

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

Internal Revenue Service

ЧТА)

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)

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

20**09**

Open to Public Inspection

| <u>A</u> | For the | 2009 cal | endar ye | ar, or tax y | ear begin | ning | | | | , ; | and er | nding | | | | | | |
|-------------------------|---------------------|------------|---|----------------|--------------|-------------------------------------|--------------|----------------------|------------|-----------|----------|----------------|--|------------------|-------------|-----------------|-------------|----------------|
| В | Check if app | olicable | Please | C Name of | organizatio | n ICLEI - | - Loca | l Government | s for | Sustain | ability | USA, | D | Employer id | dentifica | ation num | ber | |
| | Address c | hange | use IRS label or | Doing Bu | usiness As | | | | | | | | 04-3 | 3116623 | | | | |
| \Box | Name cha | nge | print or | Number | and street (| or PO box if ma | ıl ıs not | delivered to str | eet ad | Idress) | Ro | om/suite | E | Telephone r | number | | | |
| ╗ | Initial retur | 'n | type. See | 180 Cana | Street | ` | | | | ŗ | 40 | 1 | (61) | 7) 960-34 | .20 | | | |
| Ħ | Terminate | | Specific | | | r country, and ZIF | + 4 | | - | | 170 | <u>'</u> | (0) | 1,000 01 | | | | |
| 룩 | Amended | - | instruc- tions. | Boston | ,,, ca.c c | | · | MA | | 021 | 114 | | G | Gross recei | ots \$ | | 4 ! | 553,618 |
| 러 | Application | | | | ldroce of | orincipal officer | | | | | | 1 14 - 5 1 - 1 | | · | | | | = |
| _ | Application | - | J | | - | | | | | | | | | group return | | | = | = |
| | | | Martin C | Chavez 18 | 0 Canal S | St. Suite 401, | | | <u> 14</u> | | | 1 '' | | iffiliates incli | | N/A | Yes | No |
| 1 | Tax-exem | npt status | · X 50 | 01(c) (| 3) ◀ (1 | nsert no) | 49 | 947(a)(1) or | | 527 | | lf" | 'No," | attach a list | (see ins | structions) | | |
| J ' | Website: | ► ww | w.icleius | a org | | | | | | | | H(c) Gro | oup e | xemption nu | ımber I | ► N/A | | |
| | Form of or | | | orporation | Trust | Association | | Other ▶ | | | I Year | r of forma | ition | 1991 | M St | ate of lega | domicil | e MA |
| | | | | Siporation [| | 7,0000104011 | | | | 1 | | | | 1991 | 1 0 | -10 01 1090 | - | IVIA |
| U | Part I | | mmary | Ab | | | -4 -1- | nificant actu | .:4: | | | ian ia t | a b | مرسمم أمان | and . | den 10 0 0 | | ont of |
| | | - | | - | | mission or mo | _ | | | | | | | | | | | ent of |
| به | | | | nts to agva | nce deel | o reductions i | n gree | ennouse gas | <u>em</u> | issions | ang a | acnieve | e tan | igible imp | roven | ients in | ocai | |
| Activities & Governance | | sustaina | ability. | | - <i></i> | | | | | | | | | | | | | • • • • • |
| Ē | | | | | | | | | | | | | | | | | | |
| ્ટ્રે | 2 | | | | | izatıon dıscor | | | | or disp | osed | of more | e tha | an 25% o | | t assets | • | |
| ∞ 5 | 3 | | | | | overning boo | | | | | | | | · | 3 | | | 9 |
| ties | 4 | | | | - | nbers of the g | - | ning body (P | art V | /I, line | 1b) . | | | | 4 | | | 9 |
| 즟 | 5 | | | | | ', line 2a) . . | | | | | | • | | | 5 | | | 67 |
| γĕ | | | | ů. | • | te if necessa | • / | | | | | | | · | 6 | | | 15 |
| 1 | | | | | | enue from Pa | | |), line | e 12 . | | | | - 1 | 7a | | | 0 |
| Ц | <u> </u> b | Net unre | elated bu | usiness tax | cable inc | ome from For | m 99 | 0-T, line 34 | | | | | | <u></u> | 7b | | | 0 |
| 1 | ۵لھ اٰۃ | N 0 5 | 2011 | 0 | | | | | | | | | Pri | or Year | | Cu | rrent Ye | |
| Revenue 27 | ე∥ გაე | Contribu | utions ar | nd grants (| Part VIII, | line 1h) | | | | | | | | 3,719 | | | | 000,902 |
| nue | 9 | Progran | n service | s Leveune (| (Part VIII | , ime 2g) . | | | | • | | | | 1,263 | | | <u>1,</u> : | 539,151 |
| ě | 1000 | | | | | nn (A), lines 3 | | | | | | | | | ,950 | | | 3,743 |
| | | | | | - | A), lines 5, 6d | | | | | | <u> </u> | | | ,621 | | | 9,822 |
| | | | | | | (must equal Pa | | | ine 1 | 2) | | 1 | | 5,061 | | | | 553,618 |
| | | | | | | Part IX, colum | | • | • | | • | | | 35 | ,000 | | | <u>120,016</u> |
| | | | nefits paid to or for members (Part IX, column (A), line 4) | | | | | | | 0 | | | 0 | | | | | |
| (A | 15 | | | • | - | loyee benefit | | | ı (A), | , lines : | 5–10) | | | 2,825 | | | 3, | <u>104,140</u> |
| Expenses | 16a | | | - | | IX, column (A | | | | | | | | 4 | ,225 | | | 0 |
| e ax | b | | | | | (, column (D) | | | | 18 | 3,656 | | | | | | | |
| ш | 17 | | • | • | • | A), lines 11a- | | • | | - | | | | 1,885 | | | | <u>361,764</u> |
| | | | • | | - | must equal Pa | | | | | | | | 4,749 | | | | <u>585,920</u> |
| | 19 | Revenu | e less e | xpenses S | Subtract I | ıne 18 from li | <u>ne 12</u> | <u> </u> | | | | | | | ,409 | | | 032,302 |
| . 6 | 500 | _ | | | | | | | | | | Begin | ning | of Current | | En | d of Yea | |
| Assets or | 夏 20 | | • | art X, line 1 | - | | | | | | • | | | 3,656 | | | | 646,633 |
| ≱ ≰` | 말!~' | | | Part X, line | | | ٠. | | | | | ļ | | | ,794 | | | 707,518 |
| Ž | ∄ 22 | | | • | es. Subtr | act line 21 fro | om lin | <u>e 20 Sc</u> | hedu | ile O | | <u> </u> | | 2,970 | ,068 | | 1, | 939,115 |
| Ŀ | art II | | nature | | | | | | | | | | | | | | | |
| 3 | | | | | | Lhave examined te Declaration of | | | | | | | | | | | | |
| | | "" | Dellei, It is | ude Johnedt, | and comple | ite Decial guion of | рісраі | ici (otiici tilaii o | ····ce··) | 13 00360 | on an i | mormatic | <i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | milai picpa | i ci ilus c | 2119 1111011110 | ugu | |
| | | k | | | 1 . | / · | | | | | | | | 1 | | | | |
| Si | gn | 7 | Signature | of officer | | | | - | | | | | | Date | , | , | | |
| He | ere | | | NART | 1m_ (i | have- | 2 | Execu | Hv | e 1 | sia. | toc | | | 14 | 1201 | .1 | |
| | | | | πnt name and | | | | 10.0 | <u> </u> | | <u> </u> | | | | | • | + | |
| _ | | Pren | arer's | | 0 | 3 | | Da | ite . | | C | heck if | | | Prepare | er's identify | ing num | ber |
| Pa | aid | | ature | / -i | M | / curas | 020 | , , | 17Ì, | 2/10 | se | elf- | | | • | ructions) | - | |
| | eparer's | , | <u>'(</u> | <i>سان</i> | rom | (Coura) | -20 | 1 | 42 | 2/10 | er | mployed | | ▶□□ | | | | |
| | se Only | Firm | 's name (o | - | Ghaffari | Zaragoza LL | P | | | | | | EIN | • | 57-11: | 55648 | | |
| | · · · · · · · · · · | | lf-employed ess, and Z | 4), (IP + 4 | 1330 Bro | oadway, Suite | 430. | Oakland, C | A 94 | 612 | | | Pho | ne no | (510) | 834-654 | 2 | |
| M | av the IR | - | | | | arer shown at | | | | | • | | | | | X | | No |
| - 1410 - 1410 | - Deliver | . 4 -4 | | | | lotice see the | | | | -, | | · · | • | | • | <u> </u> | | 90 (2000) |

