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DLN: 93493135033422

Department of the Treasury

### **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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 A For the 2010 D Employer identification number C Name of organization
INSTITUTE FOR SUSTAINABLE COMMUNITIES B Check if applicable 22-3098727 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (802) 229-2900 535 STONE CUTTER'S WAY Terminated G Gross receipts \$ 15,705,858 City or town, state or country, and ZIP + 4 MONTPELIER, VT 05602 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes MARY WASHBURN 535 STONE CUTTERS WAY H(b) Are all affiliates included? MONTPELIER, VT 05602 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **┌** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW ISCVT ORG K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ►  $m{M}$  State of legal domicile VT L Year of formation 1991 Part I Summary Briefly describe the organization's mission or most significant activities HELP COMMUNITIES AROUND THE WORLD ADDRESS ENVIRONMENTAL Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 15 Number of independent voting members of the governing body (Part VI, line 1b) . 4 15 5 41 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 35 Total number of volunteers (estimate if necessary) . . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 13,787,270 14,719,152 Rayenue Program service revenue (Part VIII, line 2g) . 232,485 238,331 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 15,180 7,628 42,226 -3,954 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 14,030,981 15,007,337 13 5,360,395 4,579,168 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 4,784,470 4,994,922 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  212,101 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 3,361,012 3,054,267 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,505,877 12,628,357 19 Revenue less expenses Subtract line 18 from line 12 . 525.104 2,378,980 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 4,730,016 7,180,567 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 1,055,687 972,806 22 3,674,329 6,207,761 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-05-14 Signature of officer Sign Here MARY WASHBURN ACTING VP OF FINANCE AND ADMIN Type or print name and title Print/Type preparer's name Check if self Preparer's signature PTIN Date FRANK H SMITH employed 🕨 🕻 FRANK H SMITH Paid Firm's name PRAFFA PC

WASHINGTON, DC 20036

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

Fırm's address 🕨 1899 L STREET NW SUITE 900

**Preparer** 

**Use Only** 

Phone no 🕨 (202) 822-

Γ Nο

Firm's EIN

**▽** Yes

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Pari	31111	Statement of Check if Schedule		ervice Accomp response to any qu		tIII		
1	Brief	ly describe the orga	anızatıon's mıss	sion				
CHAI PASS	LENG SIONA	SES TO BUILD A BE	ETTER FUTUR PEOPLE THE 1	E SHAPED AND S 「OOLS AND SKILI	HARED BY ALL	S ENVIRONMENTAL, THROUGH VARIOUS O INSPIRE ACTIVE	PROGRAMS ISC	GIVES
2	the p	rıor Form 990 or 99	0-EZ?			year which were not li		es 🗸 No
		es," describe these						
3	servi					it conducts, any progr		es 🗸 No
4	Desc Secti	ribe the exempt pur on 501(c)(3) and 5	pose achievem 01(c)(4) organ	nents for each of th	on 4947(a)(1) tru	hree largest program sts are required to rep ram service reported		
4a	(Cod	e	) (Expenses \$	5,820,301	ıncludıng grants of	\$ 3,393,809)	(Revenue \$	20,811 )
	ENHA ENVII FOR EFFE PROC INCLI PUBL COLL TO BI	NOCE THE ABILITY OF CIRONMENT FOR THE NGO INTERNATIONAL DEVELO CTIVE AND INFLUENTIAL UDING KOSOVO SERBA IC POLICY, AND MOBILI ABORATIVELY WORKED ENEFICIARIES IN PARAL S, AND THE EUROPEAN	ITIZENS OF SERBIAD SECTOR TO ACT OPMENT (USAID), L PARTNER TO GOIBER 2008 AND EN MO OTHER MINOR ZE LOCAL RESOUR WITH GOVERNMEILLEL, K-CSSP WOFCENTER FOR NOT-	A TO TAKE RESPONSIBI AS TRUSTED PARTNER KOSOVO CIVIL SOCIET' VERNMENT IN PUBLIC IDED IN SEPTEMBER 2 ITY ORGANIZATIONS, A CES PROJECT PARTNI NT AGENCIES, MONITO RKED WITH CIVIL SOCI -FOR-PROFIT LAW TO	ILITY FOR DEFINING  RS IN THAT EFFORT  Y STRENGTHENING P  DECISION MAKING A  D11 ISC'S INTEGRAT  AND ENABLED THEM T  ERS SUCCESSFULLY A  RED GOVERNMENT A  ETY REPRESENTATIV  SUPPORT IMPLEMENT	SION IS TO SUPPORT TARG THEIR OWN FUTURE, AND ISC'S THREE-YEAR PROGR ROJECT (K-CSSP), SUPPOI ND CONTRIBUTING TO AN ED APPROACH PRIORITIZE TO EFFECTIVELY IMPROVE ADVOCATED FOR POLICY CI CCOUNTABILITY AND TRAN ES, KOSOVO'S DEPARTMEN TATION AND FOLLOW-UP LE N ONLINE NGO REGISTRATI	TO IMPROVE THE LEGAM FUNDED BY THE RTED CIVIL SOCIETY INCLUSIVE AND DEM DINDIVIDUAL SUPPO HEIR OR BEHALF GRANGES ON BEHA	GAL AND REGULATORY UNITED STATES AGENC IN BECOMING A MORE OCRATIC KOSOVO THE RT TO DIVERSE NGOS, NAL CAPACITY, INFLUEN OF CONSTITUENTS, DVIDED DIRECT SERVIC N AND LIAISON WITH
4b	2007 ENVII CHIN COMI PRIM FUNI FACT EFFIG	ISC'S PARTNERSHIP FO AND THE PARTNERSHII RONMENTAL PROGRAMS IESE AND U S EXPERTIS MITMENT AND SUPPORT IARY SOURCES OF EMIS DING FROM USAID AND ORY MANAGERS TO REI	P FOR CLIMATE AC 6 AND PRACTICES 5E, ISC'S WORK FO 7 AROUND GREENI 5IONS IN CHINA, V CORPORATE AND DUCE HARMFUL EI	CTION PROGRAM THAT TO TWO OF CHINA'S M DCUSES ON DEVELOPIN HOUSE GAS MANAGEME WHILE GETTING PUBLIC FOUNDATION SOURCE MISSIONS AND IMPROV	WAS INITIATED IN 21 IOST INDUSTRIAL PR IG COOPERATION AM ENT, ENVIRONMENTA C AND PRIVATE COMI S, ISC HAS ESTABLISI IE WORKER HEALTH	\$ 1,097,612 ) HE GUANGDONG ENVIRONN DO9) IS BRINGING CLEANER OVINCES, GUANGDONG AN ONG COMMUNITIES, BUSIN L HEALTH AND SAFETY AND WITMENT TO REDUCE ENER HED TWO ENVIRONMENT, I AND SAFETY, WORKING WI IMPROVE PLANNING AND I	MENTAL PARTNERSHI	MORE SUSTAINABLE ADVANTAGE OF THE BE ID GOVERNMENT TO BU TO TACKLE THE ASE EFFICIENCY WITH ACADEMIES TO TRAIN DIMPLEMENT ENERGY
4c	(Cod	e	) (Expenses \$	970,163	ıncludıng grants of	\$ 11.500 \	(Revenue \$	202,699 )
	U S ON C TO IN THEI CLIM THEI	PROGRAMS IN 2009, IS OMMUNITY-BASED CLIM NCREASE ENERGY EFFIC R RESILIENCE TO THE L ATE-RELATED GOALS BY	SC LAUNCHED THE MATE SOLUTIONS CIENCY, REDUCE ( OCAL IMPACTS OF SHARING BEST P G, AND EFFECTIVEL	E CLIMATE LEADERSHIP ITS PURPOSE IS TO BU CLIMATE POLLUTION AN CLIMATE DISRUPTION RACTICES, CONNECTII LY USE, AVAILABLE FUN	ACADEMY, A STATE- IILD THE CAPACITY O ID DEPENDENCY ON S THE ACADEMY HE NG THEM TO THEIR F IDING SOURCES, PRO	OF-THE-ART TRAINING AN F COMMUNITIES TO TAKE FOSSIL FUELS, CREATE GR LPS LOCAL CLIMATE AND EI EERS IN OTHER CITIES AN OVIDING THEM WITH EASIE	. TECHNICAL ASSIST SMARTER, SWIFTER, EEN BUSINESSES ANI NERGY PRACTITIONE D TO LEADING NATIO	TANCE PROGRAM FOCU MORE EFFECTIVE ACT D JOBS, AND STRENGTH RS ACCOMPLISH THEIR DNAL EXPERTS, BUILDIN
4d	Oth	er program services	(Describe in	Schedule O ) See a	also Additional Da	nta for Description		
		penses \$	219,298	including grants o		76,247 ) (Revenue \$	5	)
4e	Tota	al program service e	xpenses <b>-</b> \$	10,448,23	5			

