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#### **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)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
2009
Open to Public Inspection

<u>A</u>	For the	a 2009 calendar year, or tax year beginning SEP 1, 2009 and ending	AUG 31, 2010	
В	Check if applicable	Please C Name of organization use IRS	D Employer identifi	cation number
	Addre	es letter or property or better and the control or better as		
	Name chang	type.	13-4	188834
	Initial return	See Number and street (or P.O. box If mail is not delivered to street address) Room/s	lite E Telephone numbe	
	Termir eted	Specific 45 WEST 36TH STREET 6TH	FL 212	764-0521
	Amend return	ded lions. City or town, state or country, and ZIP + 4	G Gross receipts \$	4083780.
	Applic	NEW TORRY NT TOOTS-7033	H(a) is this a group n	
	pendia	F Name and address of principal officer: GEOFF BOERM	for affiliates?	Yes X No
		45 WEST 36TH STREET, NEW YORK, NY 10018	H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c) (3 ) ◀ (Insert no.)		list. (see instructions)
		te: ➤ NONE	H(c) Group exemption	
		Trust Association Other ► L Y	ear of formation: 2001	A State of legal domicile: NY
	1	Briefly describe the organization's mission or most significant activities: PROMOTE	ENVIRONMENTAL	
Activities & Governance	'	PROTECTION, CONSUMER PROTECTION, HEALTH & SA		
nar	2	Check this box if the organization discontinued its operations or disposed of n	<del></del>	Poote
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		3
&2 &2	5	Total number of employees (Part V, line 2a)		0
iţie	6	Total number of volunteers (estimate if necessary)	······	250
Ę	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
⋖	Ь	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
~	8	Contributions and grants (Part VIII, line 1h)	1646351.	3921966.
	9	Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), Ilnes 3, 4, and 7d)	14902.	
⊜∎ ⊜	''	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1661440.	
AUG		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452625.	1092657.
	14	Benefits pald to or for members (Part IX, column (A), line 4)		
SCA マドー) Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
36	16a	Professional fundralsing fees (Part IX, column (A), line 11e)		
2	b	Total fundraising expenses (Part IX, column (D), line 25)	977363.	2915754.
3	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1429988.	
Ø	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	231452.	
5	g 19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
sets (	20	Total assets (Part X, line 16)		
ശ്യമ	<u> </u>	Total liabilities (Part X, line 26)	37349.	92540.
Net A	22	Net assets or fund balances. Subtract line 21 from line 20	1349458.	1272900.
	att II			
	**********	Under penalties of perjury, I declare that I have examined this return, including addompartying achecules and statement and complete. Declaration of preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has any knowledged to be a statement of the preparer has a statemen	nts, and to the best of my knowled	ige and belief, it is true, correct,
		and complete, because of pepaler (other manufactor) is cased on an information stanged preparer mas any known	~ /	1, - 1,
Si	gn	- Chan		13/11
He	ere	Signature of officer	Date	
		GEOFF BOEHM, SECY/TREAS	<del></del>	
		Type or print name and title		<del></del>
Pa	id	Preparer's Date Date	self- (see in	rer's identifying number structions)
_	eparer's	signature / //// / / / / / / / / / / / / / / /	employed X X	tb-56-8453
	e Only	yours if Peter C. Diehl, C/A	EIN >	
	-	self-employed, address, and 1523 Central PARK Ave Yorkers, NY 10710	01	914-779 L780
2.1		J2P+4	Phone no.	11-111-000
		RS discuss this return with the preparer shown above? (see instructions)	lastrustlass	Yes 10 No Form 990 (2009)
902	2001 02-0	$_{04 ext{-}10}$ $-$ LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	##5##################################	rom 330 (2009)

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	WATER	QUAL	ITY AN	D OPPOR	RTUNITI	ES FO	RCIVIO	C VOLUNT	EERS.		
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	Otherase		on (December	be in Schedul						<u> </u>	<del></del>
+0											
	(Expenses	\$	64397	4 · including			04000.	) (Revenue \$		)	
le	Total prog	ram servi	ce expense	es ▶\$	3911	1585.					

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ļ
	If "Yes," complete Schedule A .	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501 (c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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_		
6	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," 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11		X
•	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			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		<sub>v</sub>	
46	and program service activities outside the United States? 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	45	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	^	
10	located outside the United States? If "Yes," complete Schedule F, Part III	46		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	$\dashv$	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		41
	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The second of th		000 //	

Form 990 (2009) SUSTAINABLE MARKETS FOUNDATION
Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-	-	<u> </u>
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
Ь	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_ X
26	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990 (2	2009)

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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				
	U.S. Information Returns. Enter -0- if not applicable	1a 48	•		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 <b>b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			
	(gambling) winnings to prize winners?		1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
-	filed for the calendar year ending with or within the year covered by this return	2a 0	] [		ĺ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	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)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a		Х
	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				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign I	Bank and			
	Financial Accounts.		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardax Shelter Transaction?	raing Pronibitea	_		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	o organization adjust	5c		<u> </u>
00	any contributions that were not tax deductible?	le organization solicit	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	Ua		
	were not tax deductible?	ions of gints	6ь		ı
7	Organizations that may receive deductible contributions under section 170(c).		- 05		<del></del>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			1
	provided to the payor?	90000 0 00171000	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	. ,	,	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?	.,	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f_		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	-			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed a second organization and the second organization are second organization and the second organization are second organization and the second organization and the second organization and the second organization and the second organization are second organization and the second organization an	ess business holdings			
9	at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?		0.	1	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		90		<del></del>
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	l		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
				~~~	

