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Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. 2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 2014 For the 2013 calendar year, or tax year beginning Jul, 2013, and ending Jun D Employer Identification Number C Name of organization Check if applicable Sustainability Institute, Inc. 02-0492913 Address change Doing Business As The Donella Meadows Institute Telephone number Room/suite Number and street (or P O box if mail is not delivered to street address) Name change (802) 649-7250 Initial return Box 1012 City or town, state or province, country, and ZIP or foreign postal code Terminated **G** Gross receipts \$ 844,538. VT05055 Amended return Norwich H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) VT 05055 Marta Ceronı 2 Beaver Meadow Road Norwich 527 Tax-exempt status X 501(c)(3) 501(c) ((insert no) 4947(a)(1) or Website: ► H(c) Group exemption number www.donellameadows.org Other P L Year of formation 1996 M State of legal domicile Form of organization X Corporation Trust Part Summary Briefly describe the organization's mission or most significant activities: Sustainability Research, Education & Information The Donella Meadows Institute's mission is to bring economic, social, and environmental systems into closer harmony with Governance the realities of a finite planet and a globally powerful human race by using the disciplines of systems thinking, system dynamics and collaborative learning that were pioneered by our founder, Donella Meadows. 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) Number of independent voting members of the governing body (Part VI, line 1b) . 7 **Activities** Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . 5 5 Total number of volunteers (estimate if necessary) 6 36 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 14,413 75,360. SCANNED FEB 0 4 2015 155,462 145,414. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 92,348. 117,419. 35,615 35,324. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 297,838 373,517. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 225,763. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 204,026 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0. 0. column (D), line 25) > 137,054. 11a-11d, 11f-24e) 165,652. Other expenses Total expenses, Add lines 13-17 (must equal part IX, column (A), line 25) Revenue less expenses \subtraction (A) in 25) 369,678. 362,817. 18 10,700. 19 -71**,**840. **Beginning of Current Year End of Year** 1,695,403. 20 Total assets (Part)X 1,621,473 Total liabilities (Part 21 Net assets or fund balances Subtract line 21 from line 20 1,695,403 1,621,473. |Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2015

esta Date Sign Here Executive Director Marta Ceroni Type or print name and title Print/Type preparer's name Preparer's signature CPA P00154308 Huckabay, CPA self-employed Wıllıam S. Paid **Preparer** Firm's name Tapia & Huckabay, Use Only Firm's EIN ► Firm's address P.O. Box 38 47-1371818 Phone no (802)870-7086 05491 Vergennes

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/08/13

Form 990 (2013)

			Sustainability I			02-04929	13 Page 2
Par		State	ement of Program Ser	vice Accomplishments			
		_Check	r if Schedule O contains a re	sponse or note to any line in this Part	<u>III</u>		
1	Briefly	descri	oe the organization's mission			 -	
	Sust	taina	bility Research,	Education & Information	on		
	The D	onella	Meadows Institute's mi	ssion is to bring economic, soc	ial, and environmental s	ystems into clo	ser harmony with
	See F	orm 99	0, Page 2, Part III, Line 1 (co	intinued)			
2	Did th	e orgar	ızatıon undertake any sıgnıfi	cant program services during the year	which were not listed on the	prior	
	Form :	990 or	990-EZ?				Yes X No
	If 'Yes	,' desci	ibe these new services on S	chedule O			_
3	Did the	e orgar	ization cease conducting, or	make significant changes in how it co	onducts, any program service	s?	Yes X No
	If 'Yes	,' desci	ibe these changes on Sched	ule O			
4	Section	n 501(c)(3) and 501(c)(4) organizati	ce accomplishments for each of its thi ons and section 4947(a)(1) trusts are f any, for each program service report	required to report the amoun	as measured by e t of grants and alk	expenses. ocations to
4 a	(Code)) (Expenses \$	165,000. including grants of	\$ 0.)(Revenue \$	1,265.)
		catio		Educational_activities	of the organizat	ion	
				omy: a look at the New	Fconomy by the		
				olished for "New Econor			-
				the key indicators in			
				che key indicators in	Aetimone 2 2 age att	19516	
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				ction of data-driven st			-
				light the inter-connect		Y 	
				on, and local capital	for strong local	. – – – – – –	
	See F	orm 95	0, Page 2, Part III, Line 4a (c	continued)			
	(OI -		\	70 000 maludus seste of	Ć 0 1/	/Davianua	144 140 \
40	(Code			79,802. including grants of		(Revenue \$	144,149.)
				n - The organization co			
				als to apply systems t			
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	othe	er bi	<u> </u>				
		- -					
					······································		
4 c	(Code	•) (Expenses \$	including grants of	\$)((Revenue \$)
	l Other	Droors	m services. (Describe in Sch	edule O)			
→ 0	(Expe		\$	including grants of \$) (Revenue	5	1
			m service expenses ►	244, 802.	7 (1.0401103		
BAA	· · · · · ·	p. 0910	501 1100 Oxponooo .	TEEA0102 07/02/13			Form 990 (2013)