art TV	Check	list of	Required	Schedules
	CIICCN	1136 01	IXCUUII CU	Scricadics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	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, Parts I and IV	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\bigcirc$ No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Form 990 (2	2010)							Page <b>5</b>
Part V	Statements Regarding Other IRS Filings and Tax Complia	ance	2					
	Check if Schedule O contains a response to any question in this Part V						. 区	

	Check if Schedule O contains a response to any question in this Part V	•	.  ~	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
<b>L</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	] _		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country   CH , DR , MK , SE , OC			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
•	······································	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		N -
А	If "Yes," indicate the number of Forms 8282 filed during the year	/c		No_
u	Ti res, indicate the number of forms 6262 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or 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. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
4.4	facilities			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
,	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
4.0	year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
đ	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	-		
С	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 990	(2010)

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	;		
b	Enter the number of voting members included in line 1a, above, who are independent	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
100	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	11a	Yes	
b	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
Se 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	Section 5104 regaines an organization to make its form 1025 (or 1024 in applicable), 550, and 550-1 (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of Own website. Another's website. Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARY WASHBURN

535 STONE CUTTERS WAY MONTPELIER, VT 05602

## 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Tıtle	(B) Average hours	Posi t	tion ( that a	che		II		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) STEPHEN D RAMSEY CHAIR	1 00	Х		Х				0	0	0
(2) JANET BALLANTYNE VICE CHAIR	1 00	Х		Х				0	0	0
(3) ELIZABETH KNUP SECRETARY	1 00	Х		Х				0	0	0
(4) JOHN A DOOLEY TREASURER(AS OF 06/2011)	1 00	Х		Х				0	0	0
(5) JERRY GREENFIELD TREASURER(THRU 06/2011)/BOARD MEMBER	1 00	Х		Х				0	0	0
(6) JAN BLITTERSDORF BOARD MEMBER	1 00	Х						0	0	0
(7) LAUREL COLLESS BOARD MEMBER	1 00	х						0	0	0
(8) ANN VAN DUSEN BOARD MEMBER	1 00	х						0	0	0
(9) PEREZ EHRICH BOARD MEMBER	1 00	х						0	0	0
(10) MADELEINE KUNIN BOARD MEMBER	1 00	Х						0	0	0
(11) RAMSEY LUHR BOARD MEMBER	1 00	Х						0	0	0
(12) GREG NICKELS BOARD MEMBER	1 00	Х						0	0	0
(13) RICHARD PAISNER BOARD MEMBER	1 00	х						0	0	0
(14) GUS SPETH BOARD MEMBER	1 00	Х						0	0	0
(15) SANDY STASH BOARD MEMBER	1 00	х						0	0	0
(16) GEORGE HAMILTON PRESIDENT	40 00			Х				144,321	0	19,870