| Pa | rt III | Statement of Program Service Accomplishments | | |
|----|-----------|--|-----------------------|--------------------|
| 1 | • | describe the organization's mission: | | |
| | | ission is to build, serve, and drive a movement of local governments to advance deep reductions in green ons and achieve tangible improvements in local sustainability | | |
| | | | | |
| 2 | | e organization undertake any significant program services during the year which were not listed on | | |
| | • | or Form 990 or 990-EZ? | Yes | X No |
| ^ | ·- | | | |
| 3 | services | e organization cease conducting, or make significant changes in how it conducts, any program es? | Yes | X No |
| | | ," describe these changes on Schedule O. | | |
| 4 | Section | be the exempt purpose achievements for each of the organization's three largest program services by exp n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of tions to others, the total expenses, and revenue, if any, for each program service reported | | nd |
| 4a | (Code: |) (Expenses \$ 4,033,712 including grants of \$ 120,016) (Revenue \$ | 874, | 319) |
| | Cities fo | for Climate Protection - Full release of Clean Air Climate Protection software 2009, an updated greenhous ICLEI members Released BETA version of Climate & Air Pollution Planning Assistant. Released "Measu In ICLEI members and the general public. | e gas cal ring Up" | culation report |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | (Code: | :) (Expenses \$ 597,201 including grants of \$ 0) (Revenue \$ | 664 | R32) |
| 70 | Membe | ership - Increased number of local government members by approximately 12% to 595 total members. Official members conference calls and meetings to facilitate collaboration and learning. | ered regi | ular |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code: | :) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ | | 0) |
| | | | | <i>′</i> |
| | | | | |
| | | | | |
| | | | | |
| | , | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | Other p | program services. (Describe in Schedule O.) | | |
| | (Expens | | | |
| 40 | Total n | program service expenses > 4630,913 | | |

Part IV **Checklist of Required Schedules** Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice 5 N/A Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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," 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or Х 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Χ Schedule D, Parts XI, XII, and XIII Yes 12A Was the organization included in consolidated, independent audited financial statements for the tax No Χ 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Х 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2009) ICLEI - Local Governments for Sustainability U.S.A., Inc. 04-3116623 Checklist of Required Schedules (continued) No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a 24b N/A **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c N/A d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d N/A 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 N/A Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ 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

37

| i wi | Ctatements regarding error neer migo and rax compilation | | | | |
|--------|--|-------------|----------------|----------|----------|
| | | r | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | - 1 | | |
| | · · · · · · · · · · · · · · · · · · · | 8 | - 1 | ŀ | |
| b | Enter the name of the other transfer and the entertainty and the e | 의 | | ŀ | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | | |
| | gaming (gambling) winnings to prize winners? | 1 | c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 6 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 | b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | |
| _ | instructions) | 1 | ı | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | - - | | |
| | this return? | 3 | | | Χ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3 | b I | N/A | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | _ ا | | | |
| | account)? | 4 | a | \dashv | X |
| b | If "Yes," enter the name of the foreign country ► N/A | | | - 1 | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | ŀ | | - 1 | |
| _ | and Financial Accounts | - <u>-</u> | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 | b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | _ | . , | ,, | |
| ٥- | Prohibited Tax Shelter Transaction? | 1-3 | ic | N/A | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | I | Х |
| L | organization solicit any contributions that were not tax deductible? | | a | -+ | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | ء ا | ь | N/A | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | - | ' | V/A | |
| ' a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | |
| а | and services provided to the payor? | 7 | 'a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | _ | | N/A | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | - | 107 | |
| · | required to file Form 8282? | 7 | c l | N/A | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 一 | <u> </u> | *** | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 1 | - | | |
| | benefit contract? | 7 | 'e | 1 | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <u> </u> | 7 f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | N/A | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | | |
| | required? | 7 | 'h i | N/A | l |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | 1 | | | ĺ |
| | organization, have excess business holdings at any time during the year? | [{ | 8 | N/A | Ĺ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9 |)a | N/A | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9 | b | N/A | |
| 10 | Section 501(c)(7) organizations. Enter: | | T | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | _ | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A | _ | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | _ | | | l |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | ĺ |
| | against amounts due or received from them.) | _ . | | | |
| 12a | | 12 | 2a | N/A | <u> </u> |
| h | If "Ves." enter the amount of tay-exempt interest received or accrued during the year. | - 1 | - 1 | | i |