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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 2 Х Х 3 4 Χ 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 Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Χ services? If 'Yes,' complete Schedule D, Part IV 9 Χ 10 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule Χ 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Χ 11 c 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 Χ 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a Schedule D. Parts XI, and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х 12 b if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Χ X 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) Sustainability Institute, Inc. Rankly Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part	22	-	Х
	IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_^
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
ŧ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŧ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36_		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>

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Form **990** (2013)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ŀ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	o If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
	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)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ı	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
c .	Pose the experimental have applied group receipts that are normally greater than \$100,000, and did the organization			
	a 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 as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
١	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
ı	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			1
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 :	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
ı	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a If 'Ves' has it filed a Form 720 to report these navments? If 'No ' provide an explanation in Schedule O	14 b	 -	<u> </u>

Fai	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	ın		. X
500	tion A. Governing Body and Management			
Jec	CION A. Governing Body and management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
	Enter the number of voting members included in line 1a, above, who are independent	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6 7 a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C)
	D. 14	10 a	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?	10 a		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
C	C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
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?	- <u>.</u> -		
	a The organization's CEO, Executive Director, or top management official	15a	X	
t	Other officers of key employees of the organization	15b	X	
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
t	taxable entity during the year?		 ·	
	organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for pu	– – – ıblıc	
	Inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
BAA		02) Form		<u>7250</u> (2013)

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Form 990 (2013) Sustainability	Instit	ute, Inc.		02-0492	913 Page 7
Compensation of Officers Independent Contractors	s, Direc	tors, Trustees, Key En	nployees, Highes	t Compensated I	Employees, and
Check if Schedule O contains a re	esponse o	r note to any line in this Part \	/II <u>.</u> <u></u> .	<u> </u>	<u></u>
Section A. Officers, Directors, Tru	stees, F	(ey Employees, and H	ighest Compens	ated Employees	
1 a Complete this table for all persons required organization's tax year	to be liste	ed Report compensation for t	he calendar year endır	ng with or within the	
 List all of the organization's current office compensation. Enter -0- in columns (D), (E), all 			uals or organizations),	regardless of amount	of
 List all of the organization's current key 	employee	s, if any. See instructions for	definition of 'key emplo	yee'	
 List the organization's five current higher who received reportable compensation (Box 5 organization and any related organizations 					;)
• List all of the organization's former office of reportable compensation from the organization			nsated employees wh	o received more than \$	\$100,000
• List all of the organization's former direction organization, more than \$10,000 of reportable					
List persons in the following order individual tremployees, and former such persons	ustees or	directors, institutional trustee	s, officers, key employ	ees, highest compens	ated
Check this box if neither the organization r	or any rel	ated organization compensat	ed any current officer,	director, or trustee.	
		(C)			
(A) Name and Title	(B) Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable	(E) Reportable	(F) Estimated

