

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

A For the **2012** calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">THE MOUNTAIN INSTITUTE, INC.</div> <div style="border: 1px solid black; padding: 2px;">Doing Business As</div> <div style="border: 1px solid black; padding: 2px;"> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3000 CONNECTICUT AVENUE, NW 101 </div> <div style="border: 1px solid black; padding: 2px;"> City, town, or post office, state, and ZIP code WASHINGTON, DC 20008 </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">55-0541323</div>
	F Name and address of principal officer: ANDREW TABER <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	E Telephone number <div style="border: 1px solid black; padding: 2px;">(202) 234-4050</div>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">3,419,822.</div>
	J Website: ▶ WWW.MOUNTAIN.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1972 M State of legal domicile: MD

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE THE WELL-BEING OF MOUNTAIN PEOPLE THROUGH ADVOCACY, EDUCATION AND OUTREACH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	69
	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	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,390,560.	2,181,513.
	9 Program service revenue (Part VIII, line 2g)	871,571.	1,219,149.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,370.	8,264.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,571.	10,896.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,266,930.	3,419,822.
Expenses		314,040.	306,555.
	13 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)	1,298,149.	1,276,555.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,843.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,286,173.	1,108,327.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,898,362.	2,691,437.
	19 Revenue less expenses. Subtract line 18 from line 12	-631,432.	728,385.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,373,548.	2,898,646.
	21 Total liabilities (Part X, line 26)	931,132.	727,845.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,442,416.	2,170,801.

Part II 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.					
Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">ANDREW TABER, EXECUTIVE DIRECTOR</div>		03/18/14 Date		
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <div style="border: 1px solid black; padding: 2px;">Frank H. Smith</div>	Date 03/17/14	Check <input type="checkbox"/> if self-employed PTIN P00639053	Firm's EIN ▶ 52-1511275
	Firm's address ▶ 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036			Phone no. (202) 822-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ X**1** Briefly describe the organization's mission:

THE ONLY NON-PROFIT ORGANIZATION SOLELY DEDICATED TO THE WELL BEING OF MOUNTAINS AND MOUNTAIN COMMUNITIES GLOBALLY. THE MOUNTAIN INSTITUTE, INC. (THE INSTITUTE) RECOGNIZES THE UNIQUE PROMISE AND PROBLEMS OF THE WORLD'S MOUNTAINS AND WORKS WITH COMMUNITY PARTNERS AND GLOBAL LEADERS

2 Did the organization undertake any significant program services during the year which were not listed onthe prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 756,823. including grants of \$ 23,094.) (Revenue \$ 392,135.)

NORTH AMERICA: THE INSTITUTE'S WORK IN NORTH AMERICA FOCUSES ON EXPERIENTIAL EDUCATIONAL PROGRAMS AND SERVICE PROJECTS FOR STUDENTS AND TEACHERS, ENERGY AND WATER PROJECTS, AND PUBLIC LANDS MANAGEMENT IN THE WESTERN U.S. MOUNTAIN REGIONS. MUCH OF THE INSTITUTE'S NORTH AMERICAN EXPERIENTIAL EDUCATIONAL PROGRAMMING TAKES PLACE ON ITS 400-ACRE NATURE PRESERVE ON THE SLOPES OF SPRUCE KNOB, WEST VIRGINIA'S HIGHEST MOUNTAIN. PROGRAMMING IN THE APPALACHIA REGION HAS EXPANDED ITS FOCUS TO INCLUDE A WIDE RANGE OF CULTURAL AND ENVIRONMENTAL CONSERVATION PROGRAMS.

IN 2013, STUDENTS IN GRADES 4-12 RECEIVED EDUCATIONAL SERVICES THROUGH THE INSTITUTE'S APPALACHIA PROGRAM, COVERING MORE THAN 5,000 DAYS OF

4b (Code:) (Expenses \$ 573,375. including grants of \$ 274,786.) (Revenue \$)

ASIA: THE INSTITUTE'S PROGRAMS IN ASIA (NEPAL) BEGAN IN 1986, WHERE IT PLAYED A SIGNIFICANT ROLE IN THE ESTABLISHMENT OF TWO NEW MOUNTAIN PROTECTED AREAS SURROUNDING THE MT. EVEREST REGION IN NEPAL AND IN THE TIBET AUTONOMOUS REGION (TAR) OF CHINA. BOTH PROTECTED AREAS WERE FOUNDED ON THE PRINCIPLES OF PARTICIPATORY DESIGN, MANAGEMENT, AND COLLABORATION BETWEEN PARK MANAGERS AND LOCAL COMMUNITIES, WITH THE NEPALESE PARK BEING HANDED OVER FOR LOCAL MANAGEMENT IN 2004 AND IN TAR CHINA IN 2006. THE COMBINED NATIONAL PARKS ENCOMPASS OVER 38,000 KM SQUARED, AN AREA THE SIZE OF SWITZERLAND.

STARTING IN 2001, THE INSTITUTE'S NEPAL PROGRAM EXPANDED BEYOND PROTECTED AREA MANAGEMENT, AND NOW FOCUSES ON HIGH BIODIVERSITY

4c (Code:) (Expenses \$ 572,100. including grants of \$ 1,469.) (Revenue \$ 827,014.)