Form 990 (2009)

SUSTAINABLE MARKETS FOUNDATION

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

Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body	1a	3		
þ	Enter the number of voting members that are independent	_1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	e 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 Fo		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	is?	5		Х
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 me	embers of the			.,
	governing body?		7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	- [		
_	by the following:		_		
_	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cned at the			v
202	tion B. Policies (This Section B requests information about policies not required by the Internal R	aveaus Carla )	9		X
000	tion B. Folicies (mis Section B requests information about policies not required by the internal R	evenue Coae.)		V	
10a	Does the organization have local chapters, branches, or affiliates?		10a	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chantere affiliates	100		
_	and branches to ensure their operations are consistent with those of the organization?	citapters, arimates,	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11	Х	
	1A Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	12a Does the organization have a written conflict of interest policy? If "No," go to line 13				
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise	12a	Х	
	to conflicts?	g	12b	Х	
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	х	
13	Does the organization have a written whistleblower policy?		13	X	
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 approva	al 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	
b	Other officers or key employees of the organization		15b	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 arranger	nent with a			
	taxable entity during the year?		16a		<u>X</u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure			_	
17	List the states with which a copy of this Form 990 is required to be filed NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(5U1(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply.				
40	Own website X Another's website X Upon request	<b></b>	,		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, contact makes a supplied to the public	ontlict of interest policy,	and fina	ncıal	
20	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books ar JAY HALFON	ia records of the organiz	ation:		
	45 WEST 36TH STREET, NY, NY 10018				

# 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 employees."
- 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 co	ompensate an	у сц	irren			, dire	ecto	r, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	(check all that ap			app	oly)	compensation	compensation	amount of
	per	Çţ						from the	from related	other
	week	Individual trustee or director				B	ļ	organization	organizations (W-2/1099-MISC)	compensation from the
		Stee	1 gg	ŀ		Sensa		(W-2/1099-MISC)	(** 2 1033 111100)	organization
		ᄪ	Institutional frustee		Key employee	Highest compensated employee		(** = *********************************		and related
		άγα	l sta	Officer	, en	P S S	Former			organizations
		드	Ē	8	3	± 5	F.			
ELIZABETH HITCHCOCK										
PRESIDENT	1.00	X		X	<u></u>			0.	0.	0.
STEVE KLEINBERG										
VICE PRESIDENT	1.00	Х		X				0.	0.	0.
GEOFF BOEHM		i								
SECRETARY/TREASURER	3.00	Х		X			<u> </u>	0.	0.	0.
JAY HALFON										
DIRECTOR & GENERAL COUNS	35.00			X				80000.	0.	_ 0.
									· -	
						}				
						<u> </u>				
										-
						<u> </u>				
			<u> </u>			<u></u>	<u> </u>			
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			_		<u> </u>	_	L			
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		<u> </u>				$oxed{oxed}$				
		<u> </u>	<u> </u>	_		_				
		ļ			ļ		<u> </u>			
		<u> </u>		Щ	ļ	$ldsymbol{f eta}$	_			
					1					
		l	1	1	1	l	1	l		

Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ		100		<u>.</u>	age <b>U</b>
(A) Name and title	(B) Average hours			() Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation			(F) stimate	_
	per week	Individual trustee or director	trustee		ployee	Highest componsated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		com fr org	other pensatom the anizated	ation ie tion
		Individu	Institutional	JE GE	Key employee	Highest	Former			-		anızatı	
					_	-							
						-							-
			_										
											i 		
				_	_								-
1b Total						<b></b>		80000.		0.			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	o re	eceived more than \$100	,000 in reportabl	е			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	ploy	yee,	or h	nighest compensated er	nployee on		3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co							the organization		4		X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	•			rom	any	unr	elat	ed organization for servi	ices rendered to		5		Х
Complete this table for your five highest co the organization.	mpensated inc	depe	ende	nt c	ontr	racto	rs t	hat received more than	\$100,000 of com	pens:	ation f	rom	
(A) Name and business	address							(B) Description of s	ervices	С	(C omper		n
TOXICS TARGETING, 215 N. SUITE 105, ITHACA, NY 145	850							PROJ MANAGEM	ENT		3:	300	00.
M&R STRATEGIC SERVICES, SUITE 1802, NEW YORK, NY							(	CONSULTANTS			1	189	90.
		<u></u>					-						
Total number of independent contractors (i \$100,000 in compensation from the organization).	_	ot lir	mite	d to	_	se lis	l sted	l above) who received m	ore than				
								-					

