

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

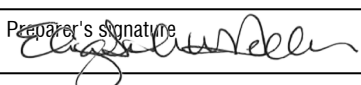
B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	C Name of organization THE MOUNTAIN INSTITUTE, INC.		D Employer identification number 55-0541323
	Doing Business As		E Telephone number (202) 234-4050
	Number and street (or P.O. box if mail is not delivered to street address) 3000 CONNECTICUT AVENUE NW	Room/suite 101	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20008		G Gross receipts \$ 2,850,554.
	F Name and address of principal officer: ANDREW TABER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.MOUNTAIN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	25
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,181,513.	Current Year 1,969,387.
	9 Program service revenue (Part VIII, line 2g)	1,219,149.	836,535.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,264.	9,446.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,896.	35,186.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,419,822.	2,850,554.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	306,555.	163,505.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,276,555.	1,249,483.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,404.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,108,327.	1,400,093.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,691,437.	2,813,081.
	19 Revenue less expenses. Subtract line 18 from line 12	728,385.	37,473.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,898,646.	End of Year 1,258,762.
	21 Total liabilities (Part X, line 26)	727,845.	1,095,152.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,170,801.	163,610.

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		Date		
	ANDREW TABER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH HELLER	Preparer's signature 	Date 4/14/2015	Check if self-employed <input type="checkbox"/>	PTIN P00397829
	Firm's name ▶ TATE AND TRYON	Firm's EIN ▶ 52-1855942		Phone no. (202) 293-2200	
	Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036				

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

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014**2013**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at** www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

THE MOUNTAIN INSTITUTE, INC.**55-0541323**

Name and title of officer

ANDREW TABER**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,850,554.</u>
2a Form 990-EZ check here ▶	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only☒ I authorize **TATE AND TRYON**

ERO firm name

to enter my PIN **20036**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 4/14/15**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52472820008

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 4/14/2015**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
323051
10-01-13

Form **8879-EO** (2013)

14500413 790809 55-0541323

2013.05080 THE MOUNTAIN INSTITUTE, I 55-05411

Product: Exempt

Name: THE MOUNTAIN INSTITUTE, INC.

FEIN: *****1323

Category:

Fiscal Year

Begin Date: 10/1/2013

IRS Center: Ogden

e-Postmark: 4/14/2015 11:02:40 AM

Notification:

Fiscal Year

End Date: 9/30/2014

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
4/14/2015	Upload Started			Heller,Elizabeth
4/14/2015	Released for Transmission - Validation in Progress			lheller
4/14/2015	Ready to transmit - Validation Complete			
4/14/2015	Transmitted to FD	52472820151040335e11		
4/14/2015	Accepted by FD on 4/14/2015			

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. THE MOUNTAIN INSTITUTE	Employer identification number (EIN) or 55-0541323
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3000 CONNECTICUT AVENUE NW, NO. 101	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20008	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KELLY METZ

- The books are in the care of ► **3000 CONNECTICUT AVENUE NW SUITE - WASHINGTON, DC 20008**
Telephone No. ► **202-234-4050** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

☒**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 on the 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 \$ 957,974. including grants of \$ 107,458.) (Revenue \$)
SOUTH AMERICA - THE MOUNTAIN INSTITUTE'S ANDES PROGRAM OPERATES THREE FIELD SITES IN PERU TO ADDRESS CLIMATE CHANGE ADAPTATION THROUGH ECOSYSTEM CONSERVATION AND DIVERSIFICATION OF RURAL LIVELIHOODS. THE THREE FIELD SITES (1) HIGHLAND AREAS OF THE PIURA REGION IN NORTHERN PERU, (2) THE CORDILLERA BLANCA RANGE IN THE ANCASH REGION OF CENTRAL PERU, AND (3) HIGHLAND AREAS OF THE LIMA AND JUNIN ARE HIGHLAND SOURCES OF WATER FOR BOTH LOCAL COMMUNITIES AND DOWNSTREAM USERS. THESE REMOTE MOUNTAIN LOCATIONS ARE CHARACTERIZED BY EXTREME POVERTY, LAND DEGRADATION, AND EXPOSURE TO THE IMPACTS OF CLIMATE CHANGE.

(1) PIURA: SECURING WATER SOURCES: AS A FIRST STEP IN THE LARGER PROCESS OF CONSERVATION WATER SOURCES, TMI SUPPORTED COMMUNITY-LED

4b (Code:) (Expenses \$ 689,416. including grants of \$) (Revenue \$ 335,927.)
NORTH AMERICA - THE INSTITUTE'S WORK IN NORTH AMERICA FOCUSES ON EXPERIENTIAL EDUCATIONAL PROGRAMS AND SERVICE PROJECTS FOR STUDENTS AND TEACHERS IN APPALACHIA AND PUBLIC LANDS MANAGEMENT IN THE WESTERN U.S. 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.