GLOBAL: THE INSTITUTE'S GLOBAL PROGRAM, THROUGH THE HIGH MOUNTAINS ADAPTATION PARTNERSHIP (HIMAP), HAS SUCCESSFULLY STRENGTHENED SCIENTIFIC, SOCIAL, AND INSTITUTIONAL CAPACITY FOR CLIMATE CHANGE ADAPTATION AND RESILIENCE IN TWO REPRESENTATIVE HIGH MOUNTAIN GLACIAL WATERSHEDS AROUND THE WORLD: THE KHUMBU (MT. EVEREST) REGION OF NEPAL, AND CORDILLERA BLANCA REGION OF PERU. STATE OF THE ART GLACIER AND GLACIAL LAKE RESEARCH HAS BEEN COMBINED WITH THE DEVELOPMENT OF A LOCAL ADAPTATION PLANS OF ACTION (LAPA) IN THE KHUMBU AND CORDILLERA BLANCA, EACH BASED ON THE PRINCIPLES OF FULL COMMUNITY PARTICIPATION, CLIMATE SMART DEVELOPMENT, ECOSYSTEM-BASED ADAPTATION APPROACHES, RISK MITIGATION, AND DISASTER MANAGEMENT PLANNING. THE LAPAS, COMBINED WITH THE SHARING OF FIELD RESEARCH RESULTS, HAVE MOTIVATED GOVERNMENTS AND

4d Other program services (Describe in Schedule O.)

(Expenses \$ 253,901. including grants of \$ 7,206.) (Revenue \$)

4e Total program service expenses **2,156,199.**

Form 990 (2012)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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 services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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 "Yes," complete Schedule G, Part I</i>	17	X
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 "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
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	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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 X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 30		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a 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 39		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: NEPAL, PERU 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 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 as charitable contributions?	6a		X
b 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).			
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g 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.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
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
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA, MD, NY, VA, WV**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the 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: **KELLY METZ - (202) 234-4050**
3000 CONNECTICUT AVENUE, NW, SUITE 101, WASHINGTON, DC 20008

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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. 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUTH GREENSPAN BELL CHAIR	15.00	X		X				0.	0.	0.
(2) C. WILLIAM CARMEAN CHAIR EMERITUS	10.00	X		X				0.	0.	0.
(3) WILLIAM BEDDOW VICE CHAIR	15.00	X		X				0.	0.	0.
(4) MICHAEL YERMAKOV SECRETARY	2.00	X		X				0.	0.	0.
(5) LORI ROGERS, CPA TREASURER	5.00	X		X				0.	0.	0.
(6) TONY BARCLAY TRUSTEE	2.00	X						0.	0.	0.
(7) J. GABRIEL CAMPBELL TRUSTEE	2.00	X						0.	0.	0.
(8) MICHAEL GILL TRUSTEE	2.00	X						0.	0.	0.
(9) DOUGLAS HARTWICK TRUSTEE	4.00	X						0.	0.	0.
(10) ELIOT KALTER TRUSTEE	3.00	X						0.	0.	0.
(11) H.E. LUIS VALDIVIESO MONTANA TRUSTEE	0.00	X						0.	0.	0.
(12) D. JANE PRATT, PH.D. TRUSTEE	5.00	X						0.	0.	0.
(13) DAVID SLOAN TRUSTEE	3.50	X						0.	0.	0.
(14) JOE TEPLITZ TRUSTEE	2.00	X						0.	0.	0.
(15) ANDREW TABER EXECUTIVE DIRECTOR	40.00			X				128,651.	0.	11,169.
(16) KELLY METZ CONTROLLER - AS OF 9/2012	32.00			X				25,000.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

1

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<p>the organization. Report compensation for the calendar year ending with or without the organization's tax year.</p>		
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</p>		0

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 727.			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e 348,710.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,832,076.			
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f	2,181,513.			
	Program Service Revenue	2 a	CONSULTANTS/CONTRACTS	Business Code 900099	827,014.	827,014.
b		TUITION AND FEES	900099	392,135.	392,135.	
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f	1,219,149.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		8,264.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
		b	Less: rental expenses			
		c	Rental income or (loss)			
		d	Net rental income or (loss)			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
		b	Less: cost or other basis and sales expenses			
		c	Gain or (loss)			
		d	Net gain or (loss)			
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
		b	Less: direct expenses	b		
		c	Net income or (loss) from fundraising events			
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
		b	Less: direct expenses	b		
		c	Net income or (loss) from gaming activities			
10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11 a	MISCELLANEOUS REVENUE	900099	7,663.		7,663.	
b	RENTAL INCOME	900099	3,000.		3,000.	
c	PERU TAX RECOVERED	900099	233.		233.	
d	All other revenue					
e	Total. Add lines 11a-11d		10,896.			
12	Total revenue. See instructions.		3,419,822.	1,219,149.	0.	19,160.