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours						Reportable Reportable					
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	C	compens from t organizati relati organiza	:he on and ed
	MARY WASHBURN NG VP - FIN & ADMIN AS OF 07/11	40 00			Х				56,119		0		9,158
	BRENDAN KELEHER FIN & ADMIN THRU 04/2011	40 00			х				107,400		0		10,429
	ALBERT CEVALLOS OR ADVISOR	40 00					х		115,127		0		31,432
											$\perp$		
											$\top$		
							†				$\top$		
						╁	1				+		
1b	Sub-Total							<u> </u>			+		
1b c	Sub-Total						· ·				+		
d	Total (add lines 1b and 1c) .							<b> </b>	422,967	C	+		70,889
2	Total number of individuals (incl \$100,000 in reportable compen	luding but not lin	nıted to	thos	e lıs		above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? If "Yes," complete Sci					ey e	mploy •	ee, c	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz												
	ındıvıdual			•		•		•		[	4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								-	r individual for	5		No
	action R. Independent Con	tractors											
1	ection B. Independent Con  Complete this table for your five		nsated i	ndep	ende	ent o	ontra	ctors	that received more	than			
	\$100,000 of compensation from	n the organizatio		•									`
		( <b>A)</b> me and business ad	dress						Descr	( <b>B</b> ) uption of services	$\perp$	(C Comper	
PO B	ERSITY OF CA - LAWRENCE BERKELEY LA DX 39000 FRANCISCO, CA 94139	ъВ							CONSULTING	i			136,741

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization  $\blacktriangleright$ 1

\_\_\_\_\_I\_\_\_\_Fo

Form 990 (2010) Page <b>9</b>									
Part \	VIII	Statement of Revenu	ie		(A) Total revenue	(B) Related or exempt function			
						revenue		under sections 512, 513, or	
ants		Federated campaigns	1a					514	
is, gra amot		Membership dues Fundraising events							
giř ilar	d	Related organizations	. 1d						
ans, sim	e	Government grants (contributions)	<b>1</b> e	9,073,551					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants similar amounts not included above	2	5,645,601					
Sonti and o	g h	Noncash contributions included in li  Total. Add lines 1a-1f			14,719,152				
				Business Code					
wen	2a	CONTRACTS		900099	199,331	199,331			
<u> 8</u>		REGISTRATION FEES		900099	39,000	39,000			
ИСе	d	-							
Ser	e								
Program Service Revenue	f	All other program service rev	venue						
P	q	<b>Total.</b> Add lines 2a-2f			238,331				
	3	Investment income (includin			200,002				
		and other similar amounts)			8,149			8,14	
	4	Income from investment of tax-ex-							
	5	Royalties							
	6-	Gross Rents	(ı) Real	(II) Personal					
		Less rental							
	_	expenses Rental income							
		or (loss)							
	d	Net rental income or (loss)		1 ( ) 2 (					
	72	Gross amount	(1) Securities 698,000	(II) O ther					
	, a	from sales of assets other	030,000						
		than inventory	500 504						
	Ь	Less cost or other basis and	698,521						
	c	sales expenses Gain or (loss)	-521						
	d	Net gain or (loss)			-521			-52	
Other Revenue		Gross income from fundraisii (not including							
₹ •		\$	(m. 4.1)						
ď.		of contributions reported on See Part IV, line 18							
her			a						
5	b	Less direct expenses	. b						
	_	Net income or (loss) from fur							
			ctivities See Part IV, line 19 . a						
		Less direct expenses		ь					
		Net income or (loss) from ga Gross sales of inventory, les		<del>                                     </del>					
		returns and allowances .	-						
			a						
		Less cost of goods sold .							
	С	Net income or (loss) from sa Miscellaneous Revenue	les of inventory	Business Code					
	11:	SUBLEASE INCOME		Business Code 900099	21,900			21,90	
			<del></del>	900099	20,326			20,32	
		OTHER INCOME		300033	20,320				
		l All other revenue							
		Total. Add lines 11a-11d.							
		. Jean Add Inies IId-IId .			42,226				
	12	Total revenue. See Instruction	ons 🕨						

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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).											
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	699,098	699,098		·							
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	3,880,070	3,880,070									
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	331,468	42,010	255,388	34,070							
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	3,446,209	2,529,591	803,948	112,670							
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	96,533	76,683	16,477	3,373							
9	Other employee benefits	966,726	682,428	247,635	36,663							
10	Payroll taxes	153,986	106,800	41,304	5,882							
а	Fees for services (non-employees) Management											
b	Legal	7,119	4,483	2,636								
C	Accounting	68,697	63,347	4,492	858							
d	Lobbying											
е	Professional fundraising services See Part IV, line 17											
f	Investment management fees											
g	Other	879,763	804,532	70,514	4,717							
12	Advertising and promotion	70,044	63,313	5,909	822							
13	Office expenses	204,730	134,122	63,464	7,144							
14	Information technology	65,704	51,886	12,229	1,589							
15	Royalties											
16	Occupancy	479,780		1								
17	Travel	371,105	284,762	85,620	723							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	152,554	152,554									
19	Conferences, conventions, and meetings	454,681	452,664	1,939	78							
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	35,062		35,062								
23 24	Insurance	31,541	1,065	30,476								
а	BAD DEBT EXPENSE	133,396	101,250	32,146								
b	STAFF RECRUITMENT & DEV	69,563	12,969	56,384	210							
c	OTHER OFFICE OPERATIONS	17,025	15,551	0	1,474							
d	SUBSCRIPTIONS & PUBS	13,503	4,727	6,948	1,828							
e		13,533	.,,	5,2.0	2,523							
f	All other expenses											
25	Total functional expenses. Add lines 1 through 24f	12,628,357	10,448,235	1,968,021	212,101							
26	Joint costs. Check here ► ☐ If following	12,020,337	10,140,233	1,500,021	212,101							
	SOP 98-2 (ASC 958-720) Complete this line only if the											
	organization reported in column (B) joint costs from a											
	combined educational campaign and fundraising solicitation	L										

