,237.	13,614.	1,750
9	Other employee benefits	599,927.	455,974.	118,603.	25,350
10	Payroll taxes	163,361.	122,463.	33,332.	7,566
11	Fees for services (non-employees)			-	
а	Management				
b	Legal	14,943.	12,654.	2,083.	206
С	Accounting	43,359.	36,717.	6,044.	598
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	703,255.	593,911.	101,884.	7,460
12	Advertising and promotion				
13	Office expenses	296,349.	204,772.	77,853.	13,724
14	Information technology	46,520.	43,275.	3,063.	182
15	Royalties				
16	Occupancy	274,546.	125,672.	148,874.	a
17	Travel	345,232.	281,174.	55,161.	8,897
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	217,359.	215,444.	175.	1,740
20	Interest				
21	Payments to affiliates			··	
22	Depreciation, depletion, and amortization	21,016.		21,016.	
23	Insurance	7,714.	873.	6,841.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
•	STAFF DEVELOPMENT	48,123.	14,602.	31,725.	1,796
	OTHER OFFICE OPERATIONS	41,452.	31,067.	9,000.	1,385
	SUBS.& PUBS.	8,894.	1,982.	6,774.	138
d	DODD: & TODD:		1,002.	<u> </u>	100
e		-			
	All other expenses				<del>-</del>
25 25	Total functional expenses Add lines 1 through 24f	8,367,465.	6,833,553.	1,310,310.	223,602
<u>25                                    </u>	Joint Costs Check here I If following	0,00,1400.	0,000,000.	2,010,0100	223,002
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Form **990** (2008)

			(A) Beginning of year		(B) End of year
	4	Cash · non-interest-bearing	89,909.	1	814,847.
	1 2	Savings and temporary cash investments	632,248.	2	826,273.
	3	Pledges and grants receivable, net	755,876.	3	1,403,812.
	4	Accounts receivable, net	85,567.	4	92,142.
	5	Receivables from current and former officers, directors, trustees, key	03,307.	-4	
	5	employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		3	
	٠	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
<sub>so</sub>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	261,609.	9	320,493.
		Land, buildings, and equipment cost basis 10a 462,695		9	320,433.
		Less accumulated depreciation Complete	4	.	
		Part VI of Schedule D 10b 412,198	51,415.	10c	50,497.
	11	Investments · publicly traded securities	720,847.	11	136,711.
:	12	Investments - other securities See Part IV, line 11	720,047.	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,113.	15	13,002.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,600,584.	16	3,657,777.
	17	Accounts payable and accrued expenses	246,720.	17	503,401.
	18	Grants payable	220//201	18	303,101.
	19	Deferred revenue		19	<del></del>
Liabilities	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow account liability Complete Part IV of Schedule D		21	<del></del>
	22	Payables to current and former officers, directors, trustees, key employees,			*
abil		highest compensated employees, and disqualified persons. Complete Part II			
ت		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	2,500.	25	2,500.
	26	Total liabilities. Add lines 17 through 25	249,220.	26	505,901.
		Organizations that follow SFAS 117, check here			<u> </u>
S		lines 27 through 29, and lines 33 and 34.		Ì	
ŭ	27	Unrestricted net assets	865,509.	27	622,289.
3ala	28	Temporarily restricted net assets	1,485,855.	28	2,529,587.
ď.	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	· .
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	2,351,364.	33	<u>3,151,876.</u>
	34	Total liabilities and net assets/fund balances	2,600,584.	34	<u>3,657,777.</u>
Pa	rt XI	Financial Statements and Reporting			
			<b>_</b>		Yes No
1		ounting method used to prepare the Form 990 Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent			2a X
b		the organization's financial statements audited by an independent accountant?			2b X
С		es" to lines 2a or 2b, does the organization have a committee that assumes response		audit,	
_		w, or compilation of its financial statements and selection of an independent acc			2c X
За		result of a federal award, was the organization required to undergo an audit or at	udits as set forth in the Sing	ie Aud	
		and OMB Circular A-133?			3a X
		es," did the organization undergo the required audit or audits?			3b X
83201	1 12-18	I-08			Form <b>990</b> (2008)