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 to any question in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	23,094.	23,094.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	283,461.	283,461.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,172.	27,873.	202,334.	1,965.
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	775,825.	681,368.	92,846.	1,611.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	207,522.	140,047.	67,371.	104.
10 Payroll taxes	61,036.	32,372.	27,718.	946.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	48,135.		48,135.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	343,566.	343,566.		
12 Advertising and promotion				
13 Office expenses	111,110.	100,518.	9,928.	664.
14 Information technology	78,099.	64,226.	12,373.	1,500.
15 Royalties				
16 Occupancy	52,024.	31,190.	20,834.	
17 Travel	178,037.	158,160.	19,877.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,323.	48,342.	5,981.	
20 Interest	27,129.	3,477.	23,599.	53.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,386.	9,386.		
23 Insurance	19,746.	3,854.	15,892.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	189,624.	187,475.	2,149.	
b PRINTING & PUBLICATIONS	9,904.	9,628.	276.	
c MISCELLANEOUS	6,116.	1,142.	4,974.	
d CURRENCY G/L	-18,872.	7,020.	-25,892.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,691,437.	2,156,199.	528,395.	6,843.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	259,607.	1	142,629.
	2 Savings and temporary cash investments		2	642,044.
	3 Pledges and grants receivable, net	1,149,468.	3	1,665,505.
	4 Accounts receivable, net	82,507.	4	90,275.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,908.	9	3,202.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 717,474.		
	b Less: accumulated depreciation	10b 386,923.	10c	330,551.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	500,000.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	39,049.	15	24,440.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,373,548.	16	2,898,646.	
Liabilities	17 Accounts payable and accrued expenses	281,711.	17	115,982.
	18 Grants payable		18	
	19 Deferred revenue	71,421.	19	13,863.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	578,000.	23	598,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	931,132.	26	727,845.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-734,724.	27	-793,605.
	28 Temporarily restricted net assets	1,789,828.	28	2,577,094.
	29 Permanently restricted net assets	387,312.	29	387,312.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,442,416.	33	2,170,801.
34 Total liabilities and net assets/fund balances	2,373,548.	34	2,898,646.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	3,419,822.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,691,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	728,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,442,416.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,170,801.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

55-0541323

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.)

- 1 ☐ A church, convention, 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).**

4 ☐ 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: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

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

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ 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).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2750795.	2728831.	2484735.	1390560.	2181513.	11536434.
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	2750795.	2728831.	2484735.	1390560.	2181513.	11536434.
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)						125,421.
6 Public support. Subtract line 5 from line 4.						11411013.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2750795.	2728831.	2484735.	1390560.	2181513.	11536434.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,199.	20,425.	13,722.	8,370.	11,264.	78,980.
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.)	26,050.	8,182.	12,160.	944.	7,663.	54,999.
11 Total support. Add lines 7 through 10						11670413.
12 Gross receipts from related activities, etc. (see instructions)					12	3,378,913.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.78 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	95.84 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2012

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 in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **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, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS INCOME**

2008 AMOUNT: \$ 26,050.

2009 AMOUNT: \$ 8,182.

2010 AMOUNT: \$ 12,160.

2011 AMOUNT: \$ 944.

2012 AMOUNT: \$ 7,663.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

THE MOUNTAIN INSTITUTE, INC.

55-0541323

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization	Employer identification number
THE MOUNTAIN INSTITUTE, INC.	55-0541323

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,257,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 115,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 88,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 87,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 79,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE MOUNTAIN INSTITUTE, INC.	55-0541323

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 66,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 63,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE MOUNTAIN INSTITUTE, INC.	55-0541323

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
THE MOUNTAIN INSTITUTE, INC.	55-0541323

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

55-0541323

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	648,717.	640,474.	619,001.	515,642.	504,275.
b Contributions					
c Net investment earnings, gains, and losses	8,264.	8,243.	35,704.	37,439.	13,512.
d Grants or scholarships					
e Other expenditures for facilities and programs			14,231.	2,440.	2,145.
f Administrative expenses					
g End of year balance	656,981.	648,717.	640,474.	550,641.	515,642.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ .00 %

b Permanent endowment ☐ 58.95 %

c Temporarily restricted endowment ☐ 41.05 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		268,828.		268,828.
b Buildings		415,597.	375,235.	40,362.
c Leasehold improvements				
d Equipment		33,049.	11,688.	21,361.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				330,551.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,422,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	2,605.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,605.
3	Subtract line 2e from line 1	3	3,419,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,419,822.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,694,042.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,605.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,605.
3	Subtract line 2e from line 1	3	2,691,437.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,691,437.

Part XIII Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE INSTITUTE HAS A DONOR-RESTRICTED ENDOWMENT FUND

ESTABLISHED FOR THE PURPOSE OF GENERATING EARNINGS FOR AN EDUCATIONAL

PROGRAM IN WEST VIRGINIA.