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

| Sect | ion A. Governing Body and Management | | | Yes | No |
|----------|--|-----------------------|---------------|----------|-----|
| 1a | Enter the number of voting members of the governing body | . 9 | | 103 | 140 |
| b | Enter the number of voting members that are independent | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relatio | nship with | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors or trustees, or key employees to a management company or oth | r the direct | _ | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 v | • | <u>3</u> 4 | | X |
| 5 | Did the organization hake any significant changes to its organizational documents since the prior Form 990 to Did the organization become aware during the year of a material diversion of the organization's a | | 5 | | x |
| 6 | Does the organization have members or stockholders? | | 6 | \vdash | x |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more | e members | | | |
| L | of the governing body? | | 7a | | X |
| 8 8 | Did the organization contemporaneously document the meetings held or written actions undertaken the year by the following: | | 7b | | ^ |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be | reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9a | | Х |
| | ion B. Policies (This Section B requests information about policies not required by the Internue Code.) | ternal | | | |
| | | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | 10a | | Х |
| | If "Yes," does the organization have written policies and procedures governing the activities of su | ch chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | | 10b | N/A | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body befo form? | | 11 | х | |
| 11A | | | | | |
| 12a | | | 12a | | Х |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that | | | | |
| | rise to conflicts? | | 12b | | Х |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy's | If "Yes," | | | |
| | describe in Schedule O how this is done | | 12c | N/A | |
| 13 | Does the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for determining compensation of the following persons include a review and approximately the process for the process | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | n and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | <i></i> | 15a | | Х |
| b | Other officers or key employees of the organization | | 15b | L | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran | • | | | |
| | with a taxable entity during the year? | | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to | | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to | = | | | |
| | the organization's exempt status with respect to such arrangements? | · · · · · · | 16b | N/A | |
| | ion C. Disclosure | | | | |
| 17 40 | List the states with which a copy of this Form 990 is required to be filed CA, MA Section 6104 required on a requiretion to make its Forms 1033 (or 1034 if a pullagely). | 00 T (F04(-)(0) | | - | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you make these available. Check all that apply. | 90-1 (501(C)(3)\$ 0 | niy) | | |
| | | | | | |
| 10 | Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documen | la aandiat of inter- | | | |
| 19 | policy, and financial statements available to the public. | is, connict of intere | ઝા | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the book | a and records of " | | | |
| £.U | organization: A Donnie O'Conner | (047) 000 04 | | | |
| | 180 Canal St., Suite 401, Boston, MA 02114 | (617) 960-34 | <u> </u> | | |

Charly this have if the approximation did not company to any suggest officer dispeter or

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

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

| Check this box if the organization did not compensate any current officer, director, or trustee. | | | | | | | | | | |
|--|------------------------------|--------------------------------|---|---|----|--|--|--|--|--------|
| (A) | (B) | | | • | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Individual trustee or director | Position (check all that employee (check all Key employee Officer Institutional trustee or director | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations | |
| David Cadman President & Chair | 1 5 | Χ. | | х | | | | 0 | 0 | 0 |
| Konrad-Otto Zimmerman Secretary | 1 5 | Х | | X | | | | 0 | 0 | 0 |
| Margaret Pageler Treasurer | 0.5 | X | | x | | | | 0 | 0 | 0 |
| Oscar Goodman Director | 1, | Х | | | | | | 0 | 0 | 0 |
| James E. Brugmann Director/Interim ED | 40. | Х | | x | | | | 40,126 | 0 | 0 |
| Martin J. Chavez Director | 0.3 | Х | | | | | | 0 | 0 | 0 |
| Patrick Hayes Director | 1.5 | X | | | | | | 0 | . 0 | . 0 |
| Harvey Ruvin Director | 0.3 | Х | | | | | | 0 | 0 | 0 |
| Ron Sims Director | 0.3 | Х | | | | | | 0 | 0 | 0 |
| Andrew Spano Director | 0.5 | Х | | | | | | 0 | 0 | 0 |
| Michelle Wyman Executive Director | 40 | х | | x | | | | 134,794 | 0 | 17,523 |
| William Wallace Chief Financial Officer | 40. | | | x | | | | 37,608 | 0 | 4,889 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

more than \$100,000 in compensation from the organization

Form 990 (2009) Part VIII Statement of Revenue (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections function revenue revenue 512, 513, or 514 Contributions, gifts, grants and other similar amounts 1b Membership dues Fundraising events . . 1c 0 1d d Related organizations 554,551 e Government grants (contributions) . . . 1e All other contributions, gifts, grants, and similar amounts not included above 2.446.351 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 3,000,902 **Business Code** Program Service Revenue 2a Fees for service contracts 541610 790,223 790,223 O 0 1900099 664.832 664.832 0 Membership fees 84,096 84,096 0 0 541900 Workshop registration fees 0 0 0 0 All other program service revenue 1,539,151 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,743 3,743 Income from investment of tax-exempt bond proceeds 5 (II) Personal (i) Real 6a Gross Rents b Less: rental expenses c Rental income or (loss). d Net rental income or (loss). (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory . . . Less: cost or other basis and sales expenses . . 0 c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ _____0 of contributions reported on line 1c). See Part IV, line 18 **b** Less. direct expenses c Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses. c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . Less cost of goods sold. Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a Miscellaneous receipts 900099 9,822 9,822 0 0 0 0 Total. Add lines 11a-11d. 9,822 Total revenue. See instructions. . 4,553,618 1,539,151 13.565