				MARKETS F	OUNDATION		13-4188	8834 Page 9
Pa	rt VI	Statement of Rever	nue		,			
			·-····		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	•	1a 1b					
fts, r an	c	<del>-</del>	1c					
s, gi	d	•	1d					
sin		Government grants (contribut All other contributions, gifts, gran						
buti	'	similar amounts not included abo		3921966.				
ntri d of	a	Noncash contributions included in lines		151926.				
aŭ aŭ		Total. Add lines 1a-1f		<u> </u>	3921966.			
				Business Code		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	71-11-11-11-11-11-11-11-11-11-11-11-11-1	
e	2 a	<del>-</del>						
ē Š	b							
n Se	С							
Fan	d		<del></del>					
Program Service Revenue	е	<del></del>						
ъ.		All other program service reve	enue		,			
		Total. Add lines 2a-2f	<del></del>	<u> </u>				
	3	Investment income (including	i dividends, inter	rest, and	8084.			0004
	4	other similar amounts) Income from investment of ta	v.ovomat bond	nraccada -	0004.		_	8084.
	5	Royalties	x-exempt bond	proceeds	<del></del>		<del></del>	<del> </del>
	•	Hoyanies	(ı) Real	(II) Personal				
	6 a	Gross Rents	- William	(ii) i croonas				
	b							
	С							
	d	Net rental income or (loss)		<b>&gt;</b>			_	1
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	157293.	•				
	b	Less: cost or other basis	1-100-					
		and sales expenses	151927					
		Gain or (loss)	5366.	•	F 3.6.6			5266
		Net gain or (loss)		<b>_</b>	5366.			5366.
Other Revenue	ва	Gross income from fundraisin including \$						
eve		contributions reported on line						
er F		Part IV, line 18	а	ı				
g		Less: direct expenses	b	L				
		Net income or (loss) from fund	-	<u> </u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a					
		Less: direct expenses	b	•				
		Net income or (loss) from gar	-					
	10 a	Gross sales of inventory, less and allowances						
	h	and allowances  Less: cost of goods sold	a					
		Net income or (loss) from sale	_	<b></b>				
		Miscellaneous Revenu		Business Code				
	11 a	UNREALIZED LOSS		523000	-3563.			-3563.
	b							
	c							_
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	-3563.			
	12	Total revenue. See instructions		<b>•</b>	3931853.	0.	0.	9887.

### Part IX Statement of Functional Expenses

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

	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).									
	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 organizations in the U.S. See Part IV, line 21	1039157.	1039157.							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				······································					
3	Grants and other assistance to governments,				······································					
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16	28500.	28500.							
4	Benefits paid to or for members			***************************************	······································					
5	Compensation of current officers, directors,		_							
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k)			-	-					
	and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal	91064.	30000.	53064.	8000.					
С	Accounting	16000.		16000.						
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other				· · · · · · · · · · · · · · · · · · ·					
12	Advertising and promotion									
13	Office expenses	3747.	3747.							
14	Information technology									
15	Royalties									
16	Occupancy	38516.	20269.	18247.						
17	Travel	337267.	337267.							
18	Payments of travel or entertainment expenses				-					
	for any federal, state, or local public officials				<u> </u>					
19	Conferences, conventions, and meetings	1375.	1375.							
20	Interest .									
21	Payments to affiliates				<del></del>					
22	Depreciation, depletion, and amortization									
23	Insurance									
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 )									
а	PROGRAM DIRECTORS	700838.	700838.							
b	PROJECT ORGANIZERS	552661.	552661.	-						
- c	COMMUNICATIONS	233584.	233584.							
d	EVENT EXPENSES	228783.	228783.							
e	WEB CAMPAIGN DEVELOPERS	121362.	121362.							
f	All other expenses	615557.	614042.	1515.	· · · · · · · · · · · · · · · · · · ·					
25	Total functional expenses. Add lines 1 through 24f	4008411.	3911585.	88826.	8000.					
26	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									
			-		F 000 (0000)					

Pa	<u>rt X</u>	Balance Sheet				-
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		79706.	1	58997.
	2	Savings and temporary cash investments		1170418.	2	1184725.
	3	Pledges and grants receivable, net		59798.	3	85370.
	4	Accounts receivable, net			4	6232.
	5	Receivables from current and former officers, di	rectors, trustees, key			
	١.	employees, and highest compensated employee		"		
		of Schedule L	•		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net .			7	
Assets	8	Inventories for sale or use			8	<del></del>
ĕ	9	Prepaid expenses and deferred charges		56202.	9	13000.
	10a	Land, buildings, and equipment: cost or other	i i			
	1	basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	20683.	11	17116.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		)	14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1386807.	16	1365440.
	17	Accounts payable and accrued expenses		37349.	17	68790.
	18	Grants payable		0.	18	23750.
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities			20	<del>-</del>
S	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	<del>-</del>
Liabilities	22	Payables to current and former officers, director		······································		
abi		highest compensated employees, and disqualifie				
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		<del>_</del> .	25	
	26	Total liabilities. Add lines 17 through 25		37349.	26	92540.
	ĺ	Organizations that follow SFAS 117, check he	ere X and complete			
es		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		-18.	27	152183.
3ale	28	Temporarily restricted net assets		1349476.	28	1120717.
ğ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, cl	neck here 🕨 🔲 and			
٥		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		1349458.	33	1272900.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	34	1365440.