832011 12-18-08

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

	-	INSTITU	TE FOR SUSTA	INABL	E COM	TINUM	'IES		22	2-3098727		
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t ) (see ins	tructions)				
The organ	zation is not a	private foundation	because it is (Please ch	eck only o	ne organiz	zation)						
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(ı)	).				
2 🔲	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	( <b>A</b> )(in). (At	tach Sche	dule H)			
4	A medical res	search organization (	operated in conjunction	with a hos	pital desci	ribed in <b>s</b> e	ction 170	(b)(1)(A)(ı	ii). Enter th	ne hospital's name	∍,	
	city, and stat	e	,							<u>-</u>		
5	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental un	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II )									
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).					
7 [X]	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II)									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	p fees, an	d gross receipts f	rom	
		•	nctions - subject to certa	-	-	•				•		
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	fter June 30, 1975	5	
		<b>509(a)(2).</b> (Complete	•									
10	-	-	perated exclusively to te	•	-			• '	•			
11	_	•	perated exclusively for the		•					•	r	
			ations described in secti				2) See sec	ction 509(	a)(3). Che	ck the box that		
		· · · · <u></u>	organization and compl		•					Torra III. Other		
	a Type I		_ ,,	• •	e III - Fund	•	•	- mara dia		Type III - Other	_	
e	-		it the organization is not han one or more publich		_	•	•				ı	
f		-	ten determination from		_				3(a)(1) Of S	ection 509(a)(2)		
•	•	rganization, check th			at it is a Ty	pe i, Type	ii, or Type	5 111				
g	•	-	irganization accepted ar	ny aift or c	ontribution	from any	of the follo	owina ner	sons?		لـــا	
9	•		rectly controls, either al			•		•		Yes	No	
	• • • •	-	upported organization?			po.000		() aa (	, 20.01.,	11g(ı)	110	
	-		n described in (i) above?	)						11g(iı)		
	• •	•	person described in (i)		e?					11g(iii)		
h		•	about the organizations			ports						
			•		-							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	u notify the	(vi) ls	the	(vii) Amount of		
. ,	inization	(11) 2.11	organization (described on lines 1-9		sted in your			organizáti (i) organiz	on in col.	// <sub>•</sub>		
			above or IRC section	1	document?		r support?	(", "บิร	,2			
			(see instructions))	Yes	No	Yes	No	Yes	No		<del></del>	
							<u> </u>			·		
	*						-		<del>                                     </del>			
				Ì								
				1					-			
				ļ	-	-	<del> </del>					
					[							
					<b></b>	<del> </del>	-	<del> </del>				
Takal												
Total	Nutrice and A = 4	d Damanus de D		 	<u> </u>		I	0-1	1			
LUN LOLL	rivacy Act an	io Paperwork Redu	ction Act Notice, see t	ne instruc	tions for I	-orm 990.		Schean	e A (Form	990 or 990-EZ)	2008	

Schedule A (Form 990 or 990 EZ) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITIES 22-3098727 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and						_	
	membership fees received (Do not							
	ınclude any "unusual grants ")	7,693,482.	9,694,627.	9,324,989.	8,812,137.	8,785,925,	44,311,160.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities					-		
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 - 3	7 693 482.	9,694,627.	9.324.989.	8 812 137	8,785,925.	44,311,160,	
5	The portion of total contributions							
	by each person (other than a			į				
	governmental unit or publicly			ĺ				
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1,838,447.	
6	Public Support. Subtract line 5 from line 4						42,472,713.	
	ction B. Total Support	L	L		L		42,412,113.	
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7		7,693,482.	9,694,627.	9 324 989	8,812,137.	8 785 925.	44,311,160,	
8	Gross income from interest,	7,033,402.	2,034,027.	J,324,303.	0,012,137.	0,703,223.	44,311,100.	
Ü	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	7,675.	13,687.	74,534.	22,781.	18 545	137,222.	
9	Net income from unrelated business	7,075.	13,007.	74,334.	22,,01.	10,545.	131,222.	
9	activities, whether or not the			[				
	•							
40	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital	12 401	758.	E 224	1 2/5	2 060	24 706	
	assets (Explain in Part IV)	13,491.	/30.	5,334.	1,345.	3,868.		
	Total support. Add lines 7 through 10					1	44,473,178.	
	Gross receipts from related activities	•	•		<u>l</u>		,264,303.	
13	First five years. If the Form 990 is fo	-	s first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
50	organization, check this box and sto	o here	rcontago			<del></del>	<u> </u>	
	ction C. Computation of Publ						05 50 **	
	Public support percentage for 2008 (	` . · · ·		olumn (f))	-	14	95.50 %	
	Public support percentage from 2007					15	99.67 %	
16a	33 1/3% support test - 2008. If the	•			4 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-				$\triangleright [X]$	
t	o 33 1/3% support test - 2007. If the	•			line 15 is 33 1/3%	or more, check th	ns box	
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances tes	_						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop he	e <mark>re.</mark> Explain in Par	t IV how the orgar	nization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
t	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-cir	cumstances" test	The organization of	jualifies as a public	ly supported orga	nızatıon	▶	
_18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>&gt;</b>	
							or 990-E7) 2008	

Schedule A (Form 990 or 990-EZ) 2008 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (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 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 7a 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004(b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 IV) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2007 Schedule A, Part IV A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

Employer identification numbe

Namo	TNSTTTUTE FOR SIIST	AINABLE COMMUNITIES	22-3098727
Par			
	organization answered "Yes" to Form 990, Part IV, lin		o a vive a survey complete if the
	organization anowered the territorial edge, tarking in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 in donor advi	sed funds
3	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization is property, subject to the organization is		
O	for charitable purposes and not for the benefit of the donor of	• •	. — —
Par			<del></del>
1	Purpose(s) of conservation easements held by the organizat		diciv, mo
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of certif	
	Preservation of open space	r reservation or certif	ica filstone structure
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	sequation easement on the last day
2	of the tax year	servation contribution in the form of a cor	iservation easement on the last day
	of the tax year		Held at the End of the Year
-	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		
•	year	induced, extinguished, or terrimitated by the	o organization daming the taxable
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		and
•	enforcement of the conservation easements it holds?	,,,,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	- · ·	
8	Does each conservation easement reported on line 2(d) abor		
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
_	include, if applicable, the text of the footnote to the organiza	·	· · · · · · · · · · · · · · · · · · ·
	conservation easements		
Par		of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text o
	the footnote to its financial statements that describes these	·	.,
b	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures,
_	or other similar assets held for public exhibition, education,	·	·
	these items	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
_	the following amounts required to be reported under SFAS 1		g, p
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> \$
a b	Assets included in Form 990, Part X		➤ \$ ➤ \$
	, addition and desired and a		
 _HA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 200