		(C)								
(A) Name and Title	(B) Average hours per week (list	one bo offic	x, unk	ess p d a di	erson	more the is both r/trustee	an)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)_Wayne_ABarstad	_ 4 .00									
Chair		Х		X				0.	0.	0.
(2) William A. Bittinger Past Chair	_2.00	х		Х				0.	0.	0.
(3) Joseph Bragdon Treasurer	_2.00	Х		Х				0.	0.	0.
(4) Erik C. Esselstyn	2.00						-			
Secretary	_ = = = = = :	х		Х				0.	0.	0.
(5) Hal Hamilton	1.00									
Director		Х					L.	0.	0.	0.
(6) Gwendolyn Hallsmith Director	_1.00	х						0.	0.	0.
	1.00									
Director	_ =	х					ļ	0.	0.	0.
(8) Helen van Hoeven Director	1.00	х						0.	0.	0.
(9) Marta Ceroni Former Director/Current E.D.	40.00			Х				69,393.	0.	6,040.
(10)								03,030.		
(11)				-						
(12)										
(13)										
(14)										

Page 8

Part VII Section A. Officers, Directors, Trus	(B)	<u> </u>	Em	ipic O		es, a	inc	a Highest Con	ipensated Emp	ioyees (continuea)
(A) Name and title	Average hours per week (list any	box offi	, unles cer an	ss pe	more rson i lirecto	than on s both a r/truste	an e)	Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(15)				•					-	
(16)	 									
(17)										
(18)										
<u>(19)</u>										
(20)				·						
(21)				•						
(22)										
(23)				•						
(24)										
(25)										
1 b Sub-total	n A					!	, • •	69,393.	0.	6,040.
d Total (add lines 1b and 1c)							ive	69,393. d more than \$100,0	0. 000 of reportable co	
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc										Yes No
4 For any individual listed on line 1a, is the sum of reputhe organization and related organizations greater the such individual	an \$150,	0002	If 'Y	ion 'es'	and com	other plete	coi Sch	mpensation from hedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co										. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate										
compensation from the organization Report compen	sation fo	r the	cale	nda	rye	ar end	ling	with or within the	organization's tax ye	
(A) Name and business addre	SS							Description of	of services	(C) Compensation
					_					
Total number of independent contractors (including to \$100,000 of compensation from the organization.)		nıted	to th	ose	liste	ed abo	ove) who received mo	re than	
\$100,000 of compensation from the organization	0	TEEA								Form 990 (2013)

Par	t VI	Statement of Rev Check if Schedule O		pons	se or note to any lin	e in this Part VIII..			
· · · ·						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>S</u> 3	1 a	Federated campaigns .		l a	_0.				
돌림	b	Membership dues	[l b	0.				
S, S	C	Fundraising events	📑	l c	0.				
F 원	d	Related organizations .		l d	0.				
S, 6	е	Government grants (contributi	ions)	l e	_0.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, gr similar amounts not included a	rants, and	l f	75,360.				
	g	Noncash contributions include	ed in lines 1a-1f	\$	0.				
중	h	Total. Add lines 1a-1f .				75,360.			
当					Business Code				_
REVEN	2 a b	Consulting Inco			900099	145,414.	145,414.	0.	0.
길	С			·					
<u> </u>	d							-	
S	е			1					
8	f	All other program service						_	
옱	g	Total. Add lines 2a-2f .				145,414.			
	3	Investment income (inclu	uding dividend	ds, ır	nterest and				
	other similar amounts)					10,870.	0.	0.	10,870.
	4	Income from investment			· ·	0.	0.	0.	0.
	5	Royalties				35,408.	35 , 408.	_0.	_0 .
	_		(ı) Real		(ii) Personal				
		Gross rents	25,2						
		Less rental expenses	25,3						
		Rental income or (loss)		<u>84.</u>	1				
		Net rental income or (los	(i) Secunties		(II) Other	-84.	0.	0.	-84
	7 a	Gross amount from sales of assets other than inventory	· · · ·		(ii) Other				
		•	552,1	90.	 				
	b	Less cost or other basis and sales expenses	445,6	41					
	c	Gain or (loss)	106,5		··· ·				
		Net gain or (loss)				106,549.	- 0	0 -	106.549
ш		Gross income from fund				100,049.		<u> </u>	1.00/513
OTHER REVENUE		(not including \$	<u> </u>	<u>.</u>			•		
즟		of contributions reported	· ·						
띮		See Part IV, line 18							
든)	Less direct expenses .							
_	C	Net income or (loss) from	n fundraising	ever	nts •				<u> </u>
		Gross income from game See Part IV, line 19							
	b	Less direct expenses .		. b	·	,		-	
	C	Net income or (loss) from	n gamıng actı	vitie	s				
	10 a	Gross sales of inventory and allowances	, less returns	. a					
	l	Less: cost of goods sold							
	C	Net income or (loss) from	n sales of inv	ento	ry ▶			-	
		Miscellaneous Reven	ne	\Box	Business Code		-	-	
	11 a		-						
	b	·		L					
	C								
	d	I All other revenue		.					