Form **990** (2009)

Form	990	(2009)	

### SUSTAINABLE MARKETS FOUNDATION 13-4188834 Page 12

Ра	rt XII Financial Statements and Reporting			
			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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	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	X	
	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			Ì
	consolidated basis, separate basis, or both:			ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		_ X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		·	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		L

Form **990** (2009)

#### SCHEDULÉ A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SUSTAINABLE MARKETS FOUNDATION

13-4188834

Public Charity Status (All organizations must complete this part.) See instructions.

re	irt i	Reason	for Public Char	ity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions.	_		
he	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)				
1	$\square$	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i	).			
2	$\square$	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach So	hedule E.)	1						
3				tal service organization								
4				operated in conjunction	with a hos	spital desc	ribed ın se	ection 170	(b)(1)(A)(i	ii). Enter th	ne hospital's nan	ne,
		city, and stat							_			
5	L			benefit of a college or un	niversity o	wned or o	perated by	a govern	mental un	it describe	d ın	
			(b)(1)(A)(iv). (Comple									
6				ent or governmental uni								
7	X			eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic described	ın
_	_		(b)(1)(A)(vi). (Comple									
8	뭄			section 170(b)(1)(A)(vi).		•						
9	L			eives: (1) more than 33								
				nctions · subject to certa								
				axable income (less sect	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	anization a	fter June 30, 197	75.
10			509(a)(2). (Complete		-4 d		<b></b> .	- F00/-V	41			
11	H			perated exclusively to te perated exclusively for the	•	•			•			
• •				ations described in section								or
				organization and comple				.). See <b>Se</b> (	Jeoc nons	aj(s). Che	ck the box that	
		a Type i	· · · · · · · · · · · · · · · · · · ·	7 <u> </u>		e III - Func		tegrated		d $\square$	Type III - Other	
е				at the organization is not			•	-	r more dis		• •	n
				han one or more publicly								
f				ten determination from t						· (u)(1) 01 0	0011011 000(a)(2).	
			rganization, check th				1	.,,,				[
9	ı			organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?		
		(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (	iii) below,	Yes	No
		the gove	erning body of the si	upported organization?							11g(i)	
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
		(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	e?					11g(iii)	
h		Provide the fo	ollowing information	about the supported or	ganization	(s).						
		<del></del>	· ·				т		<del></del>			
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		organizat	tion in col   organiza (i) organ		the on in col ed in the	(vil) Amount of support	
				(see instructions))	Yes	No	Yes	No	Yes	No		
												_
										-		
-04-	s I											
ota	21			1	1	t i	5		3	s 1		

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only	f 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) 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.")	1040982.	976470.	2091885.	1646351.	3921966.	9677654.
2	Tax revenues levied for the organ-						
	ızatıon'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 through 3	1040982.	976470.	2091885.	1646351.	3921966.	9677654.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				:		3732191.
6	Public support. Subtract line 5 from line 4		***************************************				5945463.
	ction B. Total Support				<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	1040982.	976470.	2091885.	1646351.	3921966.	9677654.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2516.	5999.	7814.	15089.	9887.	41305.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
. •	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						9718959.
12		etc (see instruction	ne)	· ··· ··· ··· ··· ·· ·· ·· ·· ·· ·· ··		12	3,1203334
	First five years. If the Form 990 is for	•	=	d. fourth, or fifth ta	l Ny vear as a section	<del></del>	
	organization, check this box and stor		mot, cocoma, tim		or your as a scotto	1001(0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage	<del></del> -			
	Public support percentage for 2009 (I			olumn (f))		14	61.17 %
	Public support percentage from 2008	•	•	<b>(</b> "		15	76.42 %
	33 1/3% support test - 2009.If the o		•	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies					,	►X
b	33 1/3% support test - 2008.If the o		•		line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	• •			13, 16a, or 16b, a	nd line 14 is 10% o	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances".						
h	10% -facts-and-circumstances tes	_	=		•	7a. and line 15 is 1	
~	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization						
<u></u>	ate iodification. Il tile organizatio	GIO HOL DITOUR A	OII III IO 10, 100	<u> </u>	, oneon this box a	no see manuchons	, <u> </u>

Sch.	edule A (Form 990 or 990-EZ) 2009 ort III Support Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	y if you checked the b	Page 3
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(1)		19,200	15/ 550	(0)	(7,10.0
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				<del></del>	<del></del>	
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose				<del> </del>	-	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	<u> </u>		<u> </u>			
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						<u> </u>
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						-
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		<del></del>	<del> </del>	<del>                                     </del>		
					···· ··· ··· ··· ··· ··· ··· ··· ··· ·		
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	<u> </u>	1		<u> </u>
		(-) 000F	#1 0000	4.3.0007	1,0000	4.10000	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6				·	<del> </del>	
ıva	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income				1		
	(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		]				
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first second the	rd fourth or fifth to	ay year as a section	on 501(c)(3) organia	ration
	check this box and stop here	the organization	s mat, scoona, tm	ra, roorar, or mar a	ax year as a section	on so ricitor organiz	ation,
Sac	ction C. Computation of Publ	ic Support Pe	rcentage	· · · ·		<del></del>	
15	Public support percentage for 2009 (			ooluma (fl)		45	
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	· ·	Column (i))	•	16	%
16	ction D. Computation of Investigation					<del> </del>	<u>~</u>
==						147	
_	Investment income percentage for 20	·		ne 13, column (I))		17	%
18	Investment income percentage from				4.5	18	<u> </u>
19a	33 1/3% support tests - 2009. If the						17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2008. If the	=					and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anızatıon qualifies a	as a publicly supp	orted organization	▶ <u></u>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<b>&gt;</b>
					C-	hadula A (Earm 99	0 000 EZ 0000