Sche		TE FOR SUS								7 Page <b>2</b>
Par	t III   Organizations Maintaining C	collections of A	Art, Hist	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (conti	nued)
3	Using the organization's accession and othe	r records, check ar	y of the f	ollowing tha	at are a signif	icant use	of its col	lection ite	ms (chec	k all
	that apply)		_							
а	Public exhibition		d 🔲 1	Loan or exc	change progr	ams				
b	Scholarly research		е 🗀 (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how th	ey further t	the organizati	on's exen	npt purp	ose in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Trust, Escrow and Custodial	Arrangement	s. Compl	ete if organ	ization answ	ered "Yes	" to Forn	n 990, Par	t IV, line S	}, or
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	ssets not i	ncluded		_	_
	on Form 990, Part X?							L	」Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing t	able			<u></u>			
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						_1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990, Part X, Iın	e 21?					<u> </u>	」Yes	└─ No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	<del></del>	rered "Ye	s" to Form	T					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		<del></del>		<del> </del>					
b	Contributions				ļ		·			
С	Investment earnings or losses								ļ	
d	Grants or scholarships		ļ						ļ	
е	Other expenditures for facilities									
	and programs		<u> </u>							
f	Administrative expenses									
g	End of year balance		1						l	
2	Provide the estimated percentage of the year									
a	Board designated or quasi endowment		%							
b	Permanent endowment >	%								
С		%								
за	Are there endowment funds not in the posse	ession of the organi	zation tha	it are neid a	and administe	erea for th	e organi	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations	- 11	O-b	tuta DO					3a(II)	
	If "Yes" to 3a(ii), are the related organization:	•							3b	
Pai	Describe in Part XIV the intended uses of the rt VI Investments - Land, Building				) Part Y line	10		<del></del>		
[ [ [	- <u>-</u>	(a) Cost or			t or other		nrasiatio		(d) Book	
	Description of investment	basis (inves			(other)	(C) DE	preciatio	on	(d) Book	. value 
1a	Land									
b	Buildings									
С	Leasehold improvements			4	16,015.		27,5	86.	18	3,429.
d	Equipment			41	L6,680.	3	84,6			2,068.
e	Other									
Tota	1. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, co	lumn (B),	line 10(c))					5(	0,497.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of value est or end-of-year man	
Financial derivatives and other financial products Closely-held equity interests Other				
otal (Col (b) should equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua est or end-of-year man	
Total (Col (b) should equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) lin  Part X Other Liabilities. See Form 990, Part X,	ne 15 ) line 25		<u> </u>	
(a) Description of liability		(b) Amount	-	
Federal income taxes SECURITY DEPOSITS		2,500.	-	
			]	
Total. (Column (b) should equal Form 990, Part X, col (B) lii	ne 25.)	2,500.		

_	dule D (Form 990) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITI		22-	3098727	Page 4
·	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		9,166	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		8,367	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			<u>,186.</u>
4	Net unrealized gains (losses) on investments	4		1	<u>,326.</u>
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8	<del></del>		
9	Total adjustments (net) Add lines 4 8	9			<u>,326.</u>
10 Par	Excess or (deficit) for the year per financial statements  Combine lines 3 and 9  t XII   Reconciliation of Revenue per Audited Financial Statements With Reve	10   enue per	Return		<u>,512.</u>
1	Total revenue, gains, and other support per audited financial statements	mao por	1	9,688	911
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2,000	,,,,,,
a	Net unrealized gains on investments  2a	1,326			
b	<del></del>	20,934			
c	Recoveries of prior year grants  2c	20,754	1		
d	Other (Describe in Part XIV)		1		
	Add lines 2a through 2d		2e	522	260.
3	Subtract line 2e from line 1		3	9,166	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	J,100	, 0 2 1 .
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)  4b		-		
-	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	9,166	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses pe			, 0 5 1 •
1	Total expenses and losses per audited financial statements		1	8,888	399.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			0/000	, , , , , .
a		20,934			
b	Prior year adjustments 2b	30 / 33 1	1		
c	Losses reported on Form 990, Part IX, line 25		7 ]		
d	Other (Describe in Part XIV)		7		
_	Add lines 2a through 2d		2e	520	934.
3	Subtract line 2e from line 1		3	8,367	
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				
	Other (Describe in Part XIV)  4b		7		
	Add lines 4a and 4b		4c		0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	8,367	
Pai	t XIV Supplemental Information				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art IV, lines	1b and 2	b, Part V, line	4, Part
X, Pa	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b				
		•			
					<u> </u>
			Sched	ule D (Form 9	90) 2008

### Schedule F (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number INSTITUTE FOR SUSTAINABLE COMMUNITIES 22-3098727

