

**Return of Organization Exempt From Income Tax**

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**For the 2008 calendar year, or tax year beginning , 2008, and ending ,**

<b>B</b> Check if applicable:	<input type="checkbox"/> Address change	<b>Please use IRS label or print or type. See specific instructions.</b>	FOUNDATION FOR SUSTAINABLE DEVELOPMENT 517 POTRERO AVENUE B SAN FRANCISCO, CA 94110	<b>D</b> Employer Identification Number	56-1938284
<input type="checkbox"/> Name change	<b>E</b> Telephone number			415-283-4873	
<input type="checkbox"/> Initial return	<b>G</b> Gross receipts \$			1,304,913.	
<input type="checkbox"/> Termination	<b>H(a)</b> Is this a group return for affiliates?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return	<b>H(b)</b> Are all affiliates included? If 'No,' attach a list. (see instructions)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:			SAME AS C ABOVE	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.FSDINTERNATIONAL.ORG				<b>L</b> Year of Formation: 2003 <b>M</b> State of legal domicile: CA	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>FSD SUPPORTS THE EFFORTS OF GRASSROOTS DEVELOPMENT ORGANIZATIONS IN LATIN AMERICA, EAST AFRICA, AND ASIA THAT ARE WORKING TO BETTER THE COMMUNITIES, ENVIRONMENTS, AND THE ECONOMIC OPPORTUNITIES AROUND THEM. THROUGH OUR PROGRAMS, WE AIM TO RAISE INTERNATIONAL</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	9
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	223,442.	260,951.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	984,921.	1,031,768.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,782.	5,982.
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,953.	6,212.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,226,098.	1,304,913.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	572,404.	672,323.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	259,884.	375,877.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,069.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	344,386.	337,869.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,176,674.	1,386,069.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	49,424.	-81,156.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	384,381.	312,786.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	168,155.	177,716.
		216,226.	135,070.

**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.

<b>Sign Here</b>	Signature of officer _____ <b>ERIC YOUNGER</b> Type or print name and title.	Date	CEO
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>DOUGLAS W. REGALIA</b>	Date	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>REGALIA &amp; ASSOCIATES, CPAS 103 TOWN &amp; COUNTRY DR., STE. K DANVILLE, CA 94526</b>	EIN ▶ <b>68-0260103</b>	<b>P00186389</b>
		Phone no. ▶ <b>925-314-0390</b>	

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

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,251,149. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ \$ 1,251,149. (Must equal Part IX, Line 25, column (B).)

**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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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>		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>	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>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J.</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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>		X

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
<b>1 a</b>	6		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
<b>1 b</b>	0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		X
<b>2 a</b>	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 . . . . .		
<b>2 a</b>	9		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5 c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders . . . . .		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .		

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body.....		
<b>1 b</b> Enter the number of voting members that are independent.....		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
<b>6</b> Does the organization have members or stockholders?.....		X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
<b>7 b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?.....	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?.....	X	
<b>9 a</b> Does the organization have local chapters, branches, or affiliates?.....		X
<b>9 b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O.....	X	
<b>11</b> Is there any officer, director or 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**

	Yes	No
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.....	X	
<b>13</b> Does the organization have a written whistleblower policy?.....	X	
<b>14</b> Does the organization have a written document retention and destruction policy?.....	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?.....	X	
<b>b</b> Other officers of key employees of the organization? SEE SCHEDULE O..... Describe the process in Schedule O. (see instructions)	X	
<b>16 a</b> 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>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website       Another's website       Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ ERIC YOUNGER 517 POTRERO AVENUE, SUITE B SAN FRANCISCO CA 94110 415-283-4873

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 \$100,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ERIC YOUNGER CEO	40	X		X	X			65,000.	0.	0.
DR. ALICIA ROBB PRESIDENT	4	X		X	X			2,170.	0.	0.
DR. LORI ALLIO BOARD CHAIR	4	X						0.	0.	0.
DON BAKER VICE CHAIR	4	X						0.	0.	0.
DR. DUNCAN CHAPLIN SECRETARY	4	X						0.	0.	0.
JULIANA MATSON TREASURER	4	X						0.	0.	0.
JULIE REED BOARD MEMBER	2	X						0.	0.	0.
DR. MARC D. SHAPIRO VICE CHAIR	4	X						0.	0.	0.
WINGEE SIN BOARD MEMBER	2	X						0.	0.	0.
KIM MALCOLM BOARD MEMBER	2	X						0.	0.	0.
MICHELLE BUCKLES BOARD MEMBER	2	X						0.	0.	0.