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. . . Grants and other assistance to individuals in 0 the U.S. See Part IV. line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 120.016 120,016 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 82,354 234,939 30,597 121,988 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 1,996,824 318,792 5,861 2,321,477 Pension plan contributions (include section 401(k) 28.558 6.541 215 and section 403(b) employer contributions).... 35,314 3,422 Other employee benefits 275,351 234,323 37.606 9 179,678 47,846 9,535 10 237,059 11 Fees for services (non-employees). а 10,793 67,076 81,760 3,891 36.073 0 36,073 0 C 0 0 0 d 0 Professional fundraising services. See Part IV, line 17 0 е 0 0 0 f 1,018,045 816,803 200,852 390 g 897 897 0 12 Advertising and promotion . . . 139.811 53,351 85,622 838 13 0 15,761 12,980 2,781 14 0 Royalties 0 15 252,900 108,996 143.904 0 16 Occupancy 3,212 262,608 12,444 17 Travel . . 278,264 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,805 9.805 0 22,594 21,914 607 73 19 Conferences, conventions, and meetings 4.962 0 20 4,962 0 288,112 0 21 288,112 0 34,440 0 34,440 0 22 Depreciation, depletion, and amortization 36,110 1,904 34,150 56 23 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.) 2,490 76,165 8,257 Design and Production 65,418 21.792 15.900 4.812 1.080 b Subscriptions and dues 9,051 118 8,873 60 c Bank Charge 3,804 Bad debt expense 4,158 354 d 0 379,910 -402.94423.034 Shared cost allocation 31,064 21,797 8,658 All other expenses Miscellaneous expenses 183,656 771,351 Total functional expenses. Add lines 1 through 24f 5,585,920 4,630,913 25 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X **Balance Sheet** (B) (A) End of year Beginning of year 1 81,028 22,407 2 Savings and temporary cash investments 1,256,805 2 1,203,821 515,394 1,733,393 3 3 460,705 419,343 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 7 Ol 7 0 Inventories for sale or use 0 0 85,248 214,683 Prepaid expenses and deferred charges . . . 9 9 Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 150,245 95,849 10c 0 11 0 11 ol 12 0 Investments—other securities. See Part IV, line 11... 12 ol 13 0 13 Investments—program-related. See Part IV, line 11 0 ol 14 14 75.476 15 43,817 15 3,656,862 16 2,646,633 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 420,414 17 315,087 18 ol 18 192,474 19 336,690 19 20 Ol 20 0 ol 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified ol 22 0 44,661 23 33,986 23 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties. 29,245 24 21,755 24 25 0 25 686,794 707,518 26 26 Total liabilities. Add lines 17 through 25. . Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . 15,424 -301,407 2,954,644 28 2,240,522 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 2,970,068 33 1,939,115 33 3,656,862 34 2,646,633 Total liabilities and net assets/fund balances .

| | <u> </u> | 1-0110023 | | age 1 |
|-----|--|----------------------|--------|-------|
| Par | XI Financial Statements and Reporting | | | |
| | <u></u> | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | , |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| þ | Were the organization's financial statements audited by an independent accountant? Schedule O | 2b | | X |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | N/A | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | } | |] |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both: N/A | i | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| u | the Single Audit Act and OMB Circular A-133? | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | Ja | | ^ |
| D | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | N/A | |
| | required addit of addits, explain why in contedute of and describe any steps taken to undergo such addits. | 1 30 | 1 1377 | |

Form **990** (2009)

SCHEDULE:A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

| Name | of the | organization | | | | · | | | Employer | identificat | tion numb | er | |
|------|-------------------------|--|--------------------------------------|--|--------------------------|------------------------|-------------------------|----------------------|--------------|------------------------|------------|----------|------|
| ICLE | 1 – L | ocal Governm | ents for Sustain | ability U.S.A., Inc. | | | | | <u> </u> | 04-3 | 116623 | | |
| Pai | _ | | | narity Status (All org | | | | | | <u>istructio</u> | ns. | | |
| The | o <u>rga</u> r | | • | ation because it is [.] (Fo | | | | - | | | | | |
| 1 | \square | , | | rches, or association o | | | ed in sec | tion 170(| b)(1)(A)(i |). | | | |
| 2 | \square | A school des | scribed in sectio | on 170(b)(1)(A)(ii). (At | tach Sche | edule E.) | | | | | | | |
| 3 | | A hospital or | a cooperative h | ospital service organiz | zation des | scribed in | section | 170(b)(1) | (A)(iii). | | | | |
| 4 | | | search organiza me, city, and sta | ition operated in conju ate: | inction wit | h a hospi | tal descri | bed in se | ction 170 | (b)(1)(A) | (iii). Ent | er the | |
| 5 | | | | the benefit of a colleg | ge or univ | ersity owr | ned or ope | erated by | a governi | mental u | nit descr | ibed | |
| 6 | | A federal, sta | ate, or local gov | ernment or governmer | ntal unit d | escribed i | n section | 170(b)(| 1)(A)(v). | | | | |
| 7 | $\overline{\mathbf{x}}$ | An organizat | ion that normall | y receives a substantia (1)(A)(vi). (Complete F | al part of i | | | | | or from th | e gener | al pub | lic |
| 8 | \Box | | | l in section 170(b)(1)(| • | omplete F | Part II) | | | | | | |
| 9 | Ħ | • | | y receives: (1) more th | | • | | om contri | butions r | nembers | hin fees | and o | ross |
| J | ليا | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | | | | | |
| 10 | | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | | |
| 11 | H | • | • | nd operated exclusive | • | • | • | | | • | rry out th | <u> </u> | |
| • | لــا | purposes of | one or more pul | blicly supported organiat describes the type o | izations d f supporti | escribed i | in section zation an | 509(a)(1 d comple |) or section | on 509(a) Le throug | (2). See | secti | |
| _ | | | | y that the organization | | | • | _ | hy one or | | • • | | |
| е | Ш | persons other | | on managers and othe | | | - | - | - | | - | | ion |
| f | | If the organiz | zation received | a written determination | from the | IRS that | ıt is a Tvr | e I. Type | II, or Typ | e III supr | oorting | | |
| | | _ | , check this box | | | | , , | | ,, . | | | | |
| g | | Since Augus | t 17, 2006, has | the organization acce | pted any o | gift or con | tribution 1 | rom any | of the | | | | · |
| | | following per | | | | | | | | | | | |
| | | | - | or indirectly controls, | | _ | | persons of | described | ın (iı) | | Yes | No |
| | | | | verning body of the su | | | n? . | | | • | 11g(i) | | |
| | | | | person described in (i) y of a person describe | | | .2 | | • | | 11g(ii) | - | 1 |
| h | | | | ation about the suppor | | | | | | • • | 11g(iii) | i | J |
| | | | (ii) EIN | (iii) Type of organization | (Iv) Is the o | | | ou notify | (vi) | s the | (vii) | Amoun | t of |
| (1) | | e of supported anization | (11) (11) | (described on lines 1–9 above or IRC section | in col (i) lis | sted in your document? | _ | nization in | organizat | | | support | |
| | | | | (see instructions)) | governing | documents | | of your oort? | | zed in the S ? | | | |
| | | | _ | · · | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | 0 |
| | | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | | 0 |
| | | | | - | _ | | | | | | | | 0 |
| | | | i . | 1 | | | | | 1 | | | | |