IN 2014, STUDENTS IN GRADES 4-12 RECEIVED MORE THAN 5,400 DAYS' WORTH OF EDUCATIONAL SERVICES THROUGH THE INSTITUTE'S APPALACHIAN PROGRAM. MORE THAN HALF OF THE APPALACHIAN STUDENTS REPRESENT TRADITIONALLY UNDERSERVED AND LOW-INCOME POPULATIONS. IN ADDITION, APPROXIMATELY 3,200 PERSON-DAYS OF RECREATIONAL ACTIVITIES WERE HOSTED BY THE

4c (Code:) (Expenses \$ 421,149. including grants of \$) (Revenue \$ 500,608.)
SCIENCE AND EXPLORATION - THROUGH THE HIGH MOUNTAINS ADAPTATION PARTNERSHIP (HIMAP), THE MOUNTAIN INSTITUTE 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 THE CORDILLERA BLANCA REGION OF PERU. WORKING WITH KEY PARTNERS, STATE-OF-THE-ART GLACIER AND GLACIAL LAKE RESEARCH HAS BEEN COMBINED WITH THE DEVELOPMENT OF LOCAL ADAPTATION PLANS OF ACTION (LAPAS) IN THE KHUMBU AND CORDILLERA BLANCA. THE LAPAS, DEVELOPED WITH FULL COMMUNITY PARTICIPATION AND INFORMED BY FIELD RESEARCHER'S RESULTS, HAVE MOTIVATED GOVERNMENTS AND DONORS TO ACT TO REDUCE THE RISK OF GLACIAL LAKE OUTBURST FLOODS FOR 130,000 PEOPLE IN HUARAZ, AND

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

(Expenses \$ 233,297. including grants of \$ 56,047.) (Revenue \$)

4e Total program service expenses **2,301,836.**

Form 990 (2013)

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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?	38 X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?	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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line 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	15			
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		15		
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?				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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WV, VA, MD, PA, NC, DC, OH**

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, WASHINGTON, DC 20008

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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			
WILLIAM BEDDOW CHAIR	15.00	X		X				0.	0.	0.
MIKE GILL SECRETARY	2.00	X		X				0.	0.	0.
VOLKER HEIDEN TREASURER	5.00	X		X				0.	0.	0.
WALTER ARENSBURG TRUSTEE	2.00	X						0.	0.	0.
TONY BARCLAY TRUSTEE	5.00	X						0.	0.	0.
RICHARD BOUCHER TRUSTEE	2.00	X						0.	0.	0.
SUSAN BRAATZ TRUSTEE	2.00	X						0.	0.	0.
J. GABRIEL CAMPBELL TRUSTEE	2.00	X						0.	0.	0.
RUTH TAYLOR KIDD TRUSTEE	2.00	X						0.	0.	0.
ROSE LIKENS TRUSTEE	2.00	X						0.	0.	0.
AUGUSTA MOLNAR TRUSTEE	2.00	X						0.	0.	0.
ROBIN MURPHY TRUSTEE	2.00	X						0.	0.	0.
NIKUNJ SHAH TRUSTEE	2.00	X						0.	0.	0.
JOHN SHILLING TRUSTEE	2.00	X						0.	0.	0.
JOE TEPLITZ TRUSTEE	2.00	X						0.	0.	0.
ANDREW TABER EXECUTIVE DIRECTOR	40.00			X				137,286.	0.	14,316.

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

(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			
1b Sub-total								137,286.	0.	14,316.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								137,286.	0.	14,316.

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**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
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 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,563.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	646,554.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,321,270.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,969,387.			
Program Service Revenue	2 a	CONSULTANTS / CONTRACTS	Business Code	900099	500,608.	500,608.	
	b	TUITION AND FEES		900099	335,927.	335,927.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		836,535.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			9,021.	
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	28,109.			28,109.
b	PERU TAX RECOVERED		900099	7,077.			7,077.
c							
d	All other revenue						
e	Total. Add lines 11a-11d			35,186.			
12	Total revenue. See instructions.			2,850,554.	836,535.	0.	44,632.