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

SUSTAINABLE MARKETS FOUNDATION

Employer identification number 13\_4188834

Pa	TI Organizations Maintaining Donor Advise		ls or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 adv	sed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?	or defler advisor, or for any other purpose	Yes No
Pa		ganization answered "Yes" to Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		raitiv, me r.
•	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat		
	Preservation of open space	Freservation of a cel	rtified historic structure
2		final against the same and the same same	
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	ned conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Hold at the First at the First State of the First S
а	Total number of conservation easements		Held at the End of the Tax Year
-			2a
b	Total acreage restricted by conservation easements		2b
ç	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	•	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	e organization during the tax
4	Number of states where property subject to appear at the same and the same at		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.  III Organizations Maintaining Collections or	f Art. Historical Transuras, or C	Othor Cimilar Assets
1 42	Complete if the organization answered "Yes" to Form		Other Similar Assets.
	Complete in the organization answered Tes (of orin	550, r at 14, lille 6.	
4.	If the experimental elected as powerthad under CEAC 116	* *	
Ia	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed		Jolic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these i		
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>5 </b>
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tree		ai gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items:	<b>.</b>
a	Revenues included in Form 990, Part VIII, line 1		\$
Ь	Assets included in Form 990, Part X		<b>▶</b> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (cor 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collectic (check all that apply):  a	on iter	
(check all that apply):  a  Public exhibition		□ No
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   Yes   Yes   Yes   Amou   c Beginning balance	nt	
b Scholarly research c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Description of the organization and explain how they further the organization's exempt purpose in Part XIV.  Yes  The organization and Part IV is part of the organization and explain how they further the organization's exempt purpose in Part XIV.  Yes  The organization and Explain assets in Part XIV and complete the following table:  Amount of the organization and explain how they further the organization's exempt purpose in Part XIV.  Amount of the organization and explain how they further the organization's exempt purpose in Part XIV.  Yes  The organization and explain assets in Part XIV.  Amount of the organization of the organization and explain how they further the organization's exempt purpose in Part XIV.  Amount of the organization of the organization and explain how they further the organization's exempt purpose in Part XIV.  Amount of the organization of the organization and explain how they further the organization's exempt purpose in Part XIV.  Amount of the organization of	nt	
Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If 'Yes,' explain the arrangement in Part XIV and complete the following table:  Amount of the organization for future general purpose in Part XIV.  Amount of the organization's exempt purpose in Part XIV.  Amount of the organization of the organization and part XIV.  Amount of the organization for future general purpose in Part XIV.  Amount of the organization of the	nt	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV and complete the following table:  Amount of the organization's exempt purpose in Part XIV.  Yes  Amount of the organization's exempt purpose in Part XIV.	nt	
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  The important of the organization and included on Form 990, Part X?  The important of the organization and part XIV and complete the following table:  Amount of Beginning balance	nt_	
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  The important of the organization and included on Form 990, Part X?  The important of the organization and part XIV and complete the following table:  Amount of Beginning balance	nt	
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Description of the organization and part XIV and complete the following table:  Amount of Beginning balance  Telephore to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Amount of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Amount of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Amount of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Amount of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Amount of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990		
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   If "Yes," explain the arrangement in Part XIV and complete the following table:    Amount	nt	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  Amou  c Beginning balance	nt_	□ No
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  Amou	nt_	□ No
b If "Yes," explain the arrangement in Part XIV and complete the following table:  Amou c Beginning balance	nt	
c Beginning balance	nt_	
c Beginning balance		
d Additions during the year		
David to the state of the state		
\		٦
· · · · · · · · · · · · · · · · · · ·	L.	No
b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		
	ur year	s back
1a Beginning of year balance	·······	
b Contributions		
c Net investment earnings, gains, and losses	<del>,,,,,</del>	
d Grants or scholarships		
e Other expenditures for facilities		
and programs	·····	
f Administrative expenses		
g End of year balance		
2 Provide the estimated percentage of the year end balance held as:		
a Board designated or quasi-endowment		
b Permanent endowment ►%		
c Term endowment ▶ %		
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization		
by.	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		†
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b	1	†
4 Describe in Part XIV the intended uses of the organization's endowment funds.		
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.		
Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Boo	ok valı	
basis (investment) basis (other) depreciation	on vall	
1a Land		
b Buildings		
c Leasehold improvements		
d Equipment		
e Other		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )		0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of value ost or end-of-year ma	
Financial derivatives				
Closely-held equity interests		<u> </u>		
Other				
	<del></del> -			<del></del>
		<del></del>	·	
		<del></del> -		
				<del></del>
		<del></del>		
			· ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of value ost or end-of-year mai	
				<del></del>
			-	
	<del>-</del>			
				<del></del>
			<del></del>	
	<del></del>	<del> </del>		
				·
T-1-1 (0-1/1-)	<del></del>			······
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				***************************************
Part IX Other Assets. See Form 990, Part X, III		<del> </del>	<del> </del>	
	a) Description		<u> </u>	(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
			***	
			-	
			·	<del></del>
		, <u></u>		
Total (Caluma (b) must a sual Farm 000, Dart V and (D) (	451			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) II  Part X Other Liabilities. See Form 990, Part	ne 15.)	*		·
(1) D	A, line 25.	(h) A		······································
		(b) Amount		
Federal income taxes			_	
			_	
		<u> </u>	1	,
			1	
			1	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	1	
			1	
			1	
T. A. I. (O. I.)	25)		1	
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25)		<u> </u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Sche	dule D (Form 990) 2009 SUSTAINABLE MARKETS FOUNDA	TION	Ī.		13-43	L88834 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial S		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3931853
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	-	4008411
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-76558
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	<u> </u>	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10		-76558
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents V	/ith Rever	nue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements				1	3931853
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,				
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		_		
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	3931853.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		i			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	<u> </u>			
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	3931853.
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expe	nses	per Return	
1	Total expenses and losses per audited financial statements				1	4008411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 .	ı			
a	Donated services and use of facilities	2a	-			
b	Prior year adjustments	2b				
C .	Other losses	2c			<b>─</b> ┤	
a	Other (Describe in Part XIV.)	_2d	ł		$\dashv$ . $\vdash$	^
e	Add lines 2a through 2d				2e	4008411.
3	Subtract line 2e from line 1				3	4000411.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 .	l .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-			
	Other (Describe in Part XIV.)	4b	L			0
C	Add lines 4a and 4b  Total expenses Add lines 2 and 4a (This must equal Form 800, Flort I, line 19.)				4c	4008411.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIV Supplemental Information				5	4000411.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II				-	
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete thi	s part to pro	vide any	y additional inf	formation.
			_	<del></del>		
						<del>_</del>
						<del></del>