0

0

0

Total

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not 1,956,168 2,463,550 3,719,859 3.000.902 14.934.631 include any "unusual grants.") 3,794,152 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 its behalf 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge. 0 0 1,956,168 3,719,859 3,000,902 2,463,550 3,794,152 14,934,631 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the 4.865.640 amount shown on line 11, column (f) 10,068,991 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 3,719,859 3,000,902 14,934,631 1.956,168 2,463,550 3.794,152 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,731 30,804 25,950 3,743 72,170 8.942 Net income from unrelated business activities, whether or not the business is 0 regularly carried on . . 0 0 10 Other income. Do not include gain or loss from the sale of capital assets 9,823 22,057 51,621 83,501 11 Total support. Add lines 7 through 10. 15.090.302 12 12 Gross receipts from related activities, etc. (see instructions). . . 4,767,159 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 66.72% 14 15 71 68% 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a 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-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Par | (Complete only if you checked the | | | ion 509(a)(2) | | | N/A |
|------------------|--|----------------------------------|--------------------------------------|--|-------------------------------------|---|--------------------|
| | ion A. Public Support ndar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (a) 2000 | (2) 2000 | (6) 2331 | (4) 2000 | (6) 2000 | 0 |
| 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 | į | | | | | 0 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| 4 | unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on | | | | : | | 0 |
| 5 | its behalf | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 0 | . 0 | 0 | 0 | 0 | 0 |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | 0 |
| С | amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 0 |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 0 |
| | tion B. Total Support | (-) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | endar year (or fiscal year beginning in) | (a) 2005 | | | | | |
| 9 10a | Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | 0 |
| С | acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly | | | | | | 0 |
| 12 | Carried on | | | | | | |
| 13 | (Explain in Part IV.) | 0 | 0 | 0 | 0 | 0 | <u>_</u> 0 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here. | | | d, fourth, or fift | | section 501(c) | |
| Sec | tion C. Computation of Public Support | | | | | 1 · · · · · · · · · · · · · · · · · · · | |
| 15 16 | Public support percentage for 2009 (line 8, c Public support percentage from 2008 Schedu | ule A, Part III, li | ne 15 | | | 15 16 | 0.00% 0.00% |
| <u>Sec</u> 17 | tion D. Computation of Investment Inc Investment income percentage for 2009 (line | | | ne 13. column / | <u></u> | 17 | 0.00% |
| 18 | Investment income percentage from 2008 Sc | chedule A, Part | III, line 17 | | | 18 | 0.00% |
| 19a b | not more than 33 1/3%, check this box and s 33 1/3% support tests-2008. If the organization of | top here. The fid not check a be | organization q ox on line 14 or l | ualifies as a pu line 19a, and line | ublicly supporte 16 is more than | ed organization 33 1/3% and | nd line 17 is ▶ |
| | line 18 is not more than 33 1/3%, check this box a | nd stop here. Th | e organization o | qualifies as a pub | licly supported o | rganization | . ▶∟ |

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) 2009 | ICLEI - Local | Governments | for Sustainabilit | y U.S.A., Inc. | | 04-3116623 | Page 4 |
|------------------|---------------------|---------------|---|---|---|---------------------|------------------|--------|
| Part IV | Supplemental | Information. | Complete this | part to provide | e the explanation ther additional in | | by Part II, line | 10; |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Part II, Line 1 | 0 - Miscellaneous r | eceipts | | | | ••••• | | |
| | | | | • | | | | |
| | | | | | | | | |
| | | | | | ••••• | | | |
| | | | | | | | | |
| | | | | • | | • • • • • • • • • • | ••••• | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | ••••• | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ••••• | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| •••• | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | • | | | | | |
| | | | ••••• | | • | | | |
| | | | | | | | | |
| | | | | •••• | | | | |
| | | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

20**09**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

► See separate instructions.