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 260,951.				
	<b>g</b> Noncash contribns included in lns 1a-1f: \$	75,540.				
	<b>h Total.</b> Add lines 1a-1f	▶ 260,951.				
PROGRAM SERVICE REVENUE	<b>2 a</b> <u>PROGRAM SERVICE FEES</u>	<b>Business Code</b>	1,030,023.	1,030,023.		
	<b>b</b> <u>FISCAL AGENCY FEES</u>		1,745.	1,745.		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	▶ 1,031,768.				
	OTHER REVENUE	<b>3</b> Investment income (including dividends, interest and other similar amounts)	▶ 5,982.			5,982.
<b>4</b> Income from investment of tax-exempt bond proceeds		▶				
<b>5</b> Royalties		▶				
<b>6 a</b> Gross Rents		(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
<b>d</b> Net rental income or (loss)		▶				
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
<b>d</b> Net gain or (loss)		▶				
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b> 6,212.				
		<b>b</b> Less: direct expenses	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events	▶ 6,212.	6,212.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> <u>OTHER INCOME</u>	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶				
	<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶ 1,304,913.	1,037,980.	0.	5,982.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	672,323.	672,323.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	67,170.	51,606.	12,585.	2,979.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	255,217.	196,083.	47,819.	11,315.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,018.	14,612.	3,563.	843.
10 Payroll taxes	34,472.	26,485.	6,459.	1,528.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17.				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	50,909.	39,113.	9,539.	2,257.
14 Information technology	6,476.	4,976.	1,213.	287.
15 Royalties				
16 Occupancy	26,989.	20,736.	5,056.	1,197.
17 Travel	12,694.	9,753.	2,378.	563.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,200.	10,910.	2,660.	630.
23 Insurance	3,178.		3,178.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>HOST ORGANIZATION &amp; DONOR PMTS</u>	113,304.	113,304.		
b <u>PROFESSIONAL FEES</u>	74,842.	74,842.		
c <u>MARKETING AND OUTREACH</u>	13,430.	13,430.		
d <u>BANK CHARGES</u>	9,675.		9,675.	
e <u>FUNDRAISING</u>	8,298.			8,298.
f All other expenses	3,874.	2,976.	726.	172.
25 Total functional expenses. Add lines 1 through 24f	1,386,069.	1,251,149.	104,851.	30,069.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	51,894.	1	83,185.
	2	Savings and temporary cash investments	261,398.	2	99,929.
	3	Pledges and grants receivable, net		3	29,740.
	4	Accounts receivable, net		4	24,389.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	52,475.	9	41,224.
	10a	Land, buildings, and equipment: cost basis	60,001.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	25,682.	10c	34,319.
	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		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	384,381.	16	312,786.	
LIABILITIES	17	Accounts payable and accrued expenses	24,883.	17	16,697.
	18	Grants payable		18	
	19	Deferred revenue	104,588.	19	130,842.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	38,684.	25	30,177.
	26	<b>Total liabilities.</b> Add lines 17 through 25.	168,155.	26	177,716.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	212,476.	27	101,145.
	28	Temporarily restricted net assets	3,750.	28	33,925.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	216,226.	33	135,070.	
34	<b>Total liabilities and net assets/fund balances.</b>	384,381.	34	312,786.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits?		