Part IX Statement of Functional Expenses

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

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

☒ 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	44,931.	44,931.		
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	118,574.	118,574.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,585.	108,984.	38,100.	5,501.
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	874,861.	631,069.	213,045.	30,747.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	165,803.	107,889.	50,588.	7,326.
10 Payroll taxes	56,234.	36,592.	17,157.	2,485.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	37,525.		37,525.	
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.)	508,623.	512,923.	-5,334.	1,034.
12 Advertising and promotion				
13 Office expenses	136,354.	112,865.	20,755.	2,734.
14 Information technology	38,459.	31,402.	6,749.	308.
15 Royalties				
16 Occupancy	95,351.	71,316.	24,035.	
17 Travel	182,117.	162,665.	11,507.	7,945.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,726.	100,686.		40.
20 Interest	20,487.	2,604.	17,819.	64.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,706.	8,706.		
23 Insurance	21,557.	5,010.	16,547.	
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	193,523.	192,242.	1,281.	
b CURRENCY LOSSES	36,365.	36,365.		
c PRINTING AND PUBLICATIONS	14,945.	13,952.	780.	213.
d PENALTIES & FEES	2,184.	277.	1,900.	7.
e All other expenses	3,171.	2,784.	387.	
25 Total functional expenses. Add lines 1 through 24e	2,813,081.	2,301,836.	452,841.	58,404.
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 or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	142,629.	1	117,397.
	2 Savings and temporary cash investments	642,044.	2	501,262.
	3 Pledges and grants receivable, net	1,665,505.	3	149,537.
	4 Accounts receivable, net	90,275.	4	99,362.
	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	3,202.	9	13,339.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 727,473.		
	b Less: accumulated depreciation	10b 395,628.	10c	331,845.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,440.	15	46,020.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,898,646.	16	1,258,762.	
Liabilities	17 Accounts payable and accrued expenses	115,982.	17	161,789.
	18 Grants payable		18	
	19 Deferred revenue	13,863.	19	339,863.
	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	598,000.	23	593,500.
	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	727,845.	26	1,095,152.
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	-793,605.	27	-651,290.
	28 Temporarily restricted net assets	2,577,094.	28	427,588.
	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	2,170,801.	33	163,610.
	34 Total liabilities and net assets/fund balances	2,898,646.	34	1,258,762.

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,850,554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,813,081.
3	Revenue less expenses. Subtract line 2 from line 1	3	37,473.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,170,801.
5	Net unrealized gains (losses) on investments	5	22.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,044,686.
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	163,610.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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? _____	<input checked="" type="checkbox"/>	
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 _____	<input checked="" type="checkbox"/>	

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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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2728831.	2484735.	1390560.	2181513.	1969387.	10755026.
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	2728831.	2484735.	1390560.	2181513.	1969387.	10755026.
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)						185,885.
6 Public support. Subtract line 5 from line 4.						10569141.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2728831.	2484735.	1390560.	2181513.	1969387.	10755026.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,425.	13,722.	8,370.	11,264.	9,021.	62,802.
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.)	8,182.	12,160.	944.	7,663.	35,186.	64,135.
11 Total support. Add lines 7 through 10						10881963.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2013 (line 6, column (f) divided by line 11, column (f))	14	97.13	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.78	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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 OF OTHER INCOME

EXPLANATION: MISCELLANEOUS INCOME -

2009 AMOUNT \$8,182

2010 AMOUNT \$12,160

2011 AMOUNT \$944

2012 AMOUNT \$7,663

2013 AMOUNT \$35,186

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

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 its Form 990-PF, Part I, line 2, 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) (2013)

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
<u>1</u>		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 73,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 42,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 249,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 159,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 78,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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		\$ 46,562.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ 62,836.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9		\$ 50,612.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10		\$ 63,329.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11		\$ 568,877.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12		\$ 66,291.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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.**

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

OMB No. 1545-0047

2013

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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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?

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)?

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	656,981.	648,717.	640,474.	619,001.	515,342.
b Contributions					
c Net investment earnings, gains, and losses	9,021.	8,264.	8,243.	35,704.	37,439.
d Grants or scholarships					
e Other expenditures for facilities and programs				14,231.	2,440.
f Administrative expenses					
g End of year balance	666,002.	656,981.	648,717.	640,474.	550,341.

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 58.00 %
 c Temporarily restricted endowment ☒ 42.00 %

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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.	377,604.	37,993.
c Leasehold improvements				
d Equipment		43,048.	18,024.	25,024.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				331,845.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,850,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	22.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	22.
3	Subtract line 2e from line 1	3	2,850,554.
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	2,850,554.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,813,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,813,081.
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	2,813,081.

Part XIII Supplemental Information.

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:

EXPLANATION: 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:

EXPLANATION: THE INSTITUTE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE INSTITUTE'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE AND LOCAL TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

55-0541323

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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	8	PROGRAM SERVICES (CONSERVATION, LIVELIHOODS)		177,251.
SOUTH AMERICA	4	29	PROGRAM SERVICES (CONSERVATION, LIVELIHOODS)		850,515.
SOUTH ASIA	1	8	GRANT MAKING		56,047.
SOUTH AMERICA	4	29	GRANT MAKING		107,458.
3 a Sub-total	10	74			1,191,271.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	10	74			1,191,271.