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . . 68.946 75,241 1 1 1,425,962 2 1,620,244 2 2,223,336 4,995,295 3 188.423 4 15,415 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges . . . . . . 507,921 9 180,729 10a Land, buildings, and equipment cost or other basis Complete 573.676 Part VI of Schedule D 10a 10b 477.848 b Less accumulated depreciation . . . . . 98,784 **10c** 95.828 151.902 11 161.163 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 55.481 15 45,913 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4,730,016 16 7,180,567 **17** 1,049,962 17 972.806 Accounts payable and accrued expenses . 18 18 3.225 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 2.500 25 0 26 1,055,687 26 972,806 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 533,487 27 690,551 5,517,210 Temporarily restricted net assets . . . . . 3,140,842 28 28 Fund F 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 3,674,329 33 33 6,207,761 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.730.016 34 7.180.567

Par	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,0	07,337
2	Total expenses (must equal Part IX, column (A), line 25)	2			528,357
3	Revenue less expenses Subtract line 2 from line 1	3		2,3	378,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		3,6	574,329
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	.54,452
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6,2	207,761
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	issued			
	▼ Separate basis				
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?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135033422

**Employer identification number** 

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Name of the organization INSTITUTE FOR SUSTAINABLE COMMUNITIES

			22-3098727					
Par	tΙ	Reason for Public Charity Status (All organizations must complete this pa	rt.) See instruct	tions				
The o	rganı:	zation is not a private foundation because it is  (For lines 1 through 11, check only one box	)					
1	$\sqcap$	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).					
2	$\sqcap$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )						
3	$\sqcap$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)	A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state						
5	Γ	An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II)	governmental unit	described	- In			
6	$\Gamma$	A federal, state, or local government or governmental unit described in section 170(b)(1)(	(A)(v).					
7	굣	An organization that normally receives a substantial part of its support from a government described in	tal unit or from the	e general p	ublic			
_	_	section 170(b)(1)(A)(vi) (Complete Part II)						
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	ı	An organization that normally receives (1) more than 331/3% of its support from contribu			_	SS		
		receipts from activities related to its exempt functions—subject to certain exceptions, and						
		its support from gross investment income and unrelated business taxable income (less se	•	om busines	ses			
4.0	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part						
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See <b>section 5</b>	` ' ' '					
11	1	An organization organized and operated exclusively for the benefit of, to perform the funct one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	09(a)(2) See <b>sect</b> n 11h		(3).	Check		
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)						
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		porting org	ganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons desc	ribed in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?		11g(i)				
		(ii) a family member of a person described in (i) above?		11g(ii)				
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?  Yes No		(vi) Is the organization in col (i) organized in the U S?		<b>(vii)</b> A mount of support	
		inst ruct ions))	Yes	No	Yes	No	Yes	No		
Total										

Provide the following information about the supported organization(s)

# 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II the	e organización	ialis to quality t	inder the tests	listed below, pi	ease co	ilibiete i	art III.)
	ection A. Public Support			T				
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	9,324,98	8,812,137	8,785,925	13,937,270	14	1,719,152	55,579,473
	include any "unusual							
2	grants ") Tax revenues levied for the							
_	organization'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	<b>Total.</b> Add lines 1 through 3	9,324,98	9 8,812,137	8,785,925	13,937,270	14	1,719,152	55,579,473
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							4,464,893
	supported organization) included on line 1 that exceeds 2% of the							4,404,093
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							51,114,580
S	ection B. Total Support							
Cal	endar year (or fiscal year	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 20	010	(f) Total
7	beginning in) • A mounts from line 4	9,324,989	8,812,137	8,785,925	13,937,270		,719,152	55,579,473
7 8	Gross income from interest,	9,324,909	0,012,137	0,703,923	13,937,270	14	,719,132	33,379,473
0	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	74,534	22,781	18,545	1,689		30,049	147,598
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	5,334	1,345	1,288			20,326	28,293
11	IV ) Total support (Add lines 7							FF 7FF 264
	through 10)							55,755,364
12	Gross receipts from related activiti	es, etc (See ins	tructions )			12		1,286,781
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, third, fourth, or t	fifth tax year as a	501(c)(3	3) organız	ation, ▶┌
S	ection C. Computation of Pul	olic Support	Percentage					
14	Public Support Percentage for 201			11 column (f))		14		91 680 %
15	Public Support Percentage for 200	9 Schedule A, Pa	art II, line 14			15		93 610 %
16a	33 1/3% support test-2010. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more	check t	hıs box
	and <b>stop here.</b> The organization qua							<b>▶</b>  ✓
b	33 1/3% support test—2009. If the				5a, and line 15 is	33 1/3%	or more,	
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b>				ne 13.16a or 16	b and line	e 14	<b>▶</b> ┌
., u	is 10% or more, and if the organiza							
	in Part IV how the organization mee							
	organization	2000 767		-111				<b>►</b> □
b	<b>10%-facts-and-circumstances test</b> 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
	supported organization		Indumo					<b>▶</b> ┌
18	Private Foundation If the organizat	ion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and	see	
	ınstructions							<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 22-3098727

Name: INSTITUTE FOR SUSTAINABLE COMMUNITIES

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program servic	ces				
(Code CARIBBEAN	) (Expenses \$	159,866	including grants of \$	76,247 ) (Revenue \$	)
(Code SPECIAL PRO GRAMS	) (Expenses \$	59,432	including grants of \$	) (Revenue \$	)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135033422