THOUTH FOR D				1 44-303012	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
to Form 990, Par	t IV, line 14b				
=			ds to substantiate the amount of the g		
grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Sta	tes
2 Activities per Pegion (III	ico Sobodulo E 1	(Earm 000) if ac	Iditional cases is peeded )		
3 Activities per Region (U (a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) region	offices	employees or	(by type) (i e , fundraising,	is a program service,	expenditures
	ın the region	agents in	program services, grants to	describe specific type	ın region
		region	recipients located in the region)	of service(s) in region	
<del> </del>					<u></u>
				TRAINING & CAPACITY	
NORTH AMERICA	2	28	PROGRAM SERVICES	BUILDING.	4,893,000.
RUSSIA AND THE NEWLY				TRAINING AND CAPACITY	
INDEPENDENT STATES	0	2	PROGRAM SERVICES	BUILDING.	185,000.
				TRAINING C CARACITAN	
EUROPE	,	30	PROGRAM SERVICES	TRAINING & CAPACITY BUILDING.	800,034.
EUROFE			FROGRAM SERVICES	BUILDING	800,034.
EAST ASIA AND THE				ENVIRONMENTAL TRAINING &	
PACIFIC	2	8	PROGRAM SERVICES	CAPACITY BUILDING.	114,000.
			GRANTS TO RECIPIENTS		
EUROPE	0	0	LOCATED IN THE REGION.		2,321,219.
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS		75.046
THE CARIBBEAN			LOCATED IN THE REGION.		75,946.
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	1 0		LOCATED IN THE REGION.		304,738.
T.A.I.	_				
Totals -	<u> </u>	76	<u> </u>	1	8,693,937.

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

Schedule F (Form 990) 2008

Page 2

Schedule F (Form 990) 2008		TUTE FOR SUS	INSTITUTE FOR SUSTAINABLE COMMUNITIES	ITIES	22-3098727	98727		
Part II Grants and Other	er Assistance to Org	yanizations or Entitles	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	omplete if the or	ganization answered	I "Yes" to Form 9	90, Part IV, line 15, for	any
recipient who rec	ceived more than \$5,	000 Check this box if n	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	than \$5,000				
Use Schedule F.	Use Schedule F-1 (Form 990) if additional space is neede	onal space is needed						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(e) Amount (f) Manner of of cash grant cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Methoc valuation (boo appraisal, o
			CIVIL SOCIETY	:				
		EUROPE	DEVELOPMENT	39, 151,	39 151, CHECK/WIRE	0		

103259, CHECK/WIRE

CIVIL SOCIETY

DEVELOPMENT

EUROPE

79 765, CHECK/WIRE

CIVIL SOCIETY DEVELOPMENT

		EUROPE	CIVIL SOCIETY DEVELOPMENT	28,268,	28,268,CHECK/WIRE	0.0	
		аасана	CIVIL SOCIETY	15 171	15 171 CURCK/WIDE	C	
			CIVIL SOCIETY	0 0	C 30 CC	c	
		EUNOFE	DEVELOCEMENT.	• • • • • • • • • • • • • • • • • • • •	CHECK/ WINE		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	28,926.	28 926 CHECK/WIRE	0	
			CIVIL SOCIETY				
		EUROPE	DEVELOPMENT	23,400.	23,400,CHECK/WIRE	0	
2 Enter total number of organizations that are recognized as charities by t	ganizations that are	e recognized as charitie	s by the foreign country or for w	hich the grante	the foreign country or for which the grantee or counsel has provided a		
section 501(c)(3) equivalency letter	ency letter						0
3 Enter total number of other organizations or entities	ner organizations o	or entities		ŀ		•	53

Schedule F (Form 990) 2008

832072 12-18-08

INSTITUTE FOR SUSTAINABLE COMMUNITIES

22-3098727

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2008

Use Schedule F-1 (Form 990) if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)						
(g) Description of non-cash assistance						
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement	-					
(d) Amount of cash grant						
(c) Number of recipients					•	
(b) Region						
(a) Type of grant or assistance			Ŷ			

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITIES 22-3098727 Page 4 Part IV   Supplemental Information
Part IV Supplemental Information  Complete this part to provide the information required by Part I, line 2, and any other additional information
SCHEDULE F, PART I, LINE 2: THE INSTITUTE FOR SUSTAINABLE COMMUNITIES
MAINTAINS STAFF IN EACH COUNTRY WITHIN WHICH GRANTS ARE MADE. STAFF
SOLICITS POTENTIAL RECIPIENTS, REVIEWS PROPOSALS FOR THE USE OF THE
FUNDS, REVIEWS THAT CAPACITY OF EACH POTENTIAL RECIPIENT, AWARDS GRANTS,
MONITORS PERFORMANCE, REVIEWS FINANCIAL REPORTING AND DISBURSEMENTS AND
CLOSES OUT THE GRANTS.