PART X, LINE 2: MANAGEMENT OF THE INSTITUTE HAS EVALUATED ITS TAX

POSITIONS FOR THE YEAR ENDED SEPTEMBER 30, 2013, IN ACCORDANCE WITH THE

AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC INCOME TAXES AND

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

HAS DETERMINED THAT THE INSTITUTE HAS NO MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX. FOR THE YEAR ENDED SEPTEMBER 30, 2013, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2009 THROUGH 2011 REMAINS OPEN IN THE MAJOR U.S. TAXING JURISDICTIONS IN WHICH THE INSTITUTE IS SUBJECT TO TAXATION. THE INSTITUTE'S PRACTICE IS TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. AS OF SEPTEMBER 30, 2013, THE INSTITUTE HAD NO ACCRUAL FOR INTEREST AND/OR PENALTIES.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

2012**Open to Public
Inspection**

Name of the organization

Employer identification number

THE MOUNTAIN INSTITUTE, INC.

55-0541323

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
SOUTH ASIA	1	7	PROGRAM SERVICES	CONSERVATION, EDUCATION AND LIVELIHOOD DEVELOPMENT	298,589.
SOUTH AMERICA	1	18	PROGRAM SERVICES	CONSERVATION, EDUCATION AND LIVELIHOOD DEVELOPMENT	246,695.
SOUTH ASIA	0	0	GRANTMAKING		276,255.
SOUTH AMERICA	0	0	GRANTMAKING		7,206.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	SOLICITING		8,379.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	SOLICITING		8,378.
3 a Sub-total	2	25			845,502.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	25			845,502.

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

Schedule F (Form 990) 2012

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. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	LIVELIHOODS/FOOD SECURITY	50,471.	CHECK	0.		
		SOUTH ASIA	FOOD SECURITY	16,559.	CHECK	0.		
		SOUTH ASIA	WORLD FOOD PROGRAMME	200,181.	CHECK	0.		
		SOUTH AMERICA	PROJECT SUPPORT	6,000.	CHECK	0.		

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

4

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2012

Part III can be duplicated if additional space is needed.

[illegible]

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 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)* ☐ Yes ☒ No
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 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)* ☐ Yes ☒ No
- 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)* ☐ Yes ☒ No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: THE INSTITUTE USES THE FOLLOWING PROCEDURES
FOR MONITORING THE USE OF SUBRECIPIENT FUNDING:

A.) STANDARD AGREEMENTS HAVE BEEN DEVELOPED WHICH INCLUDE PROJECT
BACKGROUND AND OBJECTIVES, SCOPE OF WORK, PROJECT DURATION, TERMS AND
CONDITIONS, WORK PLAN, BUDGET AND DISBURSEMENT SCHEDULE.

B.) SUBRECIPIENTS SUBMIT PROPOSALS FOR PROJECTS THAT WOULD ADDRESS ITEMS
NEEDED FOR THE AGREEMENT.

C.) SUBRECIPIENTS PROVIDE PERIODIC FINANCIAL AND TECHNICAL REPORTS AS
REQUIRED. PROJECT OFFICERS MAY COMPLETE EVALUATION AND MONITORING REPORTS
ON PROJECTS DEPENDING ON THE COMPLEXITY OR NATURE OF THE PROJECT.

D.) SITE VISITS ARE CONDUCTED BY THE PROJECT OFFICER AND SOMETIMES THE
FINANCE OFFICERS OR THE COUNTRY OR REGIONAL DIRECTORS DEPENDING ON THE
COMPLEXITY OR NATURE OF THE PROJECT.

E.) FINAL PAYMENTS ARE MADE AFTER VERIFYING THAT ALL TASKS AND
DELIVERABLES OF THE AGREEMENT HAVE BEEN COMPLETED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2012

**Open to Public
Inspection**

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number
55-0541323

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTA PLANNING & DESIGN 711 SE GRAND AVENUE PORTLAND, OR 97214	68-0465555	N/A	23,094.	0.			PLANNING OF VISITOR CENTER INTERPRETIVE PANELS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2012)

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.

Part III can be duplicated if additional space is needed.

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

Part IV**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE INSTITUTE USES THE FOLLOWING PROCEDURES FOR

MONITORING THE USE OF SUBRECIPIENT FUNDING:

A.) STANDARD AGREEMENTS HAVE BEEN DEVELOPED WHICH INCLUDE PROJECT

BACKGROUND AND OBJECTIVES, SCOPE OF WORK, PROJECT DURATION, TERMS AND

CONDITIONS, WORK PLAN, BUDGET AND DISBURSEMENT SCHEDULE.

B.) SUBRECIPIENTS SUBMIT PROPOSALS FOR PROJECTS THAT WOULD ADDRESS ITEMS

NEEDED FOR THE AGREEMENT.

Part IV Supplemental Information

C.) SUBRECIPIENTS PROVIDE PERIODIC FINANCIAL AND TECHNICAL REPORTS AS REQUIRED. PROJECT OFFICERS MAY COMPLETE EVALUATION AND MONITORING REPORTS ON PROJECTS DEPENDING ON THE COMPLEXITY OR NATURE OF THE PROJECT.

D.) SITE VISITS ARE CONDUCTED BY THE PROJECT OFFICER AND SOMETIMES THE FINANCE OFFICERS OR THE COUNTRY OR REGIONAL DIRECTORS DEPENDING ON THE COMPLEXITY OR NATURE OF THE PROJECT.