e Total. Add lines 11a-11d . . .

12 Total revenue. See instructions

373,517.

180,822

0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Check if Schedule O contains a response or note to any line in this Part IX											
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
:	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0.	0.								
	Grants and other assistance to individuals in the United States See Part IV, line 22	0.	0.								
(Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0.	0.								
	Benefits paid to or for members	0.	0.	_							
5	Compensation of current officers, directors, trustees, and key employees	37,982.	32,057.	5,773.	152.						
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
	Other salaries and wages	153,306.	87,018.	59,526.	6,762.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0.1	0.	0.	0.						
9	Other employee benefits	19,724.	11,538.	7,365.	821.						
10	Payroll taxes	14,751.	9,130.	5,080.	541.						
11	Fees for services (non-employees)										
_	Management	0.	0.	0.	0.						
b	Legal	0.	0.	0.	0.						
c /	Accounting	6,220.	0.	6,220.	0.						
	Lobbying	0.	0.	0.	0.						
e l	Professional fundraising services See Part IV, line 17 .	0.			0.						
	Investment management fees	0.	0.	0.	0.						
(Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	78,425.	77,391.	1,013.	21.						
	Advertising and promotion	0.	0.	0.	0.						
	Office expenses	7,443.	4,442.	2,749.	252.						
	Information technology	2,755.	1,705.	949.	101.						
	Royalties	0.	0.	0,	0.						
	Occupancy	19,688.	12,186.	6,783.	719.						
18	Travel	3,485.	2,575. 0.	818.	92.						
19	Conferences, conventions, and meetings	9,306.	4,302.	4,663.	341.						
	Interest	0.	0.	_0.	0.						
21 I	Payments to affiliates	0.	0.	0.	0.						
2 2 I	Depreciation, depletion, and amortization	20,398.	0.	20,398.	0.						
24	Insurance	3,932.	2,434.	1,354.	144.						
a	Miscellaneous	532.	24.	419.	89.						
	Less: deprec. alloc. to rental	-15,130	0.	-15,130	0						
ď											
	All other expenses										
	Total functional expenses Add lines 1 through 24e.	362,817.	244,802.	107,980.	10,035.						
26 .	Joint costs. Complete this line only if the organization reported in column (B) oint costs from a combined educational campaign and fundraising solicitation. Check here										
BAA	SOP 98-2 (ASC 958-720)	0.I	0.	0.1	Form 990 (2013)						

02-0492913 Page 11 Sustainability Institute, Inc. Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 77,975. 25,871. Cash - non-interest-bearing . . 2 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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). Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation . . 10 b 189.931 330,121 10 c 281,296. Investments - publicly traded securities 11 11 1,265,481 1,336,132 12 Investments - other securities. See Part IV, line 11 . 12 Investments - program-related See Part IV, line 11 . . 13 13 14 14 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,621,473 1,695,403 17 17 18 18 Deferred revenue 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties . . 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 Ω 0 26 Total liabilities. Add lines 17 through 25

Temporarily restricted net assets 28 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Organizations that follow SFAS 117 (ASC 958), check here

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

28 29 30

Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 33

Total liabilities and net assets/fund balances

0 31 0. 32 1,621,473 1,695,403. 1,621,473 33 695,403. ,695,403. 1,621,473 34

27

BAA

34

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Form 990 (2013)

0.