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

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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	SUPPORT IMPLEMENTATION OF RESTORATION OF 11TH CENTURY RINCHENLING	29,797.	CHECK/BANK TRANSFER	0.		
		SOUTH ASIA	MEDICINAL PLANTS IMPLEMENTING PARTNER	8,946.	CHECK/BANK TRANSFER	0.		
		SOUTH ASIA	IRRIGATION, WATERSHED WORK IN WESTERN NEPAL	7,120.	CHECK/BANK TRANSFER	0.		
		SOUTH ASIA	MEDICINAL PLANTS IMPLEMENTING PARTNER	6,965.	CHECK/BANK TRANSFER	0.		
		SOUTH ASIA	PROMOTING VILLAGE BASED ECO-TOURISM IN NEPAL'S EASTERN HIMALAYA	3,219.	CHECK/BANK TRANSFER	0.		
		SOUTH AMERICA	BIODIVERSITY CONSERVATION, ECOSYSTEM BASED ADAPTATION	62,526.	CHECK/BANK TRANSFER	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 0

3 Enter total number of other organizations or entities 6

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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) 2013

Part V Supplemental Information

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.

PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT IMPLEMENTATION OF RESTORATION OF 11TH
CENTURY RINCHENLING MONASTERY IN HALJI, NEPAL

SCHEDULE F, PART I, LINE 2

EXPLANATION: 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.**

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

OMB No. 1545-0047

2013

**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
UNIVERSITY OF TEXAS AUSTIN 101 E. 27TH STREET, NOA 5.300, STOP AUSTIN, TX 78712	74-6000203	115	44,931.	0.			TO SUPPORT UNASAM (THE NATIONAL UNIVERSITY IN HUARAZ, PERU, WHERE OUR USAID PROJECT IS BASED)

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: 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

Part IV Supplemental Information

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS AUSTIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UNASAM (THE NATIONAL UNIVERSITY IN HUARAZ, PERU, WHERE OUR USAID PROJECT IS BASED) AND OTHER UNIVERSITY PARTNERS WITH ADVANCED TRAINING ON CLIMATE CHANGE VULNERABILITY AND HYDROLOGY ANALYSIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

55-0541323

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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:

EXPERIMENTATION WITH A BIOREMEDIATION SYSTEM FOR SECURING DRINKING
WATER. TO SUSTAIN THE PROJECT, TMI ALSO HELPED THE COMMUNITIES
ESTABLISH WORKING RELATIONSHIPS WITH THE LOCAL PUBLIC UNIVERSITY
SANTIAGO ANTUNES DE MAYOLO UNIVERSITY (UNASAM) TO CONTINUE WATER
QUALITY BIOREMEDIATION ACTIVITIES AND RANGE LAND CONSERVATION, TOGETHER
WITH THE LABORATORY OF GRASSLAND ECOLOGY AND UTILIZATION OF LA MOLINA
AGRARIAN UNIVERSITY (LEUP-UNALM).

IMPROVING AGRICULTURE: TMI WORKED WITH THE ACOBASPA ASSOCIATION TO
ACCESS NEW SEED PRODUCTION TECHNIQUES THAT NOT ONLY REDUCED COSTS BY
60% BUT ALSO IMPROVED YIELDS BY 35%. ALSO, 75 FAMILIES INTRODUCED
IRRIGATION SYSTEMS TO IMPROVE PASTURE, WHICH INCREASED MILK PRODUCTION
AND IN TURN ALLOWED THE FAMILIES TO INCREASE CHEESE PRODUCTION BY 25%
AND DOUBLE THEIR TOTAL SALES. OTHER ACTIVITIES INCLUDED WORKING WITH
THE COMMUNITY TO IDENTIFY 38 MEDICINAL PLANT SPECIES WITH ECONOMIC
POTENTIAL AND START VALUE-ADDED PROCESSING; ALSO THE WOMEN'S
ASSOCIATION EVALUATED 120 POTATO VARIETIES ADAPTED TO TROPICAL

MOUNTAINS AND SELECTED 20 FOR FIELD TESTING, ALONG WITH ONE VARIETY OF

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

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55-0541323

QUINOA GRAIN.

(2) CORDILLERA BLANCA/ANCASH: PROMOTING AGROFORESTRY AND APICULTURE:

TMI WORKED WITH THE COMMUNITIES OF HUASTA AND AQUIA ECONOMIC ACTIVITIES TO ALLEVIATE PRESSURE ON NATIVE FORESTS AND FOSTER SUSTAINABLE FOREST MANAGEMENT PRACTICES. THIS INCLUDED ESTABLISHING TWO NURSERIES THAT PRODUCED 15,000 NATIVE TREE SEEDLINGS THAT BENEFITED TWENTY RURAL FAMILIES. THE PROJECT ALSO INSTALLED 15 BEEHIVES IN HUASTA AND AQUIA, BENEFITING 10 FAMILIES, AND TRAINED 20 WOMEN IN APICULTURE AND THE PROCESSING OF MEDICINAL PLANTS. THE WOMEN HAVE SOLD MORE THAN 5,000 NATIVE SEEDLINGS, IMPROVING HOUSEHOLD INCOME BY 10%, AND WE ARE PROJECTING AN INCREASE IN THE PRODUCTION OF HONEY AND HERBAL PRODUCTS IN THE COMMUNITIES.