E.) FINAL PAYMENTS ARE MADE AFTER VERIFYING THAT ALL TASKS AND DELIVERABLES OF THE AGREEMENT HAVE BEEN COMPLETED.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

55-0541323

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO CREATE LOCALLY APPROPRIATE PROGRAMS THAT ADDRESS MOUNTAIN

PRIORITIES. FOR OVER 40 YEARS, THE INSTITUTE HAS DEVELOPED SPECIFIC

EXPERTISE IN CONSERVATION, SUSTAINABLE DEVELOPMENT, AND CULTURAL

CONSERVATION WITHIN THE DIVERSE, CHANGING, AND CHALLENGING ENVIRONMENTS

OF THE WORLD'S MOUNTAINS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATIONAL SERVICES. MORE THAN HALF OF THE APPALACHIAN STUDENTS

REPRESENT TRADITIONALLY UNDERSERVED AND LOW-INCOME POPULATIONS. IN

ADDITION, APPROXIMATELY 2,000 PERSON-DAYS OF RECREATIONAL ACTIVITIES

WERE HOSTED BY THE INSTITUTE DURING THE YEAR. THE INSTITUTE ALSO OFFERS

PROFESSIONAL DEVELOPMENT WORKSHOPS FOR TEACHERS IN APPALACHIA AND THE

CHESAPEAKE BAY WATERSHED. THE INSTITUTE'S FACILITY AT SPRUCE KNOB IS IN

CLOSE PROXIMITY TO THE HEADWATERS OF THE POTOMAC RIVER, WHICH IS THE

WATERSHED THAT SERVES MUCH OF THE WASHINGTON, DC METROPOLITAN AREA.

GIVEN THE PROXIMITY TO THE TOP OF THE WATERSHED, THE INSTITUTE IS IN A

UNIQUE POSITION TO DRAW CONNECTIONS BETWEEN THE HEALTH OF THE MOUNTAIN

AND THE HEALTH OF THE DOWNSTREAM COMMUNITIES. THESE CONNECTIONS ARE AN

IMPORTANT PART OF THE APPALACHIA EDUCATIONAL PROGRAM.

IN ADDITION, THE INSTITUTE'S ENERGY PROGRAM CONTINUED ITS FOCUS ON

OTHER RENEWABLE AND SUSTAINABLE ENERGY OPTIONS IN WEST VIRGINIA, WITH A

PARTICULAR FOCUS ON THE POTENTIAL OF EXPANDING THE USE OF SOLAR ENERGY

IN WEST VIRGINIA. THIS WORK CULMINATED IN THE INSTALLATION OF A SOLAR

ARRAY AND SOLAR ELECTRIC VEHICLE CHARGING STATION ON A FARMER'S MARKET

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

IN MORGANTOWN, WV AS WELL AS THE INSTALLATION OF A SOLAR ARRAY ON THE EARTH SHELTER OFFICE BUILDING AT SPRUCE KNOB MOUNTAIN CENTER. THE SOLAR ARRAY AT SPRUCE KNOB HAS RESULTED IN AN EXPANSION OF THE INSTITUTE'S EXPERIENTIAL EDUCATION CURRICULUM TO INCLUDE THE USE OF ALTERNATIVE ENERGY.

THE INSTITUTE CONTINUES TO COLLABORATE WITH SEVEN NUWUVI (SOUTHERN PAIUTE) AND NEWE (WESTERN SHOSHONE) NATIONS AND TWO FEDERAL AGENCIES (US FOREST SERVICE AND US FISH AND WILDLIFE SERVICE) IN SOUTHERN NEVADA TO INTEGRATE CULTURAL PERSPECTIVES INTO NATURAL RESOURCE MANAGEMENT, INTERPRETATION AND EDUCATION. THE INSTITUTE PROJECTS ALSO ASSIST IN CULTURAL CONSERVATION AND RESTORATION BY FACILITATING INDIGENOUS ECOLOGICAL KNOWLEDGE TRANSMISSION. DURING FY 2013, THE INSTITUTE FACILITATED TWO INTER-GENERATIONAL PINE NUT HARVESTS IN THE SPRING MOUNTAINS NATIONAL RECREATION AREA AND DESERT NATIONAL WILDLIFE REFUGE ATTENDED BY MORE THAN 200 NUWUVI PARTICIPANTS AS WELL AS FEDERAL AGENCIES AND COMMUNITY VOLUNTEERS. AT THE PAHRANAGAT NATIONAL WILDLIFE REFUGE, THE INSTITUTE IMPLEMENTED A COLLABORATIVE RESEARCH PHASE WITH 11 NUWUVI KNOWLEDGE HOLDERS AND ETHNOGRAPHERS AND A STAKEHOLDER WORKSHOP WITH 12 COMMUNITY MEMBERS. FINALLY, THE INSTITUTE FACILITATED THREE PLANNING MEETINGS AND PROVIDED COMMENTS TO DESIGN SUBMITTALS FOR FOUR VISITORS CENTERS AND ASSOCIATED LANDSCAPES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LANDSCAPE MANAGEMENT USING INNOVATIVE APPROACHES, FOCUSING ON NATURAL RESOURCE MANAGEMENT AND IMPROVED LIVELIHOODS. THESE PROGRAMS HELP CONSERVE SOME 200,000 HECTARES OF HIGH BIODIVERSITY FOREST AND RANGELANDS, AND NOW REACH OVER 16,000 HOUSEHOLDS IN MOUNTAIN