BAA



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. ....						
<b>4 Total.</b> Add lines 1-3. ....						
<b>5</b> 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). ..						
<b>6 Public support.</b> Subtract line 5 from line 4. ....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. ....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. ....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..						
<b>11 Total support.</b> Add lines 7 through 10. ....						
<b>12</b> 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.  ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f). ....	14	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f. ....	15	%

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.  ▶

**b 33-1/3 support test – 2007.** 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.  ▶

**17a 10%-facts-and-circumstances test – 2008.** 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.  ▶

**b 10%-facts-and-circumstances test – 2007.** 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.  ▶

**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.  ▶

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . . . .	378,800.	49,115.	90,531.	219,692.	260,951.	999,089.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. . . . .		375,522.	631,268.	984,921.	1,037,980.	3,029,691.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1-5. . . . .	378,800.	424,637.	721,799.	1,204,613.	1,298,931.	4,028,780.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .	2,835.	0.	8,885.	42,000.	23,940.	77,660.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000. . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	2,835.	0.	8,885.	42,000.	23,940.	77,660.
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						3,951,120.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6. . . . .	378,800.	424,637.	721,799.	1,204,613.	1,298,931.	4,028,780.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .		188.	6,202.	13,782.	5,982.	26,154.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	0.	188.	6,202.	13,782.	5,982.	26,154.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>SEE PART IV.</b> . . . . .		32,198.	307.	3,953.		36,458.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.) . . . . .						4,091,392.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	96.6%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g. . . . .	<b>16</b>	97.8%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.6%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h. . . . .	<b>18</b>	0.4%

**19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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 III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
RENTS		3,953.	307.	2,400.	
OTHER				29,798.	
TOTAL	<u>\$ 0.</u>	<u>\$ 3,953.</u>	<u>\$ 307.</u>	<u>\$ 32,198.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

<b>Name of the organization</b> FOUNDATION FOR SUSTAINABLE DEVELOPMENT	<b>Employer identification number</b> 56-1938284
---	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

Form 990-PF

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
  
- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.** **Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>FOUNDATION FOR SUSTAINABLE DEVELOPMENT</b>	Employer identification number <b>56-1938284</b>
---	---

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARA CHACKERIAN ----- 5824 CLOVER DRIVE ----- OAKLAND, CA 94618 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SP HOLDINGS ----- 1000 S.W. 43RD STREET ----- RENTON, WA 98057 -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DAVID & ANN VON ALLMEN ----- 14 LINDWORTH DRIVE ----- ST. LOUIS, MO 63124 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) . . . . . \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes 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 pleasure)
Protection of natural habitat
[X] Preservation of open space
Preservation of an historically important land area
Preservation of certified historic structure

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d for total number, acreage, and number of easements.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easement it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		58,553.		58,553.
e Other		1,448.	25,682.	-24,234.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				34,319.

BAA







2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 27011

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

56-1938284

5/28/09

06:37AM

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	14,825.
TOTAL	\$	<u>14,825.</u>

**SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

TEMPORARILY RESTRICTED DONATIONS.....	\$	45,000.
TOTAL	\$	<u>45,000.</u>

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

**FOUNDATION FOR SUSTAINABLE DEVELOPMENT**

Employer identification number

**56-1938284**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain .....	X	
-----		
-----		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....		X
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation .....	X	

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.**

Name of the organization: **FOUNDATION FOR SUSTAINABLE DEVELOPMENT**  
 Employer identification number: **56-1938284**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
AFRICA	2	2	COORDINATE LOCAL CHARITABLE WORK		0.
ARGENTINA	1	1	COORDINATE LOCAL CHARITABLE WORK		0.
BOLIVIA	1	1	COORDINATE LOCAL CHARITABLE WORK		0.
ECUADOR	1	1	COORDINATE LOCAL CHARITABLE WORK		0.
INDIA	2	2	COORDINATE LOCAL CHARITABLE WORK		0.
NICARAGUA	1	1	COORDINATE LOCAL CHARITABLE WORK		0.
UGANDA	1	1	COORDINATE LOCAL CHARITABLE WORK		0.
<b>Totals</b> .....	9	9			0.