| ICLE | - Local Governments for Sustainability U.S. | A , Inc. | | 04-3116623 | | | | | |
|------|---|---|----------------|--|------------------|--|--|--|--|
| Part | | | | | | | | | |
| | the organization answered "Yes" to | o Form 990, Part IV, line 6 | | | N/A | | | | |
| | | (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 d | - | | | , | | | | |
| | funds are the organization's property, subject | | | <u> </u> | No | | | | |
| 6 | Did the organization inform all grantees, do | • | _ | | | | | | |
| | used only for charitable purposes and not for | | | | 1 | | | | |
| | purpose conferring impermissible private be | | | Yes | No | | | | |
| Par | I Conservation Easements. Comp | plete if the organization answere | ed "Yes" to I | Form 990, Part IV, line 7 | N/A | | | | |
| 1 | Purpose(s) of conservation easements held | by the organization (check all that | apply). | | | | | | |
| | Preservation of land for public use (e.g. | , recreation or pleasure) Pres | servation of a | an historically important land a | геа | | | | |
| | Protection of natural habitat | Pres | servation of a | a certified historic structure | | | | | |
| | Preservation of open space | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization | ation held a qualified conservation | contribution | in the form of a conservation | | | | | |
| 2 | easement on the last day of the tax year | ation held a qualified conservation | CONTRIBUTION | in the lonn of a conservation | | | | | |
| | cuscinent on the last day of the tax year | | | Held at the End of the Ta | v Von | | | | |
| а | Total number of conservation easements . | | | 2a | ix rear | | | | |
| b | Total acreage restricted by conservation ea | sements | • | 2b | | | | | |
| c | Number of conservation easements on a ce | | . (a) | 2c | | | | | |
| d | Number of conservation easements include | | . (4) | 2d | | | | | |
| 3 | Number of conservation easements modifie | | ned, or termin | <u> </u> | | | | | |
| • | during the tax year | | , | ······································ | | | | | |
| 4 | Number of states where property subject to | conservation easement is located | • | | | | | | |
| 5 | Does the organization have a written policy | | inspection, h | nandling of | | | | | |
| | violations, and enforcement of the conserva | tion easements it holds?. | | Yes | No | | | | |
| 6 | Staff and volunteer hours devoted to monitor | ring, inspecting, and enforcing cor | nservation ea | asements during the year | _ | | | | |
| | • | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, | inspecting, and enforcing conserv | ation easem | ents during the year | | | | | |
| | ▶ \$ | | | | | | | | |
| 8 | Does each conservation easement reported | I on line 2(d) above satisfy the requ | uirements of | section | , | | | | |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? | | | Yes | No | | | | |
| 9 | In Part XIV, describe how the organization r | | | | | | | | |
| | balance sheet, and include, if applicable, th | | zatıon's finan | icial statements that describes | ; | | | | |
| D | the organization's accounting for conservati | | O41 O'- | | | | | | |
| Par | Organizations Maintaining Collecti Complete if the organization answere | | | milar Assets. | N/A | | | | |
| | | | | | | | | | |
| 1a | If the organization elected, as permitted und art, historical treasures, or other similar ass | | | | s or | | | | |
| | service, provide, in Part XIV, the text of the | | | | | | | | |
| b | If the organization elected, as permitted und | | | | art. | | | | |
| _ | historical treasures, or other similar assets | | | | - | | | | |
| | service, provide the following amounts relat | | , | • | | | | | |
| | (i) Revenues included in Form 990, Part VI | II, line 1 | | ▶ \$ | | | | | |
| | (i) Revenues included in Form 990, Part VI (ii) Assets included in Form 990, Part X | | | ▶ \$ | | | | | |
| 2 | If the organization received or held works of | f art, historical treasures, or other s | similar assets | s for financial gain, provide the |) | | | | |
| | following amounts required to be reported u | | | <u>.</u> ., | | | | | |
| а | Revenues included in Form 990, Part VIII, I | ine 1 | | > \$ | | | | | |
| b | Assets included in Form 990, Part X | | | > \$ | | | | | |

| Part | ш | Organizations Maintaining | Collections of | r Aπ, His | torical | reasures, | or Otr | <u>ier Similar A</u> | ssets (C | onunu | eu)_ |
|------|---------------|--|---------------------|-------------|-------------|--------------------------|-----------|----------------------------|-------------|-----------|-------------|
| 3 | Using | g the organization's acquisition, | accession, and | other reco | rds, chec | k any of the | followi | ing that are a | significan | t | |
| | use o | of its collection items (check all | that apply): | N/A | | | | | | | |
| а | Ш | Public exhibition | | d | Loan | or exchange | e progra | ams | | | |
| b | | Scholarly research | | е | Other | | | | | | |
| С | | Preservation for future genera | ations | | | | | | | | |
| 4 | Provi Part | ide a description of the organization | ation's collections | and expl | ain how t | hey further | the orga | anizatıon's exe | empt purp | ose in | |
| 5 | | ng the year, did the organization ts to be sold to raise funds rath | | | | | | | _ | es 🦳 | No |
| Part | | Escrow and Custodial Ar | | | • | | | | Form 99 | 0, Par | |
| | | IV, line 9, or reported an ar | _ | • | | • | | | | | N/A |
| 1a | Is the | e organization an agent, trustee | | | | | ns or o | ther assets no | t | | |
| | | ded on Form 990, Part X? | | | | | | • | Y | es 🔙 | No |
| b | If "Ye | es," explain the arrangement in | Part XIV and con | nplete the | following | table [.] | | - - | | | |
| | | | | | | | <u> </u> | | Amount | | |
| C | - | 9 | | | | | 1c | | | | |
| d | | tions during the year | | | | | . 1d | | | | |
| e | | ibutions during the year | | | | • | 1e | | | | |
| T | | ng balance | | | | | <u>1f</u> | <u> </u> | | | 0 |
| 2a | | he organization include an amo | | , Part X, I | ine 21? . | | | | Y | es X | No |
| _ b_ | | es," explain the arrangement in | | -!4! | | -1 11\/11 A- 1 | | 00 Ded 1// I | ina 40 | | |
| Part | V | Endowment Funds. Com | | 1 | | | | | | our years | N/A |
| 4 | Dani | naine of very belonce | (a) Current year | (B) Pr | or year | (c) Two year | S Dack | (d) Three years ba | ack (e) Fo | our years | Dack |
| 1a | _ | nning of year balance ributions | | | | <u> </u> | | | | | |
| b | | nvestment earnings, gains, | | | | | | | | | |
| С | | losses | | | | | | | | | ļ |
| d | | its or scholarships | | | | | i | | | | |
| e | | er expenditures for facilities | | 1 | | | | | | | |
| | | programs | | | | | | | | | |
| f | | inistrative expenses | | | | | İ | | | | |
| g | | of year balance | (| | 0 | | | | | | |
| 2 | | ide the estimated percentage of | f the year end ba | lance hel | d as | | | | | | |
| а | Boar | d designated or quasi-endowm | ent • | % | 1 | | | | | | |
| b | Pern | nanent endowment | % | | | | | | | | |
| C | | n endowment | <u>%</u> | | | | | | | | |
| 3a | Are t | there endowment funds not in t | he possession of | the organ | nization th | at are held | and ad | ministered for | the | | |
| | orga | nization by: | | | | | | | | Yes | No |
| | (i) | unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) | related organizations | | | | | | | | | <u> </u> |
| b | | es" to 3a(ii), are the related org | | | | | | | 3b | ļ | |
| 4 | | cribe in Part XIV the intended u | | | | | V Iii | 20 10 | | | |
| Part | VI | Investments—Land, Buil | | | | | | | (4) 5 | | |
| | | Description of investment | (a) Cost or o | | | st or other s (other) | | Accumulated epreciation | (a) B | ook valu | е |
| 1a | Land | 1 | | , C | + | 0 | | <u>-</u> | · · · · · · | | 0 |
| b | | dings | | Č | + | 0 | | 0 | | | 0 |
| c | | sehold improvements | , | | + | 0 | | 0 | | | 0 |
| d | | pment | | C | | 245,771 | | 150,245 | | 9 | 5,526 |
| е | | er <u></u> | | C | | 0 | | 0 | | | 0 |
| Tota | | lines 1a through 1e. (Column | | rm 990, F | Part X, co. | lumn (B), lin | e 10(c) |) . ▶ | | 9 | 5,526 |