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

COMMUNITIES OF NEPAL. MORE SPECIFICALLY, THESE ACTIVITIES FOCUS ON PROVIDING TECHNICAL ASSISTANCE TO MOUNTAIN FARMERS FOR THE CULTIVATION OF MEDICINAL AND AROMATIC PLANTS. BY STRENGTHENING THE FARMERS' ABILITY TO CULTIVATE AND MARKET THEIR PRODUCTS, HELPING CONVERT FARMER GROUPS INTO COOPERATIVES, AND ASSISTING THESE COOPERATIVES TO BECOME VIABLE MOUNTAIN ENTERPRISES, THE INSTITUTE HAS HELPED TO IMPROVE THE INCOMES OF THESE MOUNTAIN FARMERS WHILE, AT THE SAME TIME, IMPROVED THE STATUS OF THE WILD STOCKS OF THREATENED MEDICAL PLANTS. THESE FARMERS GENERATED MORE THAN \$1,400,000 OF REVENUES IN 2012 FROM SALES OF THEIR CULTIVATED PLANT PRODUCTS (2013 SALES FIGURES ARE BEING COMPILED AT THE TIME OF WRITING). THE MEDICINAL AND AROMATIC PLANTS PROGRAM IS ALSO A CLIMATE ADAPTATION PROGRAM; BY DISCOURAGING FORAGING, THE INSTITUTE IS ABLE TO PROTECT FORESTS THAT CAN CONTINUE TO CAPTURE RAINFALL AND SERVE OTHER IMPORTANT FUNCTIONS WHILE, AT THE SAME TIME, HELPS COMMUNITIES AND FARMERS BECOME MORE RESILIENT.

FROM 2008-2013, THE INSTITUTE ALSO PROVIDED FOOD AID TO THOUSANDS OF HOUSEHOLDS IN DROUGHT-STRICKEN WESTERN NEPAL, WHICH HELPED TO FEED NEARLY 200,000 PEOPLE IN A SEVERELY FOOD DEFICIT REGION OF NEPAL. THE INSTITUTE HELPED DISTRIBUTE OVER 15,000 METRIC TONS OF RICE AND PULSES (LEGUMES) IN A ROADLESS MOUNTAIN AREA. USING FOOD FOR WORK MECHANISMS, THE COMMUNITIES SERVED BY THE INSTITUTE COMPLETED OVER 900 VILLAGE PROJECTS, WHICH RESULTED BOTH IN IMPROVED IRRIGATION OF FARMLAND AND BETTER ACCESS TO EDUCATION, HEALTH CARE AND MARKETS.

FINALLY, THE NEPAL PROGRAM IS ALSO WORKING WITH MOUNTAIN COMMUNITIES TO STRENGTHEN THEIR RESILIENCE TO CLIMATE CHANGE, FOCUSING ITS WORK IN TWO WATERSHEDS IN MID-WESTERN NEPAL, AND ONE WATERSHED IN THE MT. EVEREST

Name of the organization	Employer identification number
THE MOUNTAIN INSTITUTE, INC.	55-0541323

REGION, HELPING THOSE COMMUNITIES ADAPT TO RAPIDLY FORMING GLACIAL LAKES AND TO REDUCE DISASTER RISKS. BOTH ACTIVITIES FOCUS ON TRAINING COMMUNITIES IN CLIMATE CHANGE ADAPTATION TECHNIQUES, BUILDING CLIMATE RESILIENCE, AND REDUCING COMMUNITY VULNERABILITIES AND DISASTER RISKS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DONORS TO TAKE ACTIONS THAT EFFECTIVELY REDUCE THE RISK OF GLACIAL LAKE OUTBURST FLOODS IN BOTH COUNTRIES.

DEVELOPMENT OUTCOMES HAVE INCLUDED, WITH KEY PARTNERS, A PORTFOLIO OF HIGH MOUNTAIN CLIMATE CHANGE ADAPTATION MECHANISMS IN LINE WITH REGIONAL DEVELOPMENT PRIORITIES DESIGNED TO ADDRESS THE EXPRESSED AND PRIORITY VULNERABILITIES OF REDUCED ACCESS TO FRESHWATER, INCREASED LANDSLIDES, INCREASING TEMPERATURES, GLACIAL LAKE OUTBURST FLOODS, EMERGING GLACIAL LAKES, AND GEOMORPHIC INSTABILITY. A HIMAP COMMUNITY OF PRACTICE, BACKSTOPPED BY A SECRETARIAT, IS IN PLACE THAT IS ACTIVELY SHARING KNOWLEDGE INTERNATIONALLY BETWEEN HIGH MOUNTAIN SCIENTISTS AND PRACTITIONERS, UNDERTAKING COMPARATIVE ANALYSES, IMPLEMENTING CLIMATE CHANGE ADAPTATION PROJECTS, AND INFLUENCING HIGH MOUNTAIN POLICY.