OMB No 1545-0047

**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.

Open to Public

ai i levelide delvice   F Attacii ti	o Form 990. F See separate instructions.		<u> </u>
ame of the organization STITUTE FOR SUSTAINABLE COMMUNITIES			oloyer identification number
	Advised Funds or Other Similar F		3098727 <b>or Accounts.</b> Complete ıf tl
organization answered "Yes" to Form	(a) Donor advised funds	Τ,	(b) Funds and other accounts
Total number at end of year	(a) Donor advised funds	<del>  '</del>	(b) Fullus and other accounts
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year		1	
Did the organization inform all donors and donor a funds are the organization's property, subject to t	the organization's exclusive legal control?		☐ Yes ☐ No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit			
rt II Conservation Easements. Comple	ete if the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre	eation or pleasure)		ically importantly land area
Protection of natural habitat	Preservation of a	certifie	d historic structure
Preservation of open space			
Complete lines 2a-2d if the organization held a q easement on the last day of the tax year	ualified conservation contribution in the form	n of a co	onservation
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easeme	ents	2b	
Number of conservation easements on a certified	historic structure included in (a)	2c	
Number of conservation easements included in (c	:) acquired after 8/17/06	2d	
Number of conservation easements modified, tran	nsferred, released, extinguished, or terminat	ed by th	ne organization during
the taxable year 🛌			
Number of states where property subject to cons	ervation easement is located ►		
Does the organization have a written policy regard enforcement of the conservation easements it ho		dling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, i	inspecting and enforcing conservation easer	nents d	uring the year ►
A mount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easement	s during	g the year 🕨 \$
Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of se	ction	Г Yes   Г №
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	•	•
<b>Complete of the organization answers</b>	tions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets.
If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or resear	ch in fu	
If the organization elected, as permitted under SF historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or research		
(i) Revenues included in Form 990, Part VIII, lin	e 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X			<b>F</b> \$
If the organization received or held works of art, he following amounts required to be reported under S		or finan	
Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
Assets included in Form 990, Part X			<b>▶</b> \$

Par	Organizations maintaining Collections of Art, H	IIST	cori	cai	<u>i reasu</u>	res, or Ot	<u>ner</u>	Similar Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and other records, check any of items (check all that apply)	f th	e fol	lowin	g that are	e a significar	nt us	e of its collection		
а	Public exhibition	i	Γ	Loa	n or exch	nange progra	ms			
ь	Scholarly research	2	$\Gamma$	Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain h	าดพ	the	y furt	her the o	rganızatıon's	s exe	empt purpose in		
	Part XIV									
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as par							lar	Vac	□ No
Par	t IV Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990,	ıf	the	orga	nızatıon			•		110
1a	Is the organization an agent, trustee, custodian or other intermedia included on Form 990, Part X?	ary	ford	ontri	butions o	r other asse	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the foll	o wi	ng t	able		_				
						_		Amou	nt	
С	Beginning balance					1	Lc			
d	Additions during the year					1	ld			
e	Distributions during the year					_1	le			
f	Ending balance					_ 1	Lf			
2a	Did the organization include an amount on Form 990, Part X, line 2	1?						Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if the organization a (a)Current Year			ed "Y Year					Four Ye	ears Back
1a	Beginning of year balance									
b	Contributions									
С	Investment earnings or losses									
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									
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
С	Term endowment ▶									
3a	Are there endowment funds not in the possession of the organization	n t	hat	are he	eld and a	dmınıstered	for t	he		
	organization by							25(1)	Yes	No
	(i) unrelated organizations	•	•	•			•	3a(i) 3a(ii)		
ь	(ii) related organizations							3b		
4	Describe in Part XIV the intended uses of the organization's endow									
Par	t VI Investments—Land, Buildings, and Equipment.	S	ee I	orm	990, Pa	rt X, line 1	.0.			
	Description of investment				t or other vestment)	(b)Cost or or basis (other		(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land									
b	Buildings									
C	Leasehold improvements					56,	719	33,216		23,503
	Equipment					207,	917	198,394		9,523
	Other						040	246,238		62,802
Tota	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (	(B),	line	10(c	).)			🕨		95,828

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,007,337
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,628,357
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,378,980
4	Net unrealized gains (losses) on investments	4	-4,167
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	150,000
8	Other (Describe in Part XIV)	8	8,619
9	Total adjustments (net) Add lines 4 - 8	9	154,452
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,533,432
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	16,298,693
2	A mounts 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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,291,356
3	Subtract line <b>2e</b> from line <b>1</b>	3	15,007,337
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	15,007,337
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial	1	13,915,261
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,286,904
3	Subtract line <b>2e</b> from line <b>1</b>	3	12,628,357
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	12,628,357

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED SEPTEMBER 30, 2011, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS
PART XI, LINE 8 - OTHER ADJUSTMENTS		RETURN OF UNUSED PRIOR YEAR GRANT 8,619
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RETURN OF UNUSED PRIOR YEAR GRANT -8,619

DLN: 93493135033422

OMB No 1545-0047

2010

Open to Public **Inspection** 

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**Employer identification number** 

INS	TITUTE FOR SUSTAINABLE CO	MMUNITIES										
_					22-3098727							
Pa	General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	zation answered						
1	For grantmakers. Does the	organization n	naıntaın record	ds to substantiate the	amount of the grants	or						
	assistance, the grantees' elig	= :	_									
	the grants or assistance?					✓ Yes						
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the use	e of grant funds outside t	he						
3	Activites per Region (Use Part V if additional space is needed )											
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region						
	EUROPE (INCLUDING ICELAND)	1	23	PROGRAM SERVICES	TRAINING & CAPACITY BUILDING	3,672,06						
	EAST ASIA AND THE PACIFIC	3	16	PROGRAM SERVICES	TRAINING & CAPACITY BUILDING	2,340,86						
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPACITY BUILDING	133,57						
	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		3,393,809						
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		76,24						
	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		410,014						

39

39

10,026,565

10,026,565

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 Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, re	ecognized	as
tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter .		. 1

9

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ISC HOLDS COMPETITIVE SUB-GRANT APPLICATION SOLICITATIONS AND AWARDS THE AWARDEES ARE REVIEWED FOR ELIGIBILITY AND CAPACITY TO PERFORM, IN MOST CASES THE POTENTIAL AWARDEES ARE ALSO REVIEWED BY USAID PRIOR TO THE AWARD ISC MONITORS BOTH MATERIAL AND FINANCIAL PROGRESS ON THE AWARDS THROUGH ACCOUNTING RECORDS, PROGRESS REPORTS AND SITE VISITS

Schedule F (Form 990) 2010

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 22-3098727

Name: INSTITUTE FOR SUSTAINABLE COMMUNITIES

### Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	425,852	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	299,000	CHECK/DRAFT			