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COM DEV, HUMAN RIGHTS, WOMEN'S EMP,	MICROFINANCE, HEALTH						
	UGANDA (JINJA), EAST AFRICA						
		90	65,737.	CHECK DISBURSEMENTS			
COMMUNITY EMPOWERMENT, WATER MANAGEMENT, FAMINE RELIEF, HEALTH							
	JODHPUR, INDIA	30	30,308.	CHECK DISBURSEMENTS			
ENVIRONMENT, HEALTH, ED, WOMEN'S EMP, COM DEV, MICROENTERPRI							
	ARGENTINA, LATIN AMERICA						
		100	94,000.	CHECK DISBURSEMENTS			
HEALTH - DIRECT MEDICAL CARE, ENVIRONMENT (WATER, ALTERNATIV							
	BOLIVIA, LATIN AMERICA						
		90	112,217.	CHECK DISBURSEMENTS			
HEALTH, ENVIRONMENT, COM DEV, HUMAN RIGHTS (DISPLACEMENT)							
	MASAKA, EAST AFRICA						
		60	54,691.	CHECK DISBURSEMENTS			
HUMAN RIGHTS	ECUADOR, LATIN AMERICA						
		10	579.	CHECK DISBURSEMENTS			
MICROENT, WOMEN'S EMP, HUMAN RIGHTS, HEALTH, AT-RISK YOUTH							
	MOMBASA, EAST AFRICA						

**Part IV Supplemental Information**

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

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US**

A BUDGET IS PREPARED IN ADVANCE OF ALL INTERNATIONAL WORK. VOLUNTEERS WORKING IN THE DESIGNATED FOREIGN COUNTRIES PROVIDE ONGOING REPORTS REGARDING PROGRESS OF WORK. EXPENDITURES ARE MADE AGAINST BUDGET AMOUNTS AND ANALYZED CONTINUOUSLY BY US-BASED MANAGEMENT. DISCUSSIONS, E-MAILS, AND OTHER TECHNIQUES OF COMMUNICATION ARE EMPLOYED TO ENSURE THAT FUNDS ARE UTILIZED ACCORDING TO THE ORIGINAL INTENT. ACCOMPLISHMENTS ARE DOCUMENTED IN WRITING AND SUBMITTED BY FIELD VOLUNTEERS TO THE HEAD OFFICE.

**ADDITIONAL SUPPLEMENTAL INFORMATION**

THE FSD DEVELOPMENT MODEL RELIES ON ACTIVE COMMUNITY PARTICIPATION TO MOBILIZE LASTING SOLUTIONS. WHILE RESPECTING LOCAL VALUE SYSTEMS, WE PARTNER WITH LOCAL LEADERS TO BUILD NETWORKS AND COLLABORATE ON COMMUNITY-DRIVEN APPROACHES TO DEVELOPMENT ISSUES.

THE FOUNDATION FOR SUSTAINABLE DEVELOPMENT WORKS WITH SEVEN OVERLAPPING DEVELOPMENT SUBJECTS IN LATIN AMERICA, AFRICA, AND ASIA. EACH OF OUR TEN PROGRAM LOCATIONS PROVIDE A RANGE OF OPPORTUNITIES TO INTERN OR VOLUNTEER ABROAD IN:

- MICROFINANCE
- HEALTH
- ENVIRONMENT
- YOUTH AND EDUCATION
- WOMEN'S EMPOWERMENT
- COMMUNITY DEVELOPMENT
- HUMAN RIGHTS

TOGETHER, THESE DEVELOPMENT SUBJECTS MAKE UP THE PROMINENT SOCIAL, HEALTH, ENVIRONMENTAL, AND ECONOMIC OBSTACLES THAT PREVENT COMMUNITIES FROM RISING OUT OF POVERTY. BY UNDERSTANDING HOW THESE ISSUES AND THEIR RELATED SOLUTIONS BUILD UPON

**Part IV Supplemental Information**

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

**ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)**

EACH OTHER, FSD IS ABLE TO FACILITATE DEVELOPMENT IN A SUSTAINABLE AND CULTURALLY APPROPRIATE MANNER.