PRESERVING TRADITIONAL KNOWLEDGE: WE ALSO WORKED WITH THE COMMUNITIES TO GATHER THEIR TRADITIONAL KNOWLEDGE OF MEDICINAL PLANTS AND HONEY PRODUCTION AND PUBLISHED A HANDBOOK ON EACH. THIS INFORMATION WAS ALSO CONTRIBUTED TO THE PUBLICATION OF THE BOOK TITLED "ANCESTRAL KNOWLEDGE FOR SUSTAINABLE FOREST MANAGEMENT." THIS BOOK WAS CO-PUBLISHED WITH THE ECUADORAN NGO ECOPAR AND IT COLLECTS TRADITIONAL KNOWLEDGE FROM PERU AND ECUADOR ON THE MANAGEMENT OF NATIVE FORESTS. PLEASE SEE THE DESCRIPTION OF THE HIMAP PROJECT UNDER SCIENCE AND EXPLORATION, BELOW, FOR A DESCRIPTION OF OUR ACCOMPLISHMENTS IN THE CORDILLERA BLANCA RELATED TO GLACIAL LAKES.

ADAPTING TO CLIMATE CHANGE: WE ESTABLISHED AGREEMENTS WITH THREE COMMONWEALTHS (WARAQ, THREE BASINS, AND YANAMAYO) COVERING FOUR PROVINCES OF ANCASH TO IMPLEMENT TRAINING ACTIVITIES, CAPACITY BUILDING

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TECHNIQUES, AND INNOVATIONS TO PROMOTE ADAPTATION TO CLIMATE CHANGE. AS A FIRST STEP, TMI COMPLETED AN ASSESSMENT OF CLIMATE-RELATED RISKS AND DEVELOPED TRAINING MATERIALS FOR UNIVERSITIES, MUNICIPAL STAFF, AND RURAL COMMUNITIES.

(3) LIMA AND JUNIN: ADAPTING TO CLIMATE CHANGE: TMI IS WORKING IN THE NOR YAUYOS CONCHAS LANDSCAPE RESERVE WITH THE COMMUNITIES OF MIRAFLORES AND CANCHAYLLO ON MEASURES FOR ADAPTING TO CLIMATE CHANGE, SUCH AS IRRIGATION, CAPACITY BUILDING, MANAGEMENT OF THEIR NATIVE PASTURES AND WATER. IN THE CANCHAYLLO COMMUNITY, THE PROJECT HELPED REPAIR A LAKE DIKE, REHABILITATE 2.8 KM OF CANALS, RESTORE WETLANDS, AND IMPROVE LIVESTOCK MANAGEMENT. THE COMMUNITY CONTRIBUTED NEARLY 45% OF THE BUDGET FOR THIS INFRASTRUCTURE WORK. IN THE COMMUNITY OF MIRAFLORES, A PROTECTION ZONE OF PASTURE WAS EXPANDED, AND RANGE MANAGEMENT IMPROVED, BY RESTORING PRE-INCA DAMS AND A 3-KM WATER CHANNEL, WHICH BROUGHT WATER TO A NEW AREA.

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

INSTITUTE DURING THE YEAR. THE INSTITUTE ALSO OFFERS PROFESSIONAL DEVELOPMENT WORKSHOPS FOR TEACHERS IN APPALACHIA AND THE CHESAPEAKE BAY WATERSHED. THE MOUNTAIN INSTITUTE'S FACILITY AT SPRUCE KNOB IS CLOSE TO THE HEADWATERS OF THE POTOMAC RIVER - THE WATERSHED THAT SERVES MUCH OF THE WASHINGTON, DC, METROPOLITAN AREA. GIVEN THE PROXIMITY TO THE TOP OF THE WATERSHED, THE MOUNTAIN 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 APPALACHIAN EDUCATIONAL PROGRAM.

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

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THE SOLAR ARRAY THAT WAS INSTALLED AT SPRUCE KNOB IN 2013 HAS RESULTED IN AN EXPANSION OF THE INSTITUTE'S EXPERIENTIAL EDUCATION CURRICULUM TO INCLUDE THE USE OF ALTERNATIVE ENERGY AND ENERGY CONSERVATION. TMI TESTED AN ENERGY EDUCATION PROGRAM IN THREE SCHOOLS IN 2014 AND HAS RECEIVED FUNDING TO OFFER THIS PROGRAM TO ADDITIONAL SCHOOLS IN WEST VIRGINIA'S SOUTHERN COALFIELD COUNTIES.