| 2226 | 3 |
|------|---|
| rage | J |

| Part VII Investments—Other Securities | . See Form 990, Part X, | line 12 N/A | |
|--|---------------------------------------|--|----------------|
| (a) Description of security or category | (b) Book value | (c) Method of value | |
| (including name of security) | | Cost or end-of-year ma | rket value |
| Financial derivatives | 0 | | |
| Closely-held equity interests Other | 0 | | |
| Other | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | ····· |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 0 | L: 40 | |
| Part VIII Investments—Program Related | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| | 0 | | |
| | 0 | | |
| | | | |
| | 0 | | <u> </u> |
| | 0 | | |
| | | | |
| | 0 | | |
| | | • | |
| | 0 | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) | 0 | - - 1 | |
| Part IX Other Assets. See Form 990, Part IX | art X, line 15. | N/A | |
| (a |) Description | | (b) Book value |
| | | | 0 |
| | <u> </u> | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | <u> </u> | | 0 |
| | | | 0 |
| Total. (Column (b) must equal Form 990, Part X, c | ol. (B) line 15.) | | 0 |
| Part X Other Liabilities. See Form 990 | | N/A | |
| 1. (a) Description of liability | (b) Amount | | |
| Federal income taxes | | 0 | |
| | | 0 | |
| | | 0 | |
| | | <u> </u> | |
| | | 0 | 1 |
| | | 0 | |
| | <u>-</u> | 0 | |
| | | 0 | |
| | | 0 | |
| | · · · · · · · · · · · · · · · · · · · | _0 | |
| Table (Orbital A) and an afficiant AAA Orbital Afficiant | | 0 | , |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | 0 | |

| Sched | ule D (Form 990) 2009 | | | Page 4 |
|-------|---|------------------|---|--------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia | I Stat | tements | N/A |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | <u> </u> | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | 0 |
| 4 | Net unrealized gains (losses) on investments | 4 | | |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | Investment expenses | 6 | | |
| 7 | Prior period adjustments | 7 | | |
| 8 | Other (Describe in Part XIV.) | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. | 10 | | 0 |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | per | Return | N/A |
| 1 | Total revenue, gains, and other support per audited financial statements | - | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | | | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIV.) | | | |
| е | Add lines 2a through 2d | | Ze | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | * | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIV.) | _ | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 0 |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With Expens | | | N/A |
| 1 | Total expenses and losses per audited financial statements | | 1 | 17/7 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | <u> </u> | | |
| a | Donated services and use of facilities | İ | | |
| b | Prior year adjustments | \dashv | | |
| C | Other losses | \dashv | ŀ | |
| ď | Other (Describe in Part XIV.) | \dashv | 1 | |
| e | | ا - , | 20 | 0 |
| 3 | | | 2e | 0 |
| | Subtract line 2e from line 1 | - | 3 | |
| * | | | 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIV.) | | | • |
| C | Add lines 4a and 4b | | <u> </u> | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information N/A | | 5 | 0 |
| | | | | |
| and | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information. | l 4b. <i>A</i> | Also complete | |
| | | | | |
| | | | | |
| | | | | |
| | | · • • • • | • | |
| | | · • • • • · | | |
| | | · | | |

| Schedule D (Form | ICLEI – Local Governments for Sustainability U.S.A., Inc. | 04-3116623 | Page 5 |
|------------------|---|------------|---------------|
| Part XIV | Supplemental Information (continued) | N/A | Page 3 |
| I all Alv | Supplemental information (continued) | N/A | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | . |
| | | | |
| | | | |
| | | | |

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number 04-3116623 ICLEI - Local Governments for Sustainability U.S.A., Inc.

| | rmation on Ac 990, Part IV, line | | de the United States. Co | omplete if the organization a | inswered |
|---------------------------|---|--|--|---|---|
| 1 For grantmakers. Doe | es the organizations' eligibility for the | on maintain reco | ords to substantiate the amo | | X Yes No |
| United States. | | _ | | g the use of grant funds out | side the |
| 3 Activities per Region (| (b) Number of offices in the region | (c) Number of employees or agents in region | additional space is needed (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South Asia | 1 | 5 | Grants to recipients | N/A | 31,810 |
| South America | 1 | | Grants to recipients | N/A | 88,206 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | - | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | | | 0 |
| | 0 | | - | | 0 |
| | 0 | | | | 0 |
| Totala | | | | | 120.016 |

Page 2.

| Partill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990 | ssistance to Organi | izations or Entities | : Outside the O | nited states. | Complete if th | e organization ar | "Swered "Yes" | to Form 990, |
|---|---|---|--------------------------------|--------------------------|---------------------------------|--|--|---|
| Part IV, line 15, for a Use Schedule F-1 (F | Part IV, line 15, for any recipient who received more than \$\) Use Schedule F-1 (Form 990) if additional space is needed | ived more than \$5,000 space is needed. | 300 Check this | box if no one r | ecipient receiv | ore than \$5,000 Check this box if no one recipient received more than \$5,000. is needed. | 000,5 | △ |
| (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 | (i) Method of valuation (book, FMV, appraisal, other) |
| | | South Asia | Implementing greenhouse gas | 31,810 Wire | Wire | N/A | N/A | N/A |
| | | South America | Implementing greenhouse gas | 88,206 Wire | Wire | N/A | N/A | N/A |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | | | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | |) | 0 | |
| | | | | 0 | | | 0 | |
| | | | | 0 | | | - 6 | |

by the IRS, or for writch the grantee of courses has perfect total number of other organizations or entities.