#### Schedule F (Form 990)

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** SUSTAINABLE MARKETS FOUNDATION 13-4188834 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures program services, grants to in the region agents in describe specific type for region region recipients located in the region) of service(s) in region PUBLIC EDUCATION ON CANADA PROGRAM SERVICES CLIMATE CHANGE. 28500.

28500.

Totals

13-4188834

Page 2

SUSTAINABLE MARKETS FOUNDATION

Schedule F (Form 990) 2009 SUSTAINABLE MARKETS FOUNDATION 13–4188834

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 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

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

(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)
		САМАДА	PUBLIC EDUCATION ON CLIMATE CHANGE.	28500.	CHECK	0.0		
							-	
							-	
	Ŷ							
<ul> <li>2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has progressed at the IRS.</li> <li>3 Enter total number of other organizations or entities.</li> </ul>	recipient organization he grantee or counse other organizations o	ns listed above that are related by has provided a section or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	empt by		-
								i

Schedule F (Form 990) 2009

13-4188834 SUSTAINABLE MARKETS FOUNDATION

Page 3

Schedule F (Form 990) 2009 SUSTAINABLE MARKETS FOUNDATION 13–4188834

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.

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

(h) Method of valuation (book, FMV, appraisal, other)					C I Toy GON 9000	Schedule F (Form 990) 2009
(g) Description of non-cash assistance	 -	 -	 	 -	O	Schedul
(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		 		 		

Open to Public OMB No 1545-0047 Inspection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

**2 Employer identification number** 13-4188834 X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. FOUNDATION SUSTAINABLE MARKETS Part 1 General Information on Grants and Assistance cntena used to award the grants or assistance? 0

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	omplete if the orga	nization answered "Y	es* to Form 990, Part	IV, line 21, for any
Teciplent that received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed  1 (a) Name and address of organization (below the control of the control	(b) EIN	s box if no one recipien (c) IRC section if applicable	(d) Amount of cash grant	an \$5,000. Use Pa  (e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(Form 990) if addition (g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCAN CCAN, PO BOX 11138 TAKOMA PARK, MD 20912	11-3644283	501 (C)(3)	50000	°			CLIMATE CHANGE
J - ~ ~ I	13-4081256	501 (C)(3)	209100.	0			CIVIL JUSTICE
CLIMATE SCIENCE, AWARENESS E SOLUTIONS, INC PO BOX 250339 - NEW YORK, NY 10025	27-1243892	501 (C)(3)	50000	0			CLIMATE CHANGE
CONFLUENCE PHILANTHROPY, INC. 23 BLACK BROOK ROAD POUND RIDGE, NY 10576	27-3018135	501 (C)(3)	10000	.0			CIVIC PARTICIPATION
ESSENTIAL INFORMATION 1530 P STREET, NW WASHINGTON, DC 20005	52-1299631	501 (C)(3)	40000.	0			GENERAL FUND
FRESH ENERGY 408 SAINT PETER ST., SUITE 220 SAINT PAUL, MN 55102	41-1735501	501 (C)(3)	28000	0			CLIMATE CHANGE
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations</li> </ul>	and government or	ganizations					▶ 11.