THE INSTITUTE CONTINUES TO COLLABORATE WITH SEVEN NUWUVI (SOUTHERN PAIUTE) AND NEWE (WESTERN SHOSHONE) NATIONS, THE US FOREST SERVICE, AND THE US FISH AND WILDLIFE SERVICE IN SOUTHERN NEVADA TO INTEGRATE CULTURAL PERSPECTIVES INTO NATURAL RESOURCE MANAGEMENT, INTERPRETATION, AND EDUCATION. TMI'S PROJECTS ALSO ASSIST IN CULTURAL CONSERVATION AND RESTORATION BY FACILITATING THE TRANSMISSION OF INDIGENOUS ECOLOGICAL KNOWLEDGE. IN 2014, TMI FACILITATED AN INTER-GENERATIONAL PINE NUT HARVEST IN THE SPRING MOUNTAINS NATIONAL RECREATION AREA AND DESERT NATIONAL WILDLIFE REFUGE, WHICH WAS ATTENDED BY MORE THAN 150 NUWUVI PARTICIPANTS AS WELL AS REPRESENTATIVES FROM FEDERAL AGENCIES AND COMMUNITY VOLUNTEERS. TMI ALSO HELD AN ANNUAL MEETING FOR 20 REPRESENTATIVES FROM SIX NUWUVI NATIONS, THE FOREST SERVICE, AND THE FISH AND WILDLIFE SERVICE. AT THE PAHRANAGAT NATIONAL WILDLIFE REFUGE, TMI PLANNED AND IMPLEMENTED A CHARRETTE FOR 25 FEDERAL AGENCY REPRESENTATIVES, NUWUVI WORKING GROUP MEMBERS, AND OTHER LOCAL STAKEHOLDERS TO CREATE A PUBLIC-USE SITE PLAN FOR THE BLACK CANYON ARCHAEOLOGICAL DISTRICT. TMI PRESENTED OUTCOMES FROM THIS CHARRETTE AT A FINAL MEETING WITH 23 PARTICIPANTS. BASED ON OUR STUDY OF SIMILAR SITES, TMI ALSO RECOMMENDED BEST PRACTICES FOR BLACK CANYON.

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

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

THE MOUNTAIN INSTITUTE, INC.

Employer identification number

55-0541323

90,000 PEOPLE IN THE KHUMBU.

DEVELOPMENT OUTCOMES HAVE INCLUDED:

* STATE-OF-THE-ART RAPID RECONNAISSANCE METHODS FOR THE EVALUATION OF POTENTIALLY DANGEROUS GLACIAL LAKES HAVE BEEN DEVELOPED AND APPLIED IN NEPAL AND PERU, LINKING THE BEST OF MODERN TECHNOLOGIES WITH TRADITIONAL ON-THE-GROUND FIELD METHODS.

* DIRECT COLLABORATION AND EXCHANGE BETWEEN ASIAN AND ANDEAN COUNTRIES HAS BEEN ACTIVELY DEVELOPED AND PROMOTED.

* TWO LOCAL-SCALE CLIMATE CHANGE ADAPTATION PLANS HAVE BEEN COMPLETED AND ARE BEING IMPLEMENTED (E.G., LAPAS IN THE KHUMBU REGION OF NEPAL AND CORDILLERA BLANCA OF PERU), EACH BASED ON THE PRINCIPLES OF FULL COMMUNITY PARTICIPATION, CLIMATE SMART DEVELOPMENT, ECOSYSTEM-BASED ADAPTATION APPROACHES, RISK MITIGATION, AND DISASTER MANAGEMENT PLANNING.

* A HIGH-MOUNTAIN GLACIAL WATERSHED 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.

* A NEW GENERATION OF MOUNTAIN SCIENTISTS HAS BEEN FOSTERED THAT IS 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 (\$350,000 IN SMALL GRANTS AWARDED).

* A PORTFOLIO OF PEER-REVIEWED AND POPULAR PUBLICATIONS, VIDEOS, PUBLIC AND PROFESSIONAL PRESENTATIONS ON HIMAP ACTIVITIES HAS BEEN

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ESTABLISHED.

* AN EVEREST ALLIANCE HAS BEEN INITIATED TO TACKLE THE SOCIAL AND ENVIRONMENTAL PROBLEMS OF MT. EVEREST AND OTHER ICONIC MOUNTAINS THROUGH COOPERATION AND COLLABORATION.

* 22 PRIORITY ADAPTATION ACTIVITIES AS IDENTIFIED IN THE KHUMBU LAPA ARE BEING IMPLEMENTED BY THE SAGARMATHA NATIONAL PARK AND BUFFER ZONE MANAGEMENT PLAN.

INSTITUTIONAL OUTCOMES, SINCE HIMAP'S INCEPTION IN MARCH 2012, HAVE INCLUDED:

*\$1.4 MILLION (TMI) IN DIRECT AND IN-KIND SUPPORT RAISED FOR NEPAL, PERU, AND HQ,

* A PORTFOLIO OF NEW, SCIENCE-DRIVEN, COMMUNITY-BASED HIGH-MOUNTAIN CLIMATE CHANGE APPROACHES (LAPA + STATE OF THE ART FIELD RESEARCH), PARTNERSHIPS, AND ADAPTATION MECHANISMS HAVE BEEN DEVELOPED AND MAINSTREAMED INTO REGIONAL CLIMATE CHANGE AND DEVELOPMENT PRIORITIES.