၉

Schedule F (Form 990) 2009

Page 3.

ICLEI - Local Governments for Sustainability U S.A, Inc.

Schedule F (Form 990) 2009

(h) Method of valuation Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1(Form 990) if additional space is needed. (book, FMV, appraisal, other) (g) Description of non-cash assistance 0 Ö 0 ō ō (f) Amount of non-cash assistance (e) Manner of cash disbursement 0 0 0 0 0 0 0 (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III

Schedule F (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ICLEI - Local Governments for Sustainability USA, Inc

Compensation Information

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

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

 OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

04-3116623

Questions Regarding Compensation Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to N/A 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 Х officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . Indicate which, if any, of the following the organization uses to establish the compensation of the 3 organization's CEO/Executive Director Check all that apply X Written employment contract X Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? þ Participate in, or receive payment from, an equity-based compensation arrangement? . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization?. а Any related organization? . . . 5b N/A h If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a а Any related organization? . . . 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was 8 subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

04-3116623

ICLEI - Local Governments for Sustainability U S.A., Inc.

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (D) Nontaxable (E) Total of columns benefits benefits (B)(0)-(D) (B)(0)-(D) (D) (D) (D) (D) (D) (D) (D) (D) (D) | | | (B) Breakdown of W-2 | W-2 and/or 1099-MISC | C compensation | | | | (F) Compensation |
|---|----------------|------------|--------------------------|-------------------------------------|-------------------------------------|---|----------------------------|------------------------------------|---|
| 0 | (A) Name | | (I) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Regrement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | reported in prior Form 990 or Form 990-EZ |
| | | ε | 134 794 | 0 | | | 15.573 | | 127,683 |
| | Michelle Wyman | ≘ | 0 | 0 | 0 | | 0 | | 0 |
| | | ε | 0 | 0 | | | 0 | | 0 |
| | | (E) | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | (E) | 0 | 0 | 0 | | 0 | | 0 |
| | | Θ | 0 | 0 | 0 | | 0 | | 0 |
| | | (E) | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | E | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | (E) | 0 | 0 | 0 | | 0 | | 0 |
| | | Θ | 0 | 0 | 0 | | 0 | | 0 |
| | | E | 0 | 0 | 0 | | 0 | | 0 |
| | | (1) | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | ε | 0 | 0 | 0 | | 0 | | 0 |
| | | (| 0 | 0 | 0 | | 0 | | 0 |
| | | (1) | 0 | 0 | 0 | | 0 | | 0 |
| | | (ii) | 0 | 0 | 0 | | 0 | | 0 |
| | | (1) | 0 | 0 | 0 | | 0 | | 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | € | 0 | 0 | 0 | | 0 | | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | (E) | 0 | 0 | 0 | | 0 | | 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | (3) | 0 | 0 | 0 | | 0 | | 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | (II) | 0 | 0 | 0 | | 0 | | 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 | | (I) | 0 | О | 0 | | 0 | 1 | 0 |
| 0 0 0 0 0 | | (ii) | 0 | 0 | 0 | | 0 | | 0 |
| 0 0 0 0 | | (1) | 0 | 0 | 0 | | 0 | 1 1 | 0 |
| | | € | 0 | 0 | 0 | | 0 | | 0 |

SCHEDULE J-1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

ICLEI - Local Governments for Sustainability U.S A., Inc.

Continuation Sheet for Schedule J (Form 990)

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II. See Instructions for Schedule J (Form 990).

Open to Publi Inspection

Employer identification number 04-3116623

0;0 0:0 0;0 0:0 0:0 0:0 0:0 0:0 0:0 0:0 (F) Compensation reported in prior Form 990 or Form 990-EZ 0,0 0,0 0;0 0,0 0,0 (E) Total of columns (B)(I)–(D) Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II) (D) Nontaxable benefits (C) Retirement and other deferred compensation 0:0 (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable (ii) Bonus & incentive compensation (i) Base compensation \equiv Ξ €€ € $\in \Xi$ Ξ Ξ Ξ \equiv Ξ Ξ Ξ Ξ ΞΞ \equiv \in €€ (A) Name Part I

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

Schedule J-1 (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

| ICLEI – Local Governments for Sustainability U.S.A., Inc. | 04-3116623 |
|--|--|
| Part I, Line 22 | |
| There is \$1,349 audit adjustment to beginning balance of net assets since 200 | 8 tax returns were completed before audit. |
| Part IV, Line 12 and Part XI, Line 2b | |
| The organization is in the process of completing the audit of its financial statem | nents for the year ended 12/31/2009 However, the |
| audit is not complete as of the date of filing of this return. | |
| Part VI, Line 1 | |
| The Board delegates authority to the Executive Committee to act on behalf of t | he Board as a whole The Executive Committee |
| members are also members of the Board, and their names and titles are: 1) Pa | trick Hays, President 2) Frank Cownie, Treasurer |
| 3) Pageen Hanrahan, Secretary | |
| Part VI, Section B, Line 11A | |
| The board of directors will review the prepared Form 990 prior to filing with the | IRS |
| Part VI, Section C, Line 19 | |
| Governing documents and Financial Statements are available to the public upo | on request. |
| | |
| | |
| | |
| | |
| | ••••• |
| | |
| | |
| | |
| | |
| | ••••• |
| | |
| | • |
| | |