Schedule F-1 (Form 990) 2008	ILSNI 800	INSTITUTE FOR SUS	SUSTAINABLE COMMUNITIES	ITTES	22-3098727	98727		Page 2
╛	or Grants and Other	Assistance of Entities	Continuation of Grants and Other Assistance of Entities Outside the Office States. (Schedule 1 (1011) 930), Fall in	Liedule r (Loil)	330), Falt II)	30 4211000 (12)	(4)	30 40040
(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 non cash assistance	(n) Description of non-cash assistance	(I) Metrico of valuation (book, FMV; appraisal, other)
			CIVIL SOCIETY					
		EUROPE		19,592,0	CHECK/WIRE	0		
			CIVIL SOCIETY	,	20 COC CO	c		
		- COOR	CIVII. SOCIETIV	7007	CHECK/ WINE			
		EUROPE	$^{\circ}$	34,739,	739, CHECK/WIRE	0		
		in Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Con	CIVIL SOCIETY	yc 80	dalii/ Avding 900	c		
				0.7		•		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	7.847.	CHECK/WIRE	0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	6 803	CHECK/WIRE	0		
			CIVIL SOCIETY	u c	1000	c		
		EUROFE FITRODE	CIVIL SOCIETY DEVELOPMENT	7 001	CHECK/WIRE			
			CIVIL SOCIETY			,		
		EUROPE	DEVELOPMENT	43, 470 K	43, 4/0.KHECK/WIRE	0	Schedu	Schedule F-1 (Form 990) 2008

Page 2	,	(i) Method of valuation (book, FMV, appraisal, other)									
		(h) Description of non-cash assistance									
22-3098727		(g) Amount of non-cash assistance	0	0,0	*0	0	.0	0	0	0	0
22-30	990), Part II)	(f) Manner of cash disbursement	11,315,CHECK/WIRE	CHECK/WIRE	24,343,CHECK/WIRE	442559, CHECK/WIRE	CHECK/WIRE	CHECK/WIRE	179580, CHECK/WIRE	33,323,CHECK/WIRE	200000, CHECK/WIRE
ITIES	Schedule F (Form	(e) Amount of cash grant	11,315,	. 006, 9	24,343.	442559.	77,037.	87,428.	179580.	33,323,	200000.
SUSTAINABLE COMMUNITIES	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)	(d) Purpose of grant	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT	CIVIL SOCIETY DEVELOPMENT
TUTE FOR SUS	Assistance or Entitles	(c) Region	EUROPE	EUROPE	EUROPE	EUROPE	EUROPE	ЕОКОРЕ	ЕИКОРЕ	EUROPE	EUROPE
OB INSTITUTE	Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F-1 (Form 990) 2008	Part II Continuation of	1 (a) Name of organization									

Schedule F-1 (Form 990) 2008

Schedule F-1 (Form 990) 2008 Part II Continuation of G	OB INSTI	TUTE FOR SUS	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)	IITIES Schedule F (Form	22-3098727 990), Part II)	8727		Page 2
<u>o</u>	(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 non-cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CIVIL SOCIETY DEVELOPMENT	59 852.	CHECK/WIRE	.0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	363.	CHECK/WIRE	0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	29 741	CHECK/WIRE	0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	35.840	840.CHECK/WIRE	o		
		HOROPE	CIVIL SOCIETY DEVELOPMENT	981.	CHECK/WIRE	0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	40 702	40 702 CHECK/WIRE	0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	76.403.	CHECK/WIRE	o		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	577.	CHECK/WIRE	0		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	35 292	35 292 CHECK/WIRE	o		
							Schedu	Schedule F-1 (Form 990) 2008

i I

Part II Continuation o	of Grants and Other	Assistance or Entities	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)	Schedule F (Form	990), Part II)			
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 non-cash assistance	(h) Description of non cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY	7. T.C.	agin/ Abano	c		
			CIVIL SOCIETY			C		
		EUROPE.	CIVIL SOCIETY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CHECK/WINE			
	,		CIVIL SOCIETY	43 403	HACK /WIBF			
			CIVIL SOCIETY		detn/ Avano	C		
		EURUFE	CIVIL SOCIETY		Check/wire	o c		
		EURUFE.	DEVELOFMENT CIVIL SOCIETY DEVELOPMENT		Check/wire	c c		
		EUROPE	CIVIL SOCIETY DEVELOPMENT	403.	CHECK/WIRE	0		
		CENTRAL AMERICA AND THE CARTEREAN		75 946	75 946 CHECK/WIRE	Û		
				(a V = C , C )	מיני אינים	7	Schedi	Schedule F-1 (Form 990) 2008

Page 2	(ı) Method of valuation (book, FMV, appraisal, other)						Schedule F-1 (Form 990) 2008
	(h) Description of non-cash assistance						Schedul
22-3098727 til)	(g) Amount of non-cash assistance	0					
22-30 990), Part II)	(f) Manner of cash disbursement	CHECK/WIRE					
ITTIES	(e) Amount of cash grant	150000,					
1 (Form 990) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITIES 22 Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Parl II)	(d) Purpose of grant	, EHS ACADEMY				,	
INSTITUTE FOR SUST	(c) Region	EAST ASIA AND THE					
08 INSTI	(b) IRS code section and EIN (if applicable)	н н					
Schedule F.1 (Form 990) 2008 Part II Continuation of G	1 (a) Name of organization						

SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations	æ.	•	OMB No 1545-0047	
Department of the Treasury Internal Revenue Service		▲ Comp	► Complete if the organizatio	in answered "Yes," on F	" on Form 990, Pa n 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.		Open to Public	΄,
Name of the organization	ion INSTITUTE	FOR SUST	SUSTAINABLE COM	COMMUNITIES				Employer identification number 22–3098727	ber 27
Part I General In	General Information on Grants and Assistance	d Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of	substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[	_
	criteria used to award the grants or assistance?	ance?	3000	sotial Lode or oborrà	000			Yes X No	Š
Part II Grants and	Describe in Part IV the organization's procedures for informating the use of grant funds in the Orinea States. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any	overnments and	A Organizations in the	United States. C	omplete if the ords	anization answered "Y	es" on Form 990. Part	IV. line 21. for any	
ר	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	000 Check this	box if no one recipien	t received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	( <b>b</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 non-cash assistance	(h) Purpose of grant or assistance	
MISSISSIPPI STATE UNIVERSITY FOUNDATION - 240 GILES ARCHITECTURE BUILDING P.O. BOX AQ				l					
- MISSISSIPPI STA	- MISSISSIPPI STATE MS 39765-5541	64-0410581	501(C)(3)	7,500.	0			GULF COAST RENEWAL	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations.	d government or	ganizations						4
٦,	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	5008

22-3098727

Schedule I (Form 990) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITIES

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) 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
			•		
			·		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE IN	INSTITUTE	FOR SUSTAI	SUSTAINABLE COMMUNITIES	UNITIES	
MAINTAINS STAFF IN EACH COUNTRY WITHIN	THIN WHICH	GRANTS	ARE MADE.	STAFF	
SOLICITS POTENTIAL RECIPIENTS, REV	REVIEWS PRO	PROPOSALS FOR	THE USE OF	F THE FUNDS,	1
REVIEWS THAT CAPACITY OF EACH POTE	POTENTIAL RECIPIENT	1	AWARDS GRANTS,	TS, MONITORS	
PERFORMANCE, REVIEWS FINANCIAL REP	REPORTING A	AND DISBURSEMENTS		AND CLOSES OUT	
THE GRANTS					
	:				

Schedule I (Form 990) 2008

### SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008 Open To Public

Internal Revenue Service

Employer identification number

Inspection

Name of the organization IN	STITUTE	FO	R S	USTAINABLE	COMMU	NITIES	5		22-30		27	lullibei
				on 501(c)(3) and section								
To be completed b	y organization	s that	answe	ered "Yes" on Form 99	0, Part IV,	line 25a or	25b, or	Form 99	0-EZ, Pa	ırt V, lıne	40b	
1 (a) Name of di	squalified per	son			(b) (	Description	of trans	action			(c) Corr	rected?
					(-)						Yes	No
					·····						<del> </del>	
						-						
	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) In (f) Approved by because of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pro											
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  \$ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigsec{\bigsec}{\bigsec}\$ \\ \bigse												
2 Enter the amount of tax imp	posed on the	organiz	zation	managers or disqualifi	ed person	is during the	e year ur	nder				
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a												
3 Enter the amount of tax, if a	any, on line 2,	above	, reiml	bursed by the organiza	ition				▶ \$			
Part II Loans to and/o	or From Int	eres	ted F	Persons.								
					0 Part IV	line 26 or F	- - 0rm 99	Դ.F7 Pa	rt V line	38a		
							1		(f) Ap	proved	(g) W	ritten
person and purpose	the orga	nızatıo	n?		(=, ===						agree	
	То	Fre	om		<del></del>		Yes	No	Yes	No	Yes	No
							ļ	ļ	ļ	-		
								ļ	ļ <u>.</u>	<u> </u>	ļ	
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	-										<del>                                     </del>	
Total	1,			▶ \$			<u> </u>	1		1		
Part III Grants or Assi	stance Be	nefiti	ng Ir	nterested Person	s.							
To be completed b	y organization	s that	answe	ered "Yes" on Form 99	0, Part IV,	line 27						
(a) Name of interested	d person			(b) Relationship between	een interes ganization	sted person	and			unt of gr	rant or ty	pe
				trie or	gamzanon							
		_ · <del>- ·</del> ·								<del></del>		
	<del>.,</del>					<del></del>						
			<u>L.</u>		<del> </del>							
				nterested Person								
		s that		ered "Yes" on Form 99			-				(a) Sh	aring of
(a) Name of interested	d person			Relationship between in Derson and the organiz		(c) Amo			Descrip transact		organiz	ation's
			'								Yes	nues?
MAPLE CAPITAL			BOA	RD MEMBER		38	3.395	BOA	RD M	EMBE		No X
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			<u> </u>			<u> </u>						<u> </u>