THROUGH ITS CLIMBER SCIENTIST SMALL GRANTS PROGRAM, THE HIMAP HAS FOSTERED A NEW GENERATION OF MOUNTAIN-SCIENTISTS FLUENT IN CLIMATE CHANGE AND ADAPTATION ISSUES, FIELD AS WELL AS LABORATORY METHODS, INTEGRATION OF TRADITIONAL KNOWLEDGE, ACTIVE COMMUNITY ENGAGEMENT, AND CLIMATE-SMART DEVELOPMENT IN HIGH MOUNTAIN GLACIAL WATERSHEDS. THROUGH REGULAR PRESENTATIONS AND PUBLICATIONS IN THE PEER REVIEWED AND POPULAR LITERATURE, HIMAP HAS RAISED AWARENESS GLOBALLY FOR THE CRITICAL IMPORTANCE OF HIGH MOUNTAIN GLACIAL WATERSHEDS WITH DONORS,

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

INTERNATIONAL AGENCIES, AND GOVERNMENTS ACTIVELY SUPPORTING CLIMATE CHANGE ADAPTATION AND RESILIENCE BUILDING IN THESE REGIONS. THE EVEREST ALLIANCE, A NEW INITIATIVE DESIGNED TO SOLVE THE SOCIAL AND ENVIRONMENTAL PROBLEMS OF MT. EVEREST BASED ON COLLABORATION BETWEEN ALL STAKEHOLDERS, WAS SUCCESSFULLY ESTABLISHED IN 2013 AND IS EXPECTED TO GROW INTO A SIGNIFICANT INTERNATIONAL PROGRAM BY 2015.

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

SOUTH AMERICA: THE INSTITUTE OPERATES THREE FIELD SITES IN PERU TO ADDRESS CLIMATE CHANGE ADAPTATION THROUGH ECOSYSTEM CONSERVATION AND DIVERSIFICATION OF RURAL LIVELIHOODS. THE THREE FIELD SITES ARE HIGHLAND SOURCES OF WATER FOR BOTH LOCAL COMMUNITIES AND DOWNSTREAM USERS. THESE ARE REMOTE MOUNTAIN LOCATIONS CHARACTERIZED BY EXTREME POVERTY, LAND DEGRADATION AND EXPOSURE TO CLIMATE CHANGE IMPACTS. THESE LOCATIONS ARE:

(1) HIGHLAND AREAS OF THE PIURA REGION IN NORTHERN PERU. THROUGH ITS CURRENT PROGRAMS, THE INSTITUTE PROVIDES TECHNICAL ADVICE TO HIGHLAND AYABACA AND HUANCABAMBA PROVINCES (POPULATION: 262,000) TO FOSTER CONSERVATION STRATEGIES FOR 120,000 HECTARES (300,000 ACRES) OF PARAMO, NEOTROPICAL GRASSLAND ALPINE ECOSYSTEMS THAT REGULATE WATER FOR NEARLY 600,000 FARMERS AND CITY RESIDENTS IN THE CHIRA-PIURA WATERSHED. THE INSTITUTE SUPPORTS THE DIVERSIFICATION OF LIVELIHOOD ACTIVITIES THAT HELP REDUCE LAND USE PRESSURE ON PARAMO ECOSYSTEM.

(2) CORDILLERA BLANCA RANGE IN THE ANCASH REGION IN CENTRAL PERU. THIS RANGE, THE MOST EXTENSIVE COLLECTION OF TROPICAL GLACIERS IN THE WORLD, IS SUBJECT TO RAPID LOSS OF ICE (APPROXIMATELY 30% IN THE LAST THIRTY

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

YEARS). THE LOSS OF ICE IMPACTS THE AVAILABILITY OF WATER, INCREASES THE RISK OF GLACIAL LAKE OUTBURST FLOODS, AND EVEN AFFECTS THE QUALITY OF WATER. DURING THE FISCAL YEAR, THE INSTITUTE PROVIDED ASSISTANCE TO THE CITY OF HUARAZ (POPULATION 110,000) TO DESIGN ADAPTATION STRATEGIES IN RESPONSE TO THE IMPACTS OF GLACIER RECESSION AND CLIMATE CHANGE. FOR EXAMPLE, THE INSTITUTE SUPPORTED ACTIONS TO REDUCE THE RISK OF THE OUTBURST OF GLACIAL LAKES LOCATED ABOVE THE CITY THAT THREATEN TO ENDANGER THOUSANDS OF CITY RESIDENTS. THE INSTITUTE SUPPORTED THE DEVELOPMENT OF LONG-TERM ADAPTATION PLANS AND LEVERAGED OVER \$400,000 IN PUBLIC FUNDS DURING 2013 TO SUPPORT THE IMPLEMENTATION OF THE ACTIONS IDENTIFIED IN THESE PLANS. FURTHERMORE, THE INSTITUTE ALSO PROVIDED ASSISTANCE TO THE CITY OF HUARAZ TO DESIGN BOTH AN EARLY WARNING SYSTEM AND ENGINEERING PROJECTS TO REDUCE THE LEVEL OF THE GLACIAL LAKE THAT IS POSING A RISK TO THE CITY. THE INSTITUTE IS ALSO SUPPORTING APPLIED RESEARCH ON THE USE OF NATURAL WETLANDS TO CLEAN WATER CONTAMINATED BY HEAVY METALS. IN PARTNERSHIP WITH ENGINEERS WITHOUT BORDERS, THE INSTITUTE CONTINUED ITS SUPPORT OF A COMMONWEALTH OF 10 MUNICIPALITIES (POPULATION 30,656) LOCATED IN THE HEADWATERS OF THE SANTA RIVER WATERSHED.