Form	1990 (2013) Sustainability Institute, Inc.	<u>2-045</u>	<u> 12913</u>	_	Pa	age 12				
Par	t XI Reconciliation of Net Assets		-							
	Check if Schedule O contains a response or note to any line in this Part XI					. X				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1]	3	73,5	517.				
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		3	62,8	317.				
3	Revenue less expenses. Subtract line 2 from line 1	. 3			10,	700.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments	. 5			93,2	230.				
6	Donated services and use of facilities	. 6								
7	Investment expenses									
8	Prior period adjustments		_	_						
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			30,0	000.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,									
D	column (B)).	· 10	 	1,6	95,4	<u> 103.</u>				
Par	t XII Financial Statements and Reporting					_				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	بان				
					Yes	No				
1	Accounting method used to prepare the Form 990. X Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	n a								
	X Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			_2 b		Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis			_						
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,		2 c	х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O									
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle 		3 a		Х				
b	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 ь						
BAA				Form	990 ((2013)				

TEEA0112 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

8

(i)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2013

Open to Public

Yes No

11 g (i)

11 a (ii)

Department of the Treasury Inspection at www.irs.gov/form990. Employer identification number 02-0492913 Sustainability Institute, Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Æ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III - Non-functionally integrated Type II C Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . .

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)

A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (vii) Amount of monetary (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported organization (iv) Is the (v) Did you notify (vi) is the organization in column (i) organized in the organization in column (i) listed in he organization in column (I) of your (see instructions)) your governing document? Yes Yes Yes No No (A) (B) (C) (D) (E)

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

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

below, the governing body of the supported organization? A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	2,987.	17,006.	14,366.	14,413.	75,360.	124,132.
2	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	Total. Add lines 1 through 3	2,987.	17,006.	14,366.	14,413.	75 , 360.	124,132.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						63,603.
6	Public support. Subtract line 5 from line 4						60,529.
Sec	tion B. Total Support	1	1				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,987.	17,006.	14,366.	14,413.	75,360.	124,132.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,242.	17,918.	12,057.	17,512.	10,870.	64,599.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	1,209.	0.	0.	0.	1,209.
11	Total support. Add lines 7 through 10						189,940.
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12	1,452,226.
13 	First five years. If the Form 990 is organization, check this box and s	top here		nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu						
14							31.87 %
15	Public support percentage from 20						29.16%
16 a	a 33-1/3% support test — 2013. If the and stop here. The organization of	the organization die jualifies as a public	d not check the box ly supported organ	on line 13, and the ization	e line 14 is 33-1/3	% or more, check t	his box
t	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	not check a box of ly supported organ	n line 13 or 16a, ar iization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box ar	nd stop here. Exp	lain in Part IV how	
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box ar qualifies as a publi	nd stop here. Exp icly supported org	laın ın Part IV how anızatıon	the · · · · · · ▶ ☐
18	Private foundation. If the organiz	ation did not check	a box on line 13, 1	6a, 16b, 17a, or 1			
DAA					•	adula A (Form 000	000 EZ\ 0040

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)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include							
	any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b				-			
	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Amounts from line 6		•				-	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
С	Add lines 10a and 10b					1		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)		▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 201			3, column (f))			15	용
16	Public support percentage from 20		•			+	16	90
	tion D. Computation of Inv						_:	
	Investment income percentage for				<u></u>		17	
17	•	•	• • • • • • • • • • • • • • • • • • • •	•	• •	١		
18	Investment income percentage fro						18	<u></u>
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check t	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization		▶ ∐
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganızatıon qualıfie	es as a publicly sup	ported organ	ization .	▶ 📘
20	Private foundation. If the organiz	ation did not check	a box on line 14.	19a, or 19b, checl	k this box and see:	instructions.		▶ │ │

Schedule A (Form 990 or 990-EZ) 2013

02-0492913

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection.