* OVER \$3 MILLION IN CO-FINANCING RAISED BY THE TMI ANDES PROGRAM (USAID/PERU AND MINISTRY OF ENVIRONMENT) THAT WILL CONTINUE A RANGE OF PEAKS TO COAST, HIMAP, AND SCIENCE AND EXPLORATION ACTIVITIES DEVELOPED SINCE 2009.

*\$9 MILLION IN UNDP FUNDING MAINSTREAMED INTO RISK-REDUCTION MEASURES AND EARLY WARNING SYSTEMS FOR IMJA GLACIAL LAKE (THE NUMBER ONE KHUMBU LAPA VULNERABILITY AND PRIORITY ADAPTATION PROJECT).

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

ASIA - THE MOUNTAIN INSTITUTE'S NEPAL PROGRAM FOCUSES ON HIGH-BIODIVERSITY LANDSCAPE MANAGEMENT. TMI'S NATURAL RESOURCE MANAGEMENT AND IMPROVED LIVELIHOODS PROGRAMS HELP CONSERVE SOME 200,000 HECTARES OF HIGH-BIODIVERSITY FOREST AND RANGELANDS, AND NOW REACH OVER

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16,000 FARMING HOUSEHOLDS IN MOUNTAIN COMMUNITIES OF NEPAL WITH TECHNICAL ASSISTANCE FOR THE CULTIVATION OF MEDICINAL AND AROMATIC PLANTS. IN 2014 ALONE, 850 NEW FARMERS, 40 PERCENT OF WHOM WERE WOMEN, WERE TRAINED IN THREE MOUNTAIN DISTRICTS IN THE COUNTRY. AS IN THE PAST, MANY ADDITIONAL FARMERS WILL BE REPLICATING THE PRACTICE BY LEARNING FROM THE FORMALLY TRAINED FARMERS. 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 MOUNTAIN INSTITUTE HAS HELPED TO IMPROVE THE INCOMES OF THESE MOUNTAIN FARMERS WHILE IMPROVING THE STATUS OF THE WILD STOCKS OF THREATENED MEDICAL PLANTS. THESE FARMERS GENERATED MORE THAN \$800,000 OF REVENUES IN 2013 FROM SALES OF THEIR CULTIVATED PLANT PRODUCTS. THE MEDICINAL AND AROMATIC PLANTS PROGRAM IS ALSO A CLIMATE ADAPTATION PROGRAM; BY DISCOURAGING WILD-PLANT FORAGING, THE MOUNTAIN INSTITUTE HELPS PROTECT FORESTS THAT CAPTURE RAINFALL AND SERVE OTHER IMPORTANT ECOSYSTEM FUNCTIONS WHILE, AT THE SAME TIME, HELPING COMMUNITIES AND FARMERS BECOME MORE RESILIENT.

THE NEPAL PROGRAM IS ALSO WORKING WITH MOUNTAIN COMMUNITIES IN TWO WATERSHEDS IN MID-WESTERN NEPAL AND ONE IN THE MT. EVEREST REGION, HELPING THOSE COMMUNITIES ADAPT TO, AND REDUCE THE RISKS POSED BY, RAPIDLY FORMING GLACIAL LAKES, FLOODS, AND OTHER HAZARDS. AN OUTPUT FROM THIS WORK IS THE PRODUCTION OF COMMUNITY AND LOCAL ADAPTATION PLANS OF ACTION--PLANNING DOCUMENTS DEVELOPED THROUGH COMMUNITY CONSULTATIONS IN THE THREE WATERSHEDS, WHICH IDENTIFY THE RISKS AND HAZARDS THAT THE COMMUNITY FACES DUE TO CLIMATE CHANGE, AND MEASURES THAT NEED TO BE TAKEN TO REDUCE THOSE RISKS. NINE DIFFERENT COMMUNITIES

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IN THE MT. EVEREST REGION (SAGARMATHA NATIONAL PARK AND BUFFER ZONE) ARE ADAPTING THE FOREST OPERATIONAL PLANS FOR COMMUNITY MANAGEMENT OF THEIR LOCAL FORESTS AND ARE INTEGRATING MEASURES TO ADDRESS REDUCING CLIMATE CHANGE INDUCED RISKS. ADDITIONALLY, AS PART OF BUILDING CLIMATE CHANGE ADAPTION AND RESILIENCE CAPACITY, OVER 550 INDIVIDUALS WERE TRAINED OVER THE PAST THREE YEARS; OVER 2,750 HOUSEHOLDS BENEFITTED FROM THE CONSTRUCTION/REHABILITATION OF IRRIGATION CANALS AND OVER 70 HECTARES OF LAND WAS IRRIGATED; OVER 350 INDIVIDUALS WERE TRAINED IN THE CULTIVATION AND COMMERCIALIZATION OF MEDICINAL AND AROMATIC PLANTS AS WELL. THESE PROGRAMS SUPPORTED THE STRENGTHENING AND DIVERSIFICATION OF LIVELIHOODS OF THE COMMUNITIES IN THESE AREAS, MANY OF WHOM FACE ACUTE SHORTAGES OF FOOD EVERY YEAR.