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

932101 02-02-10

Schedule I (Form 990) 2009

Page 2

13-4188834

Schedule I (Form 990) 2009 SUSTAINABLE MARKETS FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and 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	de the informatic	on required in Part I, I	ne 2, and any other	information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: EACH 5	501(C)(3)	C)(3) ORGANIZATION RECEIVING	ION RECEIV	ING A GRANT	
FROM SUSTAINABLE MARKETS FOUNDATION	MUST	SIGN A GRAN	A GRANT AGREEMENT	r AFFIRMING	
THAT ALL FUNDS WILL BE EXPENDED FOR	THE	DESCRIBED PROGRAM AND FOR	OGRAM AND E	ror	
CHARITABLE PURPOSES ONLY. THE GRANTEE	IS	ALSO REQUIRED	RED TO PROV	TO PROVIDE SMF WITH	
A FINAL NARRATIVE AND FINANCIAL REPORT		ON HOW THE GR	GRANT FUNDS WERE	FRE	-
EXPENDED.					
					-
				0 0 0 0 0 0 0	_

Schedule I (Form 990) 2009

932102 02-02-10

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

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

FOUNDATION

SUSTAINABLE MARKETS

Jo

OMB No. 1545-0047
2009
Open to Public

Open to Pu Inspection Employer identification number 13-4188834

GEN FUND-ETHICS REFORM (h) Purpose of grant or assistance 3EN FUND-RECYCLING CLIMATE CHANGE CLIMATE CHANGE CLIMATE CHANGE (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) °. ö 。 ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 20000 40000 30000 50000 500000 (c) IRC section if applicable 95-3313195 501 (C)(3) 20-2845513 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 13-2876109 23-7337100 27-1624621 (p) EIN MONTANA ENVIRONMENTAL INFORMATION CENTER - 107 W. LAWRENCE ST., # 148 LAFAYETTE ST., 12TH FLOOR (a) Name and address of organization or government NEW ENERGY ECONOMY, INC. N-6 - HELENA, MT 59601 1522 CERRO GORDO ROAD 702 H ST NW SUITE 300 GREENPEACE FUND, INC. DC 20001 SANTA FE, NM 87501 NEW YORK, NY 10007 NEW YORK, NY 10013 9 MURRARY STREET REINVENT ALBANY NYPIRG FUND WASHINGTON, Part

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

Schedule I-1 (Form 990) 2009

Η

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

13-4188834

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SUSTAINABLE MARKETS FOUNDATION

Attach to Form 990.

**Employer identification number** 

Par	t F	Types	s of Property									
				(a) Check if applicable	(b) Number of contributions	(c) Revenues rep Form 990, Part			(d) Method of de revenu		ning	
				ļ.,								
1		Works of					-					
2	Art ·	Historical	treasures									
3	Art ·	Fractiona	Interests .									
4	Boo	ks and pu	blications								_	
5	Clot	hing and h	ousehold goods									
6	Cars	s and othe	r vehicles									
7	Boat	ts and pla	nes									
8	Intel	llectual pro	pperty									
9	Seci	unties - Pu	blicly traded	X	2	15	1926.	FAIR	MARKET	VA	LUE	
10	Sec	unties - Cla	osely held stock						_			
11	Seci	urities - Pa	rtnership, LLC, or			_						
	trust	t interests										
12	Secu	urities - Mi	scellaneous									
13	Qua	lified cons	ervation contribution -		-		_					
	Histo	oric struct	ures									
14	Qua	lified cons	ervation contribution - Other									
15	Real	l estate · R	esidential		-							
16	Real	l estate - C	commercial									-
17	Real estate · Other											
18												
19	Food	d inventor	/									
20	Drug	gs and me	dical supplies					· ·	_			
21	Taxi	dermy										
22	Histo	orical artifa	acts									
23	Scie	ntific spec	imens		- 1							
24	Arch	neological	artifacts									
25	Othe	er 🕨	()			_			-			
26	Othe	er 🕨	()		,							
27	Othe	er 🕨	()			_						
28	Othe	er 🕨	(		-						-	
29	Num	ber of For	ms 8283 received by the organi	zation during	the tax year for c	ontributions				_		
			organization completed Form 82				29					
											Yes	No
30a	Duri	ng the yea	r, did the organization receive b	y contributio	n any property rep	orted in Part I, li	nes 1-28 tha	at it must	hold for			
	at le	ast three y	ears from the date of the initial	contribution,	and which is not r	required to be us	ed for exen	npt purpos	ses for			
	the e	entire hold	ing period?							30a		X
b	If "Y	es," descr	be the arrangement in Part II.									
31			nization have a gift acceptance	policy that re	equires the review	of any non-stand	ard contrib	utions?		31	· ]	X
32a			nization hire or use third parties							-		
-		ributions?	=		_					32a		Х
b	If "Y	es," descr	ibe in Part II.							·····		
33			tion did not report revenues in c	olumn (c) for	a type of property	for which colum	nn (a) is che	cked.				
		cribe in Pa						<b>,</b>				
.HA			Act and Paperwork Reduction	Act Notice	, see the Instructi	ons for Form 99	00.		Schedule M	(Forn	n 990)	2009

# SCHEDULE O

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

SUSTAINABLE MARKETS FOUNDATION

Employer identification number 13-4188834

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES-ENVIRONMENTAL MEDIA, THE BIRTHING PROJECT, AND A

RESOURCE CONVERSATION PROGRAM.