Employer identification number

OMB No 1545-0047

S115	stainability Institute, Inc.	02-0492913
Pär	Organizations Maintaining Donor Advised Funds or Other Simila	
i je Gi	Complete if the organization answered 'Yes' to Form 990, Part IV, lin	e 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in dare the organization's property, subject to the organization's exclusive legal control?	onor advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur for charitable purposes and not for the benefit of the donor or donor advisor, or for any othe impermissible private benefit?	ds can be used only
Par	Conservation Easements.	_
	Complete if the organization answered 'Yes' to Form 990, Part IV, lin	e /
1	<u></u>	
	Preservation of land for public use (e.g., recreation or education)	ation of an historically important land area
	Protection of natural habitat	ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in last day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
C	c Number of conservation easements on a certified historic structure included in (a)	2c
C	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a hist structure listed in the National Register	[_2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin tax year ►	ated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, he and enforcement of the conservation easements it holds?	- 1 IV 1 IN
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sand section 170(h)(4)(B)(ii)?	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue as include, if applicable, the text of the footnote to the organization's financial statements that conservation easements	describes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered 'Yes' to Form 990, Part IV, lin	es, or Other Similar Assets. e 8.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its review, the transfer of the results of the footnote to its financial statements that describes these items.	enue statement and balance sheet works of arch in furtherance of public service, provide,
t	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research following amounts relating to these items	e statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	for financial gain, provide the following
ā	a Revenues included in Form 990, Part VIII, line 1	
ŧ	b Assets included in Form 990, Part X	

Partill Organizations Mainta	ining Colle				or Other Similar Ass		ontinu	rage 2
				<u> </u>				eu)
3 *Using the organization's acquisition items (check all that apply)	n, accession, a			-	t are a significant use of its	collecti	on	
a Public exhibition		ď	\vdash	or exchange programs				
b Scholarly research		е	Other					
c Preservation for future general								
4 Provide a description of the organic Part XIII		•						
5 During the year, did the organization to be sold to raise funds rather than	on solicit or rec n to be maintai	eive donations ned as part of	s of art, his the organ	torical treasures, or oth ization's collection?	er sımılar assets 	Yes	[No
Escrow and Custodia line 9, or reported an a	I Arrangem mount on Fo	n ents. Com _l orm 990, Pa	plete if tl art X, lind	ne organization ans e 21.	swered 'Yes' to Form	990, P	'art IV	,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, c	or other intermo	ediary for	contributions or other as	ssets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the fo	ollowing ta	ble				
						<u>Amount</u>		
c Beginning balance								
d Additions during the year								
e Distributions during the year					1e			
f Ending balance					[1f]			_
2 a Did the organization include an am	ount on Form	990, Part X, lır	ne 21? .			Yes		No
b If 'Yes,' explain the arrangement in	Part XIII. Che	ck here if the e	explantion	has been provided in Pa	art XIII		[7
· · · · · · · · · · · · · · · · · · ·							_	
Pari V Endowment Funds. C	omplete if the	he organiza	tion ans	wered 'Yes' to Forr	n 990, Part IV, line 10	<u>).</u>		
	(a) Current		b) Prior year			1	our years	s back
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and 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 ourrent	voor and halan	oo (line 1	a column (a)) hold as		<u> </u>		
-				j, column (a)) nelu as				
a Board designated or quasi-endowr			용					
b Permanent endowment	[%]	0						
c Temporarily restricted endowment		 %						
The percentages in lines 2a, 2b, ai	nd 2c should e	qual 100%						
3 a Are there endowment funds not in	the possession	n of the organiz	zation that	are held and administe	red for the	-		
organization by	·	_				\longrightarrow	Yes	No
(i) unrelated organizations .						. 3a(i)		
(ii) related organizations						. 3a(ii)		
b If 'Yes' to 3a(II), are the related org	anizations liste	ed as required	on Sched	ule R?		. 3b		
4 Describe in Part XIII the intended it	uses of the org	anization's end	dowment f	unds		_		
Part W. Land, Buildings, and				·				
Complete if the organiz	• •		Form 9	90. Part IV. line 11	a. See Form 990, Pa	ırt X. lir	ne 10	
Description of property							Book va	
Description of property		(a) Cost or oth Investme)		(b) Cost or other basis (other)	(c) Accumulated depreciation	(4)	JOOK VE	aiue
1 a Land		(III COLITIC	0.	50,027.	depresidation.		50	,027.
b Buildings	· · ·		0.	369,874.	146,161.			,713.
c Leasehold improvements	t		0.	369,874.	140,101.		<u> </u>	0.
d Equipment				41,876.	35,895.			<u>. 98</u> 1.
			0.					, 981. , 575.
e Other.		15	0.1	9,450.	7,875.			
Total. Add lines 1a through 1e. (Column	(a) must equa	ıı ⊢orm 990, Pa	aπ X, COlu	nırı (B), iine 10(C))	<u></u> ▶		\ <u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>	<u>,296.</u>