FINALLY, THE MOUNTAIN INSTITUTE HAS SUPPORTED THE RESTORATION OF AN 11TH CENTURY BUDDHIST MONASTERY IN A REMOTE COMMUNITY IN THE MID-WESTERN MOUNTAINS OF NEPAL. ANNUAL FLOODS FROM A GLACIER LAKE HAVE THREATENED THIS CULTURAL HERITAGE ALONG WITH THE SETTLEMENTS SURROUNDING IT. THE MOUNTAIN INSTITUTE HAS WORKED WITH THE COMMUNITY TO STRENGTHEN ALMOST 300 METERS OF THE RIVER EMBANKMENT THROUGH THE CONSTRUCTION OF A GABION WALL, PLACEMENT OF OVER 2000 SANDBAGS AND BY PLANTING FAST GROWING NATIVE SPECIES OF WILLOW TREES. ADDITIONALLY, THE MOUNTAIN INSTITUTE HAS ALSO SUPPORTED THE RESTORATION OF SOME OF THE PARTS OF THE MONASTERY BUILDING AND THE ADJOINING MONKS' QUARTERS. THIS EFFORT HAS CONTRIBUTED TOWARDS THE PRESERVATION OF A CULTURAL HERITAGE OF GREAT IMPORTANCE TO THE COMMUNITY IN THIS REMOTE REGION OF THE COUNTRY.

EXPENSES \$ 233,297. INCLUDING GRANTS OF \$ 56,047. REVENUE \$ 0.

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FORM 990, PART VI, SECTION A, LINE 1:

EXPLANATION: THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE AUTHORITY OF THE BOARD IN ITS ABSENCE, EXCEPTING THE FOLLOWING MATTERS: (A) THE SUBMISSION TO TRUSTEES OF ANY ACTION AS TO WHICH THE BOARD'S AUTHORIZATION IS REQUIRED BY LAW; (B) THE AMENDMENT OR REPEAL OF THE BYLAWS OR THE ADOPTION OF NEW BYLAWS; (C) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD; AND (D) THE ELECTION OF TRUSTEES OR OFFICERS, EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF NO FEWER THAN FIVE TRUSTEES, INCLUDING THE OFFICERS OF THE INSTITUTE WHO ARE ELECTED TRUSTEES, THE CHAIRMEN OF ITS STANDING COMMITTEES, AND SUCH OTHER TRUSTEES AS ARE ELECTED BY THE BOARD. THE EXECUTIVE DIRECTOR SHALL BE A NON-VOTING EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE. THE CHAIR AND SECRETARY OF THE BOARD SHALL SERVE AS THE CHAIR AND SECRETARY OF THE EXECUTIVE COMMITTEE, RESPECTIVELY.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FEDERAL FORM 990 WAS REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: A CONFLICT OF INTEREST POLICY IS 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

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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:

EXPLANATION: 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:

EXPLANATION: THE INSTITUTE MAKES ITS FULL AUDITED 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 PUBLIC BY ANY STAFF PERSON.

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

CONSULTANTS AND CONTRACTORS:

PROGRAM SERVICE EXPENSES 512,923.

MANAGEMENT AND GENERAL EXPENSES -5,334.

FUNDRAISING EXPENSES 1,034.

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TOTAL EXPENSES 508,623.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 508,623.

FORM 990, PART XI, LINE 8:

EXPLANATION: DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE INSTITUTE CHANGED ITS POLICY FOR ACCOUNTING FOR COST-REIMBURSABLE PROMISES TO GIVE. PREVIOUSLY, THE INSTITUTE RECOGNIZED REVENUE, ALONG WITH A CORRESPONDING RECEIVABLE, FOR FUNDING DEEMED TO BE "OBLIGATED" BY THE AWARDING AGENCY. HOWEVER, IN ORDER TO MORE CLEARLY REFLECT THE COST-REIMBURSABLE NATURE OF THESE ARRANGEMENTS, THE INSTITUTE HAS ELECTED TO ACCOUNT FOR THEM AS CONDITIONAL PROMISES TO GIVE AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2014. AS A RESULT, THE INSTITUTE WILL ONLY RECOGNIZE REVENUE UNDER THESE ARRANGEMENTS AS THE RELATED COSTS ARE INCURRED. THUS, THE NET ASSET BALANCES AS OF OCTOBER 1, 2013 HAVE BEEN RESTATED, IN ORDER TO REFLECT THE IMPACT OF THIS CHANGE IN ACCOUNTING POLICY.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.