(3) HIGHLAND AREAS OF THE LIMA AND JUN

EXPENSES \$ 253,901. INCLUDING GRANTS OF \$ 7,206. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FOR THE YEAR ENDED SEPTEMBER 30, 2013, THE FEDERAL FORM WAS REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY IS

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

40

COPY

10490317 786783 TMI

2012.05060 THE MOUNTAIN INSTITUTE, INC TMI___1

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

INCLUDED IN THE EMPLOYEE MANUAL DISTRIBUTED TO EACH STAFF PERSON AND POSTED ON THE STAFF INTRANET SITE. A CONFLICT OF INTEREST STATEMENT & DISCLOSURE FORM IS PRESENTED TO EACH PROSPECTIVE BOARD MEMBER, AND NEW BOARD MEMBERS ARE EXPECTED TO REVIEW AND SIGN THE FORM ON ASSUMING HIS OR HER POSITION ON THE BOARD OF TRUSTEES. ALL BOARD MEMBERS, DIRECTORS AND OFFICERS, AND ALL STAFF REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. IF A REAL OR PERCEIVED CONFLICT OF INTEREST ARISES, THE INTERESTED PARTY IS PRECLUDED FROM PARTICIPATING AND VOTING ON THE MATTER. A DECISION IS MADE BY THE REMAINING DISINTERESTED PERSONS, AND ALTERNATIVES ARE INVESTIGATED.

FORM 990, PART VI, SECTION B, LINE 15: THE INSTITUTE COMPARES ITS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES TO VARIOUS NON-PROFIT SALARY SCALES PROVIDED BY NON-PROFIT PROFESSIONAL ORGANIZATIONS AND ASSOCIATIONS IN THE DC REGION. THE INSTITUTE SEEKS COMPENSATION THAT IS APPROXIMATELY IN THE MIDDLE OF THE NON-PROFIT RANGE FOR SIMILAR NON-PROFIT ORGANIZATIONS OR NON-PROFITS OF COMPARABLE ANNUAL BUDGET SIZE. THE INSTITUTE DOES TAKE INTO ACCOUNT POSTING LOCATION WHEN ASSESSING STAFF COMPENSATION. THE EXECUTIVE DIRECTOR ESTABLISHES COMPENSATION FOR OTHER MEMBERS OF THE SENIOR MANAGEMENT TEAM, UNDER THE SUPERVISION AND REVIEW OF THE EXECUTIVE COMMITTEE. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY VOTE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE INSTITUTE MAKES A SUMMARY OF ITS FINANCIAL STATEMENTS AVAILABLE IN ITS ANNUAL REPORT, WHICH IS POSTED ON ITS WEBSITE AND CAN BE DOWNLOADED BY THE GENERAL PUBLIC. COPIES OF GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE AVAILABLE TO ALL STAFF ON THE INSTITUTE'S INTRANET AND CAN EASILY BE DOWNLOADED AND PROVIDED TO THE

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

PUBLIC BY ANY STAFF PERSON.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MOUNTAIN VIEW SOLAR - SOLAR PANEL INSTALLATION:

PROGRAM SERVICE EXPENSES	34,660.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,660.

CONSULTING FEES FOR CULTURAL ANTHROPOLOGISTS:

PROGRAM SERVICE EXPENSES	86,915.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	86,915.

CONSULTING FEES FOR COMMUNITY OF PRACTICE MODERATOR:

PROGRAM SERVICE EXPENSES	25,200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,200.

CONSULTING FEES FOR RESEARCH PAPERS:

PROGRAM SERVICE EXPENSES	10,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,850.

CONSULTING FEES FOR ALTERNATIVE ENERGY STRATEGY IN WV:

232212
01-04-13

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

PROGRAM SERVICE EXPENSES	9,242.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,242.

GLACIAL LAKES SPECIALIST:

PROGRAM SERVICE EXPENSES	17,844.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,844.

TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	3,316.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,316.

CONSULTANTS - HIMAP PROJECT:

PROGRAM SERVICE EXPENSES	44,882.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,882.

CONSULTANTS - CLIMATE CHANGE:

PROGRAM SERVICE EXPENSES	47,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,500.

Name of the organization	THE MOUNTAIN INSTITUTE, INC.	Employer identification number	55-0541323
--------------------------	------------------------------	--------------------------------	------------

OTHER PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES	63,157.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	63,157.
----------------	---------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	343,566.
--	----------