, Form 990 Scheav	ile E Part II	- Grants or Entitle	s outside The Un'	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	151,899	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	149,997	CHECK/DRAFT			

, Form 990 Scheau	ie r Part II	- Grants or Entitle	is outside The Un'	ited States	_	_		_
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	90,244	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	88,683	CHECK/DRAFT			

Form 990 Scheau	orm 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	83,198	CHECK/DRAFT							
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	78,900	CHECK/DRAFT							

Form 990 Scheal	lie E Part II	- Grants or Entitle	es Outside The Un	itea States	_	_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	67,940	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	38,768	CHECK/DRAFT			

, Form 990 Scheau	ie r Part II	- Grants or Entitle	as Outside The Un'	ited States	_	_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	33,000	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	32,940	CHECK/DRAFT			

, Form 990 Scheau	ie i part II	- Grants or Entitle	is Outside The Un'	itea States	_	_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	32,394	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	30,244	CHECK/DRAFT			

, Form 990 Scheau	ie i Part II	- Grants or Entitle	is Outside The Un'	itea States	_	_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	29,207	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	25,360	CHECK/DRAFT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	25,000	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	24,000	CHECK/DRAFT			

Form 990 Scheau	rm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	23,950	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	23,631	CHECK/DRAFT						

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
			CIVIL SOCIETY DEVELOPMENT	23,485	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	23,392	CHECK/DRAFT						

Form 990 Scheau	rm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	22,650	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	22,626	CHECK/DRAFT						

Form 990 Scheau	rm 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	22,439	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	22,115	CHECK/DRAFT						

Form 990 Scheau	rm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	21,550	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	21,153	CHECK/DRAFT						

Form 990 Scheau	rm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	20,403	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	20,140	CHECK/DRAFT						

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	20,000	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	19,981	CHECK/DRAFT						

, Form 990 Scheau	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
			CIVIL SOCIETY DEVELOPMENT	19,605	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	19,525	CHECK/DRAFT						

Form 990 Scheau	rm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	19,485	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	19,465	CHECK/DRAFT						

Form 990 Schedu	ıle F Part II	- Grants or Entitic	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			CIVIL SOCIETY DEVELOPMENT	19,232	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	19,193	CHECK/DRAFT			

, Form 990 Scheau	form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			CIVIL SOCIETY DEVELOPMENT	19,120	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	18,854	CHECK/DRAFT						

Form 990 Schedu	ile F Part II	- Grants or Entitic	es Outside The Uni	ited States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			CIVIL SOCIETY DEVELOPMENT	18,791	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	18,593	CHECK/DRAFT			

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	17,500	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	17,097	CHECK/DRAFT						

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	16,847	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	16,367	CHECK/DRAFT						

, Form 990 Scheau	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			CIVIL SOCIETY DEVELOPMENT	16,350	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	15,857	CHECK/DRAFT						

Form 990 Scheal	lie E Part II	- Grants or Entitle	s outside The Un	itea States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	15,702	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	15,586	CHECK/DRAFT			

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	15,556	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	14,879	CHECK/DRAFT						

, Form 990 Scheau	ie r Part II	- Grants or Entitle	as Outside The Un'	ited States	_			_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	14,744	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	13,948	CHECK/DRAFT			

Form 990 Scheal	lie E Part II	- Grants or Entitle	es outside i ne on	itea States	_	_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	13,767	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	13,453	CHECK/DRAFT			

Form 990 Scheal	lie E Part II	- Grants or Entitle	es Outside The Un	itea States	_	_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	13,258	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	12,923	CHECK/DRAFT			

, Form 990 Scheau	ie r Part II	- Grants or Entitle	is Outside The Un'	ited States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	12,316	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	12,200	CHECK/DRAFT			

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	10,316	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	10,178	CHECK/DRAFT						

Form 990 Schedu	ıle F Part II	- Grants or Entitic	es Outside The Uni	ited States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			CIVIL SOCIETY DEVELOPMENT	9,945	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	7,514	CHECK/DRAFT			

Form 990 Schedu	ile F Part II	- Grants or Entitic	es Outside The Uni	ited States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			CIVIL SOCIETY DEVELOPMENT	7,450	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	6,185	CHECK/DRAFT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	5,505	CHECK/DRAFT					
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	5,472	CHECK/DRAFT					

Form 990 Schedule F Part 11 - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	57,625	CHECK/DRAFT					
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	46,176	CHECK/DRAFT					

Form 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	44,155	CHECK/DRAFT					
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	43,382	CHECK/DRAFT					

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	39,406	CHECK/DRAFT					
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	36,293	CHECK/DRAFT					

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	33,658	CHECK/DRAFT						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	30,944	CHECK/DRAFT						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			CIVIL SOCIETY DEVELOPMENT	29,392	CHECK/DRAFT					
			CIVIL SOCIETY DEVELOPMENT	27,335	CHECK/DRAFT					

, Form 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			CIVIL SOCIETY DEVELOPMENT	25,208	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	18,575	CHECK/DRAFT						

Form 990 Schedı	ıle F Part II	- Grants or Entiti	es Outside The Uni	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	17,418	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	16,688	CHECK/DRAFT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			CIVIL SOCIETY DEVELOPMENT	10,194	CHECK/DRAFT					
			CIVIL SOCIETY DEVELOPMENT	8,765	CHECK/DRAFT					

Form 990 Schedu	ıle F Part II	- Grants or Entiti	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	8,174	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	6,647	CHECK/DRAFT			

, Form 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			CIVIL SOCIETY DEVELOPMENT	5,180	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	12,561	CHECK/DRAFT						

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)			
		CENTRAL AMERICA AND THE CARIBBEAN	CIVIL SOCIETY DEVELOPMENT	76,247	CHECK/DRAFT						
			CIVIL SOCIETY DEVELOPMENT	60,381	CHECK/DRAFT						

, Form 990 Scheau	ie r Part II	- Grants or Entitle	is outside The Un'	ited States	_			_
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	52,807	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	48,767	CHECK/DRAFT			