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. ► 281,296. Schedule **D** (Form 990) 2013

Complete if the organization answered "Yes" to Form 990, Part X, line 112. (a) Becaption describy or calegory (relating name of security) (b) Book value (c) Method of valuation Cord or and of year manner value (d) Book value (e) Method of valuation Cord or and of year manner value (e) Method of valuation Cord or and of year manner value (f) Cord or and of year manner value (g) Cockey-hold deputy interests (g) Cockey-hold deputy interest	Part VII Investments - Other Securities.	Vasita Form 000 F	Port IV line 11h See Form 990 P	art V. lino 12
(1) Financial convalues (2) Closely-held equity interests (3) Other (2) Closely-held equity interests (3) Other (3) Other (4) Other (4) Other (5)				
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(C)				
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Total (Column (b) must equal Form 990 Part X, column (8) line 12) Part VIII Investments — Program Related, Complete if the organization answered Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	/L)			<u> </u>
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain.				
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Sustainability Institute, Inc.

Schedule **D** (Form 990) 2013

Schedule D	(Form 990) 2013	Sustainabili	ty Institute,	Inc.		02-0492913	Page 5
Pant XIII	Supplementa	Information (co	ntinued)				
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Schedule **D** (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2013
Open (Cryblic linguestion)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

02-0492913 Sustainability Institute, Inc Pt_VI, Line 11b A first draft of the 990 is reviewed by staff with a final_ Pt VI, Line 11b version, in .pdf format, made available to the Board. Pt_VI, Line 12c Board members are required to report any conflicts of interest __ Pt_VI, Line 12c _ pursuant_to the Organization's conflict_of_interest_policy _ _ Pt VI, Line 12c with annual monitoring of compliance by staff. Pt VI, Line 15a Independent Board Members review comparability data and Pt VI, Line 15b contemporaneously substantiate their deliberations related Pt VI, Line 15b to the annual compensation of all key employees. ___ Pt VI, Line 19 The Organization has never been asked for its organizational Pt VI, Line 19 documents, financial statements, or conflict of interest policy and Pt_VI, Line 19 __has no formal policy related to the public inspection of this information. Line 9: \$30,000 impairment to land and buildings held for sale.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 11g Other Service Fees (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
Systems & Other Program Consultants	77,391.	77,391.	0.	0.	
Other Subcontractors	1,034.	0.	1,013.	21.	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

the realities of a finite planet and a globally powerful human race by using the disciplines of systems thinking, system dynamics and collaborative learning that were pioneered by our founder, Donella Meadows.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

economies.