FSD WORKS WITH OVER 200 COMMUNITY-BASED ORGANIZATIONS WHOSE PROGRAMS REFLECT A COMPREHENSIVE UNDERSTANDING OF THESE DEVELOPMENT SUBJECTS. TOGETHER, FSD AND OUR PARTNER ORGANIZATIONS OFFER OVER 500 UNIQUE OPPORTUNITIES FOR INTERNS, VOLUNTEERS, AND DONORS TO MAKE A LASTING CONTRIBUTION AT THE COMMUNITY LEVEL. READ ABOUT OUR COMMUNITY PARTNERS TO LEARN MORE ABOUT INITIATIVES AND OPPORTUNITIES IN THE FIELD WITH FSD.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► **To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► (IN-KIND LABOR) .....	X	12	49,500.	
26 Other ► (IN-KIND SOFTWARE) .....	X	55	26,040.	
27 Other ► ( ) .....				
28 Other ► ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

FSD SUPPORTS THE EFFORTS OF GRASSROOTS DEVELOPMENT ORGANIZATIONS IN LATIN AMERICA, EAST AFRICA, AND ASIA THAT ARE WORKING TO BETTER THE COMMUNITIES, ENVIRONMENTS, AND THE ECONOMIC OPPORTUNITIES AROUND THEM. THROUGH OUR PROGRAMS, WE AIM TO RAISE INTERNATIONAL AWARENESS OF THE ECONOMIC CHALLENGES IN DEVELOPING COUNTRIES AND SUPPORT CROSS-CULTURAL COMMUNITIES IN FINDING MORE EFFECTIVE SOLUTIONS TO DEVELOPMENT ISSUES.

**FORM 990 PART III LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

THE FOUNDATION FOR SUSTAINABLE DEVELOPMENT WAS FOUNDED IN 1995 TO SUPPORT THE EFFORTS OF LOCAL DEVELOPMENT ORGANIZATIONS WORKING TO IMPROVE THE WELFARE OF THE PEOPLE LIVING IN THEIR COMMUNITIES. FSD PROVIDES THESE GRASSROOTS ORGANIZATIONS WITH HUMAN RESOURCES, FINANCIAL RESOURCES, AND TECHNICAL ASSISTANCE. OUR PRIMARY GOAL IS TO INCREASE THEIR CAPACITY TO SERVE THEIR COMMUNITIES. IN STRIVING TO ACHIEVE THIS GOAL, OTHER BENEFITS EMERGE: WE RAISE AWARENESS OF THE CHALLENGES FACED BY THOSE IN THE DEVELOPING WORLD, WE TRAIN THE DEVELOPMENT LEADERS OF TOMORROW, AND WE FACILITATE INCREASED CROSS-CULTURAL UNDERSTANDING.

FSD STARTED INTERNATIONAL OPERATIONS IN 1996 IN NICARAGUA WITH ONE SUMMER INTERNSHIP PROGRAM AND \$1000 IN GRANTS. AS OF 2006, FSD OPERATES IN NICARAGUA, BOLIVIA, ECUADOR, PERU, ARGENTINA, UGANDA, KENYA, AND INDIA. IN 2005, FSD SENT MORE THAN 200 PROGRAM PARTICIPANTS TO EIGHT COUNTRIES, GRANTED NEARLY \$60,000 TO MORE THAN 100 LOCAL ORGANIZATIONS IN THESE COUNTRIES, AND BEGAN OUR GRADCORPS AND PROCORPS PROGRAMS.

FSD OFFERS VARIOUS INTERNATIONAL OPPORTUNITIES FOR STUDENTS AND PROFESSIONALS FROM AROUND THE WORLD. OUR LARGEST PROGRAM IS OUR INTERNSHIP PROGRAM IN WHICH INTERNS VOLUNTEER WITH LOCAL NONPROFIT ORGANIZATIONS IN DIVERSE AREAS OF DEVELOPMENT. OUR

Name of the organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

SUMMER AND YEAR-ROUND INTERNSHIP PROGRAMS LAST EIGHT WEEKS TO A YEAR. FSD ALSO OFFERS SHORT-TERM SERVICE LEARNING TRIPS, VOLUNTEER PROGRAMS, AND STUDY TOURS. TO COMPLEMENT THESE VOLUNTEER AND STUDY EXPERIENCES, ALL PROGRAMS INCLUDE HOMESTAYS WITH LOCAL FAMILIES THAT PROVIDE CULTURAL AND LANGUAGE IMMERSION.