Form 990 Schedu	le F Part II	- Grants or Entiti	ies Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	48,724	CHECK/DRAFT			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CIVIL SOCIETY DEVELOPMENT	47,387	CHECK/DRAFT			

, rorm 990 Scheau	ie r Part II	- Grants or Entitle	is Outside The Un'	ited States	_			_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CIVIL SOCIETY DEVELOPMENT	38,688	CHECK/DRAFT			
			CIVIL SOCIETY DEVELOPMENT	38,688	CHECK/DRAFT			

, Form 990 Scheav	ie r Part II	- Grants or Entitle	is outside the on	itea States	_	_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			CLIMATE & ENVIRONMENT	250,438	CHECK/DRAFT			
			CLIMATE & ENVIRONMENT	138,335	CHECK/DRAFT			

, Form 990 Scheav	ie r Part II	- Grants or Entitle	is outside the on	itea States	_	_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)  (c) Region (		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			CLIMATE & ENVIRONMENT	13,000	CHECK/DRAFT			
			CLIMATE & ENVIRONMENT	8,239	CHECK/DRAFT			

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

DLN: 93493135033422

Department of the Treasury Internal Revenue Service

Name of the organization INSTITUTE FOR SUSTAINABLE COMMUNITIES Employer identification number

22-3098727

Part II Grants and Other	er Assistance to	Governments and recipient that received	Organizations in	the United States.	Complete if the c	organization answered	d "Yes" to
duplicated if addit	tional space is ne	eded	• • • • •	· · · · · ·	• • • • • •	· · · ► F	ooo. Fart II can be
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
(1) ROCKEFELLER PHILANTHROPY ADVISORS INC (FISCAL SPONSORS OF GULF COAST FUND)6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	11,500				CLIMATE & ENVIRONMENT
(2) WORLD RESOURCES INSTITUTE10 G STREET NE SUITE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	648,368				CLIMATE & ENVIRONMENT
(3) SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	39,230				CLIMATE & ENVIRONMENT

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

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 ISC HOLDS COMPETITIVE SUB-GRANT APPLICATION SOLICITATIONS AND AWARDS THE AWARDEES ARE REVIEWED FOR ELIGIBILITY AND CAPACITY TO PERFORM, IN MOST CASES THE POTENTIAL AWARDEES ARE ALSO REVIEWED BY USAID PRIOR TO THE AWARD ISC MONITORS BOTH MATERIAL AND FINANCIAL PROGRESS ON THE AWARDS THROUGH ACCOUNTING RECORDS, PROGRESS REPORTS AND SITE VISITS

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DLN: 93493135033422

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

INSTITUTE FOR SUSTAINABLE COMMUNITIES 22-3098727 **Questions Regarding Compensation** Yes Νo 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed 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 from the organization or a related organization? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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? Νo 6b Any related organization? Νo 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 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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

		I					<u> </u>	
<b>(A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) GEORGE HAMILTON	(I) (II)	144,321 0	0 0	0 0	9,045 0		164,191 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
		ALBERT CEVALLOS, SENIOR ADVISOR, RECEIVED A HOUSING ALLOWANCE WHICH WAS TREATED AS TAXABLE COMPENSATION FOR THE YEAR ENDED SEPTEMBER 30, 2011
		ALL BONUSES PAID TO ANY OFFICER, KEY EMPLOYEE AND HIGHEST PAID EMPLOYEE LISTED IN FORM 990, PART VII DURING THE YEAR ENDED DECEMBER 31, 2011, WERE BASED ON A PERFORMANCE APPRAISAL

Schedule J (Form 990) 2010

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DLN: 93493135033422

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

OMB No 1545-0047

Open to Public Inspection

	the organization FOR SUSTAINABLE COMMUNITI	ES							<b>mployer io</b> 2-30987		tion numbe	er
Part I	Excess Benefit Tran							organı	zations d	nly).	no 10h	
1	Complete if the organizat  (a) Name of disqu			res on Forr	m 990, F	( <b>b)</b> Desc				Part V, II	(c) Corrected?	
											Yes	No
sec	er the amount of tax impose tion 4958 er the amount of tax, if any Loans to and/or F Complete if the organiz	 , on line -rom :	 2, abo	ve, reimburs	ed by th	e organization .			► ► Z, Part V	\$ \$	a	
<b>(a)</b> Nam	e of interested person and purpose	or fro	oan to m the zation?	(c)O riginal		(d)Balance due	(e) I defau		(f) Approved by board or committee?		(g)Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No
										1		
										+		
Γotal .				 	<b>▶</b> \$	<u> </u>						
Part II	Grants or Assistar Complete if the orga						'. line 2	27.				
(	a) Name of interested pers			<b>b)</b> Relationsh	np betwe	en interested per ganization			ount of gi	ant or ty	pe of assis	tance
			$\perp$									
			-									
			+									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) MAPLE CAPITAL MANAGEMENT	BOARD MEMBER		BOARD MEMBER, RAMSEY LUHR, IS A PRINCIPAL IN MAPLE CAPITAL MANAGEMENT MAPLE CAPITAL MANAGEMENT OFFICE IS SUBLEASED AT 535 STONE CUTTERS WAY, MONTPELIER, VT 05602 THE SUBLEASE WAS ORGINALLY EXECUTED BEFORE MR LUHR WAS A BOARD MEMBER ADJUSTMENTS TO THE SUBLEASE HAVE BEEN LIMITED TO CHANGES RESULTING FROM MODIFICATIONS IN THE PRIMARY ISC LEASE ALL TRANSACTIONS WERE COMPLETED AT ARMS LENGTH AND AT FAIR MARKET VALUE		No
Down V. Complemental Inform					

Part V **Supplemental Information** 

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

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DLN: 93493135033422

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization
INSTITUTE FOR SUSTAINABLE COMMUNITIES