- * Developing sustainable economies curriculum materials to support learning of environmental studies and sustainability programs at higher educational institutions and other organizations.
- * Developing entry points for operationalizing new metrics and indicators of sustainable economies in regional planning.
- * The Donella Meadows Legacy Project making all of Donella Meadows' work freely and easily accessible online.

For 58 (Rev J 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No 1545-1709

• If you ar	re filing for an Automatic 3-Month Extension, comp	loto only D	art Land check this how		<u></u>		
	re filing for an Additional (Not Automatic) 3-Month						
•	nplete Part II unless you have already been granted	•	, , , ,	•			
			•				
corporation	filing (e-file). You can electronically file Form 8868 if required to file Form 990-T), or an additional (not aut	omatic) 3-m	onth extension of time. You can electronicate	ally file Form 8868 to			
request an e	extension of time to file any of the forms listed in Part	I or Part II v	vith the exception of Form 8870, Informatio	n Return for Transfer	rs		
electronic fil	With Certain Personal Benefit Contracts, which must ling of this form, visit www irs gov/efile and click on e-	be sent to t file for Char	ne IRS in paper format (see instructions). F nties & Nonprofits	or more details on the	e		
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed)				
<u> </u>	on required to file Form 990-T and requesting an auto			to Dort Looky			
•			·	•			
All other cou	rporations (including 1120-C filers), partnerships, REI	MICs, and tr	usts must use Form 7004 to request an ex	tension of time to file			
moome tax	returns		Enter filer's identi	fying number, see in	nstructions		
	Name of exempt organization or other filer, see instructions			Employer identification nu	mber (EIN) or		
Type or							
print	Sustainability Institute, Inc.			02-0492913	2 0402013		
File by the	Number, street, and room or suite number. If a P O box, see instru			Social security number (S	SN)		
due date for	PO Box 1012						
filing your return See	City, town or post office, state, and ZIP code For a foreign address	s, see instruction	ns				
instructions				77m 0 = 0 = 0	c		
 	Norwich			VT 05055	<u> </u>		
Enter the Ro	eturn code for the return that this application is for (file	e a separate	e application for each return)		01		
Application Is For	<u> </u>	Return Code	Application Is For		Return Code		
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990-B		02	Form 1041-A		08		
Form 4720		03	Form 4720 (other than individual)		09		
Form 990-P	`	04	Form 5227		10		
	(section 401(a) or 408(a) trust)	05	Form 6069		11		
	(trust other than above)	06	Form 8870	12			
1 01111 000 1	(must out or main above)		1 0111 0070		<u> </u>		
Telepho If the on If this is check the	one No ► (802) 649-7250 ganization does not have an office or place of busine for a Group Return, enter the organization's four digins box ► If it is for part of the group, che	Fax No ss in the Un t Group Exe	ited States, check this box	this is for the whole g	group,		
	est an automatic 3-month (6 months for a corporation	required to	file Form 990-T) extension of time				
•	Feb 17 , 20 15 , to file the exempt organ	-	·				
	xtension is for the organization's return for:		J				
▶ [calendar year 20 or						
.	X tax year beginning Jul 1, 20 13						
يا - ا							
	tax year entered in line 1 is for less than 12 months, on the continuity period	check reaso	n Initial return Fin	al return			
	application is for Forms 990-BL, 990-PF, 990-T, 4720 fundable credits. See instructions			3a \$	0.		
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or 606 syments made. Include any prior year overpayment al	9, enter any llowed as a	refundable credits and estimated credit	3 b \$	0.		
c Balan EFTP	ice due. Subtract line 3b from line 3a Include your pa S (Electronic Federal Tax Payment System). See ins	ayment with tructions	this form, if required, by using	3 c \$	0.		
Caution. If y	you are going to make an electronic funds withdrawa structions	l (dırect deb	t) with this Form 8868, see Form 8453-EO	and Form 8879-EO	for		