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2008

### **SCHEDÙLE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

INSTITUTE FOR SUSTAINABLE COMMUNITIES

Employer identification number 22-3098727

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACTIVE CITIZENSHIP, PROTECT THE ENVIRONMENT AND TAKE ON CLIMATE CHANGE.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
ISC INITIATED THE CHINA GUANGDONG ENVIRONMENTAL PARTNERSHIP PROGRAM AND
THE KOSOVO CIVIL SOCIETY STRENGTHENING PROGRAM.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
GOVERNMENT AND BUSINESSES IN SHAPING THE COUNTRY'S PRESENT AND FUTURE.
KOSOVO CIVIL SOCIETY STRENGTHENING PROGRAME (KCSSP)- KCSSP'S MISSION IS
TO ENSURE KOSOVO CIVIL SOCIETY IS AN EFFECTIVE AND INFLUENTIAL PARTNER
TO GOVERNMENT IN PUBLIC DECISIONMAKING CONTRIBUTING TO AN INCLUSIVE AND
DEMOCRATIC KOSOVO, BY THE PROGRAMS'S CLOSE, ISC EXPECTS A DRAMATIC
SHIFT IN THE ROLE OF CIVIL SOCIETY TOWARD MULTI-ETHNIC, ACTIVE
PARTICIPATION, AND TOWARD CONSTRUCTIVE PARTNERSHIP IN REPRESENTATIVE
GOVERNANCE. LONG-TERM CAPACITY WILL BE STRENGTHENED THROUGH CLOSE
MENTORING OF LOCAL TRAINERS AND PARTNER ORGANIZATIONS OVER THE LIFE OF
THE PROGRAM TO HELP THEM DELIVER HIGH-QUALITY, RESULTS-BASED
CONSULTING, AND THROUGH TECHNICAL ASSISTANCE THAT BRINGS TOGETHER
INTERNATIONAL BEST PRACTICES FROM THE PUBLIC AND PRIVATE SECTORS. KCSSP
WILL IMPROVE COMMUNICATION CHANNELS AND BUILD TRUST AMONG NGOS FROM ALL
SIDES, AND WITH GOVERNMENT AT BOTH THE LOCAL AND NATIONAL LEVEL.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
CLIMATE LEADERSHIP ACADEMY - IN 2009, ISC LAUNCHED THE CLIMATE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule 0 (Form 990) 2008

832211 12-18-08

## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

INSTITUTE FOR SUSTAINABLE COMMUNITIES

Employer identification number 22-3098727

LEADERSHIP ACADEMY TO HELP COMMUNITIES TRANSLATE THEIR COMMITMENT TO
REDUCING CLIMATE POLLUTION INTO EFFECTIVE ACTION. THE ACADEMY IS
DESIGNED TO ACCELERATE THE TRANSFER OF BEST PRACTICES AND PROVIDE
CUSTOMIZED TRAINING AND MENTORING, INCLUDING TOOLS TAILORED TO THE
SPECIFIC NEEDS OF COMMUNITIES. INTENSIVE TWO-TO THREE-DAY WORKSHOPS
BRING TOGETHER TEAMS OF SENIORCITY OFFICIALS AND EXPERT FACULTY AROUND
PRESSING CLIMATE-RELATED TOPICS SUCH AS BUILDING ENERGY RETROFITS AND
TRANSPORTATION. ISC THEN BUILDS ON THE MOMENTUM OF THESE WORKSHOPS BY
COORDINATING A VIRTUAL PEER LEARNING NETWORK, WHICH CONNECTS ALL OF THE
CITY TEAMS, THEIR CHALLENGES, AND THEIR SUCCESSES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EURASIA
EXPENSES \$ 169488. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CARIBBEAN
EXPENSES \$ 157529. INCLUDING GRANTS OF \$ 75946. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PREPARED BY OUTSIDE
ACCOUNTANTS AND THEN SENT TO THE ORGANIZATION FOR REVIEW. THE GOVERNING
BODY RECEIVES A COPY OF THE FINAL 990 FOR REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE STAFF AND THE BOARD
ARE ASKED TO REVIEW THE ISC CONFLICT OF INTEREST POLICY STATEMENT AND
INDICATE COMPLIANCE WITH THE POLICY. IF A CONFLICT ARISES THE ISSUE MAY BE
BROUGHT TO THE PRESIDENT. THE DECISION OF THE PRESIDENT IS FINAL
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2008 832211 12-18-08

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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INSTITUTE FOR SUSTAINABLE COMMUNITIES

Employer identification number 22-3098727

UNLESS, IN THE OPINION OF EITHER PARTY, THE PRESIDENT'S DECISION IS

CONSIDERED TO BE A MAJOR VIOLATION OF ISC POLICY. IF THE DECISION OF THE

PRESIDENT IS CONSIDERED TO BE A MAJOR VIOLATION OF ESTABLISHED ISC POLICY

BY ONE OF THE PARTIES, THE AGGRIEVED PARTY MAY APPEAL THE DECISION OF THE

PRESIDENT BY SENDING A COMPLETE DESCRIPTION OF THE PROBLEM TO THE PRESIDENT

AND TO THE CHAIRMAN OF THE ISC BOARD OF DIRECTORS. STAFF MEMBERS SHOULD BE

CERTAIN THAT THE CONFLICT IS WELL DOCUMENTED AND REPRESENTS SIGNIFICANT AND

SUBSTANTIVE DIFFERENCES WITH ESTABLISHED ISC POLICY.

APPEALING A DECISION OF THE PRESIDENT WILL NOT INTERFERE WITH DECISIONS OR PROCEDURES REGARDING TERMINATION OF EMPLOYMENT, "INVOLUNTARY SEPARATION."

THE CHAIRMAN WILL MEET WITHIN 30 DAYS TO CONSIDER THE APPEAL AND WILL ISSUE FINDINGS AND A DECISION WITHIN SEVEN DAYS OF THE MEETING. THE CHAIRMAN'S DECISION ON WHETHER THE PRESIDENT VIOLATED ISC POLICY IS FINAL AND CANNOT BE APPEALED.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S COMPENSATION, AND ANY ADJUSTMENTS, ARE ANNUALLY REVFIEWED BY THE BOARD OF DIRECTORS. IN ADDITIONAL TO THE BOARD MEMBERS' EXPERIENCE, THIS REVIEW INCLUDES A REVIEW OF COMPENSATION LEVELS FROM COMPARABLE ORGANIZATIONS THROUGH THE USE OF SURVEY DATA FROM PROFESSIONAL ORGANIZATIONS. THE DECISION IS RECORDED IN THE BOARD MINUTES.