**Employer identification number** 

22-3098727

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY OUTSIDE ACCOUNTANTS AND THEN SENT TO ISC FOR REVIEW THE GOVERNING BODY RECEIVES A COPY OF THE FINAL FORM 990 FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE STAFF AND THE BOARD OF DIRECTORS ARE ASKED TO REVIEW THE ISC CONFLICT OF INTEREST POLICY STATEMENT AND INDICATE COMPLIANCE WITH THE POLICY IF A CONFLICT ARISES THE ISSUE MAY BE BROUGHT TO THE PRESIDENT THE DECISION OF THE PRESIDENT IS FINAL UNLESS, IN THE OPINION OF EITHER PARTY, THE PRESIDENT'S DECISION IS CONSIDERED TO BE A MAJOR VIOLATION OF ISC'S POLICY IF THE DECISION OF THE PRESIDENT IS CONSIDERED TO BE A MAJOR VIOLATION OF ESTABLISHED ISC POLICY BY ONE OF THE PARTIES, THE AGGRIEVED PARTY MAY APPEAL THE DECISION OF THE PRESIDENT BY SENDING A COMPLETE DESCRIPTION OF THE PROBLEM TO THE PRESIDENT AND TO THE CHAIRMAN OF THE ISC BOARD OF DIRECTORS STAFF MEMBERS SHOULD BE CERTAIN THAT THE CONFLICT IS WELL DOCUMENTED AND REPRESENTS SIGNIFICANT AND SUBSTANTIVE DIFFERENCES WITH ESTABLISHED ISC POLICY APPEALING A DECISION OF THE PRESIDENT WILL NOT INTERFERE WITH DECISIONS OR PROCEDURES REGARDING TERMINATION OF EMPLOYMENT OR "INVOLUNTARY SEPARATION" THE CHAIRMAN WILL CONSIDER THE APPEAL AND ISSUE FINDINGS AND A DECISION WITHIN SEVEN DAYS THE CHAIRMAN'S DECISION ON WHETHER THE PRESIDENT VIOLATED ISC POLICY IS FINAL AND CANNOT BE APPEALED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT'S COMPENSATION, AND ANY ADJUSTMENTS, IS ANNUALLY REVIEWED BY THE BOARD OF DIRECTORS IN ADDITIONAL TO THE BOARD MEMBERS' EXPERIENCE, THIS REVIEW INCLUDES A REVIEW OF COMPENSATION LEVELS FROM COMPARABLE ORGANIZATIONS THROUGH THE USE OF SURVEY DATA FROM PROFESSIONAL ORGANIZATIONS THE DECISION IS RECORDED IN THE BOARD OF DIRECTOR'S MINUTES THE ISC MANAGEMENT TEAM PERIODICALLY REVIEWS THE COMPENSATION OF KEY STAFF MEMBERS AGAINST THAT PROVIDED TO COMPARABLE POSITIONS IN OTHER NGOS THROUGH THE USE OF SURVEY DATA FROM PROFESSIONAL ORGANIZATIONS

Identifier	Return Reference	Explanation					
	VI, SECTION C, LINE 19	ISC MAKES AVAILABLE ON ITS WEBSITE, EITHER DIRECTLY OR THROUGH APPROPRIATE LINKS, LISTS OF BOARD MEMBERS, STAFF, ORGANIZATION CONTACT INFORMATION, AUDITED FINANCIAL STATEMENTS, IRS FORM 990 REPORTS AND ITS 501(C)(3) DESIGNATION OTHER GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST STATEMENTS ARE AVAILABLE UPON REQUEST					

ldentifier	Return Reference	Explanation						
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,167 PRIOR PERIOD ADJUSTMENTS 150,000 RETURN OF UNUSED PRIOR YEAR GRANT 8,619 TOTAL TO FORM 990, PART XI, LINE 5 154,452						

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

DLN: 93493135033422

OMB No 1545-0047

2010

Open to Public Inspection

Schedule R (Form 990) 2010

**Employer identification number** 

22-3098727

## **SCHEDULE R** (Form 990)

Name of the organization

INSTITUTE FOR SUSTAINABLE COMMUNITIES

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (a)
Name, address, and EIN of disregarded entity (d) (b) (c) (e) Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) ISC ENTERPRISES L3C INSTITUTE FOR SUSTAINABLE 535 STONE CUTTERS WAY VT COMMUNITIES FURTHER ISC MISSION 0 11,858 MONTPELIER, VT 05602 38-3844778 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) (d) (e) Section 512(b)(13) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling controlled or foreign country) (if section 501(c)(3)) organization Yes No

Cat No 50135Y

Part III Identifi because	ication of Relat	<b>ed Org</b> ore relat	<mark>anizations Taxa</mark> ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the ta	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) f end-of-year assets	( <b>h</b> Disprop alloca	ortionate	(i) Code V- amount in b Schedule (Form 10	ox 20 of K-1	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	ı omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	Form	990,	Part IV,
Name, address, an	<b>(a)</b> d EIN of related organiz	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
10	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a				
b	Gift, grant, or capital contribution to other organization(s)			1b				
c	Gift, grant, or capital contribution from other organization(s)			1c				
d	Loans or loan guarantees to or for other organization(s)			1d				
е	Loans or loan guarantees by other organization(s)			1e				
f	Sale of assets to other organization(s)			1f				
g	Purchase of assets from other organization(s)			<b>1</b> g				
h	Exchange of assets			1h				
i	Lease of facilities, equipment, or other assets to other organization(s)			<b>1</b> i				
j	Lease of facilities, equipment, or other assets from other organization(s)			<b>1</b> j				
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k				
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11				
n	m Sharing of facilities, equipment, mailing lists, or other assets							
n	n Sharing of paid employees							
0	Reimbursement paid to other organization for expenses			10				
р	Reimbursement paid by other organization for expenses			1p				
q	Other transfer of cash or property to other organization(s)			<b>1</b> q				
r	O ther transfer of cash or property from other organization(s)			1r				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds				
	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount		
(1)								
(2)								
(3)								
(4)								
(4)								
(5)								
(-)		1		1				

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
									+	$\vdash$
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							$\vdash$		+	$\vdash$
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									-	$\vdash$
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									+	+

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010