FSD HAS FOUR GRANT PROGRAMS. FSD PROVIDES MINIGRANTS OF \$200 TO ALL PARTNER ORGANIZATIONS WHEN HOSTING INTERNS. FSD HOLDS GRANT COMPETITION EACH YEAR DURING THE SUMMER AND LONG TERM INTERNSHIP PROGRAMS. THESE GRANT COMPETITIONS FUND PROJECTS TO BE CARRIED OUT BY INTERNS AND THEIR HOST ORGANIZATIONS. THUS, IN ADDITION TO GAINING SKILLS IN GRANT WRITING, INTERNS GAIN EXPERIENCE IN THE DESIGN AND IMPLEMENTATION OF SMALL DEVELOPMENT PROJECTS.

FSD ALSO ASSISTS OUR PARTNER ORGANIZATIONS BY PROVIDING FUNDING LEADS, EDITING GRANT PROPOSALS, AND PROVIDING ASSISTANCE WHENEVER NECESSARY. FSD ALSO ACTS AS A FISCAL SPONSOR FOR PROJECTS OPERATING IN DEVELOPING COUNTRIES WHEN THEY COMPLEMENT OUR MISSION.

FSD FACILITATES CAPACITY BUILDING OF OUR PARTNER ORGANIZATIONS IN A NUMBER OF WAYS. FIRST, THE INTERNS AND VOLUNTEERS THEMSELVES PROVIDE VALUABLE SERVICES AND PERSPECTIVE THAT MIGHT OTHERWISE BE LACKING FOR MANY OF THESE ORGANIZATIONS. SECOND, GRANT FUNDS PROMOTE SHORT- AND LONG-TERM PROJECTS CARRIED OUT BY OUR INTERNS AND PARTNER ORGANIZATIONS. FINALLY, FSD PROVIDES TECHNICAL ASSISTANT THROUGH WORKSHOPS ON VARIOUS TOPICS.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE, TREASURER AND EXECUTIVE DIRECTOR. THIS GROUP OF

Name of the organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS (CONTINUED)**

INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW, THE RETURN IS SIGNED AND MAILED TO THE TAX AUTHORITIES.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.COM.

**CONTRIBUTIONS, GIFTS, AND GRANTS  
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

FOUNDATION GRANTS .....	\$	4,000.
INDIVIDUAL AND BOARD DONATIONS .....		23,844.
CORPORATION AND FOUNDATION DONATIONS .....		70,282.
DONOR ADVISED FUNDS .....		42,285.
TEMP RESTRICTED CONTRIBUTIONS .....		45,000.
TOTAL	\$	<u>185,411.</u>

5/28/09

06:37AM

PROPERTY AND EQUIPMENT

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT DECEMBER 31, 2008 AND 2007:

	2008	2007
PROPERTY AND EQUIPMENT	\$ 58,553	26,648
FURNITURE AND FIXTURES	1,448	1,448
LESS: ACCUMULATED DEPRECIATION	(25,682)	(11,482)
	\$ 34,319	18,614
	=====	=====

DEPRECIATION EXPENSE AMOUNTED TO \$14,200 AND \$3,436 FOR THE YEARS ENDED DECEMBER 31, 2008 AND 2007, RESPECTIVELY.

California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month day year, and ending month day year

A First Return Filed? B Type of organization Exempt under Section 23701 D (insert letter) CORP #

Corporation/Organization Name: FOUNDATION FOR SUSTAINABLE DEVELOPMENT FEIN: 56-1938284

Address: 517 POTRERO AVENUE #B SAN FRANCISCO, CA 94110

C Amended Return? D Are you a subordinate/affiliate in a group exemption? H Accounting method used... I If exempt under R&TC Section 23701d... J Did the organization have any changes in its activities... K Is the organization exempt under R&TC Section 23701g? L Is the organization under audit by the IRS... M Is the organization a Limited Liability Corporation? N Did the organization file Form 100 or Form 109 to report taxable income?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include Gross sales, Total gross receipts, Total expenses, and Balance due.

Sign Here 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.