EXPENSES \$ 643974. INCLUDING GRANTS OF \$ 104000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD MEETS TO REVIEW THE FORM 990 IN DETAIL. THE BOARD THEN TAKES A VOTE TO APPROVE THE 990 PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REGULARLY MONITORS AND ENFORCES ITS CONFLICTS OF INTEREST POLICY. BOARD MEMBERS, OFFICERS AND KEY PERSONNEL ARE REQUIRED TO DISCLOSE ALL POSSIBLE CONFLICTS IMMEDIATELY IN WRITING TO THE BOARD. THE BOARD REVIEWS SUCH MATTERS AND ACTS IN ACCORDANCE WITH OUR POLICY.

FORM 990, PART VI, SECTION B, LINE 15: TO DETERMINE COMPENSATION FOR ANY

CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL, THE BOARD MEETS IN

EXECUTIVE SESSION TO REVIEW COMPENSATION. AS PART OF SUCH REVIEW, THE BOARD

CONSIDERS COMPARATIVE DATA FROM SIMILAR ORGANIZATIONS. SOURCES FOR THIS

DATA INCLUDE, BUT ARE NOT LIMITED TO, GUIDESTAR.ORG, JOB ANNOUNCEMENTS OF

SIMILAR ORGANIZATIONS AND DIRECT INQUIRY.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE UPON REQUEST

OR THROUGH GUIDESTAR. IN ADDITION, THE ORGANIZATION'S AUDITS AND STATE AND

FEDERAL ANNUAL RETURNS CAN BE FOUND ONLINE AT THE NYS CHARITIES BUREAU

WEBSITE. ADDITIONALLY THE ORGANIZATION'S INCORPORATION DOCUMENTS ARE

#### SCHEDULE O

(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.

Attach to Form 990.

OMB No 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

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VAILABLE	FOR	REVIEW	ΑТ	THE	NYS	SECI	RETAR	Y OF	SጥAጥ	E'S O	FFTC	Е.		
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Form 8868 (Rev. April 2009) Department of the Tressury Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.

• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	form).		<b>▶</b> [X]							
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
A corp Part I o	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and company	plete		.▶ □							
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ncome tax returns.	exten	sion of time								
noted (not all you mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic stomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co- cust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you want thated Form 990-	e additional							
Type o	or Name of Exempt Organization SUSTAINABLE MARKETS FOUNDATION JAY HALFON	,	oyer identifica 3-418883								
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, see Instructions.	<del>_</del>	3-41000	/ 4							
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10024-2354										
Check	t type of return to be filed (file a separate application for each return):										
	Form 990	27 169									
	books are in the care of ►		<del></del>								
• If th	ephone No. ► FAX No. ►  ne organization does not have an office or place of business in the United States, check this box	s is fo	r the whole gro								
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt April 15, 2010 , to file the exempt organization return for the organization named a		The extension								
	is for the organization's return for:										
	calendar year or X tax year beginning JAN 1, 2008 , and ending AUG 31, 2009		·								
2	if this tax year is for less than 12 months, check reason: Initial return Final return		Change in acco	ounting period							
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	**************************************							
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated										
	tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$								
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,										
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	30	- — - <b>S</b>	N/A							
***************************************	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form										
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.			68 (Rev 4-2009)							

MAILED PUD

Form 886	8 (Rev. 4-2009)			Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this t	юх		▶ X
Note. Or	nly complete Part II if you have already been granted an automatic 3-month extension on a previously file	d Form	8868.	
If you	are filling for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).	
Tues or	Name of Exempt Organization	Emp	loyer identification	on number
Type or	SUSTAINABLE MARKETS FOUNDATION			
print	JAY HALFON	1	3-4188834	L.,
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	For	RS use only	
filing the return See Instructions				
Check ty	ype of return to be filed (File a separate application for each return).			
X Fo	rm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	- F	orm 5227	Form 8870
Fo.	rm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	F	orm 6069	
STOPI D	o not complete Part II if you were not already granted an automatic 3-month extension on a previo			
	The state of the s	usiy in	50 T OHH 6606.	
• The b	ooks are in the care of			
	hone No. ► FAX No. ►			<del></del>
	organization does not have an office or place of business in the United States, check this box			. [
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	hie le fa	r the whole group	abook this
box 🕪	. If it is for part of the group, check this box > and attach a list with the names and ElNs of a			
	equest an additional 3-month extension of time until	11 11104111	reis life exterision	15 101.
		אזזכ	21 2000	<b>.</b>
	this tax year is for less than 12 months, check reason: Initial return Final return	700	31, 2009	
	ate in detail why you need the extension	لسيا	Change in accour	iting period
	nformation from outside sources needed to complete t		otum	
	s not available at this time.	av 1	ecuin	<del></del>
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Т	<del> </del>	
	nrefundable credits. See instructions.		_	
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	8a	\$	<del></del>
	c payments made, include any prior year overpayment allowed as a credit and any amount paid	1		
	eviously with Form 8868.		1	
~	stractly warn time cook.	d8	\$	
	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions	ا م	1	37 / 3
WIT	Signature and Verification	. 8c	<u> </u>	N/A
Under per	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	ne best c	if my knowledge and	belief,
Signature		D-1	-4-10	~ ~ _ ~ .
Signature	- IM AMM IND IND	Date	Form 2000	(Rev. 4-2009)
	<b>h</b>		roim 8868	(nev. 4-2009)
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