THE ISC MANAGEMENT TEAM PERIODICALLY REVIEWS THE COMPENSATION OF KEY STAFF

MEMBERS AGAINST THAT PROVIDED TO COMPARABLE POSITIONS IN OTHER NGOS THROUGH

THE USE OF SURVEY DATA FROM PROFESSIONAL ORGANIZATIONS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

### **SCHEDÙLE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

INSTITUTE FOR SUSTAINABLE COMMUNITIES

Employer identification number 22-3098727

FORM 990, PART VI, SECTION C, LINE 19: ISC MAKES AVAILABLE ON ITS WEBSITE,
EITHER DIRECTLY OR THROUGH APPROPRIATE LINKS, LIST OF BOARD MEMBERS, STAFF,
ORGANIZATION CONTACT INFORMATION, AUDITED FINANCIAL STATEMENTS, IRS 990
REPORTS AND ITS 501(C)(3) DESIGNATION. OTHER GOVERNING DOCUMENTS, INCLUDING
CONFLICT OF INTEREST ARE AVAILABLE UPON REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: MAPLE CAPITAL
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 38395.
(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER RAMSEY LUHR IS A PRINCIPAL
IN MAPLE CAPITAL. THE SUBLEASE WAS ORIGINALLY EXECUTED BEFORE MR. LUHR
WAS A BOARD MEMBER. ADJUSTMENTS TO THE SUBLEASE HAVE BEEN LIMITED TO
CHANGES RESULTING FROM MODIFICATIONS IN THE PRIMARY ISC LEASE. ALL
TRANSACTIONS WERE COMPLETED AT ARMS LENGTH AND AT FAIR MARKET VALUE.
(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE R (Form 990)

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 22-3098727 entity entity Œ 31,948. Isc Public charity status (if section End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ (E) 66,600. Total income **Exempt Code** section 0 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>0</u> ➤ See separate instructions. VERMONT INSTITUTE FOR SUSTAINABLE COMMUNITIES LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity FURTHER ISC MISSION <u>@</u> 8 Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN of disregarded entity Name, address, and EIN of related organization MONTPELIER VT 05602 535 STONE CUTTERS WAY Name of the organization ISC ENTERPRISES L3C Department of the Treasury Internal Revenue Service Part II Part I

38

Page 2

22-3098727

Schedule R (Form 990) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITIES

Part III Identification of Related Organizations Taxable as a Partnership	yanizatıons Taxable as a Partı	nership									
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		(F) Share of total income	Φ		ortion-	Code V-UBI amount in box 20 of Schedule	(J) General or managing e partner?
		country)				:		Ì	Yes No	K-1 (Form 106	) Yes No
				· -							
					-						
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust	ooration or	Trust								
(A)			(B)	(0)	( <u>O</u>		(E)	(F)		(9)	(H)
Name, address, and EIN of related organization	<b>≚</b> c	Ą	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Type of entity (C corp, S corp, or trust)	Share of total income		Share of end-of-year assets	Percentage ownership
			•					3			
		<del>-</del> T-									
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832162 12-23-08			39						Sch	Schedule R (Form 990) 2008	990) 2008

Page 3

# Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV	ŀ	ξ	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1	1b	
c Gift, grant, or capital contribution from other organization(s)	i	10	
d Loans or loan guarantees to or for other organization(s)		1d	
e Loans or loan guarantees by other organization(s)		<b>1</b>	
f Sale of assets to other organization(s)		1,	-
g Purchase of assets from other organization(s)		19	
		부	
i Lease of facilities, equipment, or other assets to other organization(s)		=	_
j Lease of facilities, equipment, or other assets from other organization(s)	I I	1	
k Performance of services or membership or fundraising solicitations for other organization(s)	1	半	-
I Performance of services or membership or fundraising solicitations by other organization(s)		=	
m Sharing of facilities, equipment, mailing lists, or other assets	!	Ē	
n Sharing of paid employees	!_	두	
	<b>I</b>	- 5	-
O Heimbursement paid to other organization for expenses	.,L.	2	
p Reimbursement paid by other organization for expenses		<del>1</del>	1
			-
<ul> <li>q Other transfer of cash or property to other organization(s)</li> </ul>		<b>₽</b>	1
	46.000000000000000000000000000000000000	1	_
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	Inresnoids		
	_	(C)	7
Name of other organization(s) type	type (a-r)	Arrigum involved	oe o
(1)			
(2)			
(4)	-		
(5)			
(9)	<u>-</u>		
832163 12-23-08	Schedule R (Form 990) 2008	(Form 99	0) 2008

Page 4

# Schedule R (Form 990) 2008 INSTITUTE FOR SUSTAINABLE COMMUNITIES

# Part VI Unrelated Organizations Taxable as a Partnership

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	Islon for certain investment partners	strips					
(A)	(8)	<u>(</u> )	<u>@</u>	(E)		(5)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Same 5			Yes No			of Schedule K 1 (Form 1065)	
					•		

Schedule R (Form 990) 2008