Paid Preparer's Use Only Preparer's signature: DOUGLAS W. REGALIA Firm's name: REGALIA & ASSOCIATES, CPAS

May the FTB discuss this return with the preparer shown above? See instructions

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	● 1	
	2	Interest	● 2	5,982.
	3	Dividends	● 3	
	4	Gross rents	● 4	
	5	Gross royalties	● 5	
	6	Gross amount received from sale of assets (See Instructions)	● 6	
	7	Other income. Attach schedule. SEE STATEMENT . 1	● 7	1,037,980.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	1,043,962.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT . 2	● 9	672,324.
	10	Disbursements to or for members	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT . 3	● 11	67,170.
	12	Other salaries and wages	● 12	255,217.
	13	Interest	● 13	
	14	Taxes	● 14	34,472.
	15	Rents	● 15	26,989.
	16	Depreciation and depletion (See Instructions)	● 16	14,200.
	17	Other. Attach schedule. SEE STATEMENT . 4	● 17	315,698.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	1,386,070.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		313,292.		● 183,114.
2	Net accounts receivable				● 54,129.
3	Net notes receivable. Attach schedule				●
4	Inventories				●
5	Federal and state government obligations				●
6	Investments in other bonds. Attach sch.				●
7	Investments in stock. Attach schedule				●
8	Mortgage loans (number of loans _____)				●
9	Other investments. Attach schedule				●
10a	Depreciable assets	30,096.		60,001.	
b	Less accumulated depreciation	11,482.	18,614.	25,682.	34,319.
11	Land				●
12	Other assets. Attach schedule. STM. 5		52,475.		● 41,224.
13	<b>Total assets</b>		384,381.		312,786.
<b>Liabilities and net worth</b>					
14	Accounts payable		24,883.		● 16,697.
15	Contributions, gifts, or grants payable				●
16	Bonds and notes payable. Attach schedule				●
17	Mortgages payable				●
18	Other liabilities. Attach schedule. STM. 6		143,272.		161,019.
19	Capital stock or principle fund		216,226.		● 135,070.
20	Paid-in or capital surplus. Attach reconciliation				●
21	Retained earnings or income fund				●
22	<b>Total liabilities and net worth</b>		384,381.		312,786.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000					
1	Net income per books	● -81,157.	7	Income recorded on books this year not included in this return. Attach schedule.	●
2	Federal income tax	●	8	Deductions in this return not charged against book income this year. Attach schedule.	●
3	Excess of capital losses over capital gains	●	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule.	●	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●		Subtract line 9 from line 6.	-81,157.
6	<b>Total.</b> Add line 1 through line 5.	-81,157.			

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

<b>Name of the organization</b> FOUNDATION FOR SUSTAINABLE DEVELOPMENT	<b>Employer identification number</b> 56-1938284
---	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

Form 990-PF

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
  
- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>FOUNDATION FOR SUSTAINABLE DEVELOPMENT</b>	Employer identification number <b>56-1938284</b>
---	---

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARA CHACKERIAN ----- 5824 CLOVER DRIVE ----- OAKLAND, CA 94618 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SP HOLDINGS ----- 1000 S.W. 43RD STREET ----- RENTON, WA 98057 -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DAVID & ANN VON ALLMEN ----- 14 LINDWORTH DRIVE ----- ST. LOUIS, MO 63124 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>FOUNDATION FOR SUSTAINABLE DEVELOPMENT</b>	Employer identification number <b>56-1938284</b>
---	---

**Part II Noncash Property** (see instructions.)

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

Name of organization

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Employer identification number

56-1938284

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) . . . . . \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

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FOUNDATION FOR SUSTAINABLE DEVELOPMENT

56-1938284

5/28/09

06:37AM

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	6,212.
PROGRAM SERVICE REVENUE.....		1,031,768.
	TOTAL	<u>\$ 1,037,980.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	ARGENTINA	
DONEE'S CITY, STATE, ZIP:	LATIN AMERICA, LATIN AMERICA ARGENTIN	
AMOUNT GIVEN:		\$ 94,000.

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	BOLIVIA	
DONEE'S CITY, STATE, ZIP:	LATIN AMERICA, LATIN AMERICA BOLIVIA	

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	ECUADOR	
DONEE'S CITY, STATE, ZIP:	LATIN AMERICA, LATIN AMERICA ECUADOR	
AMOUNT GIVEN:		579.

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	INDIA (UDAIPUR)	
DONEE'S CITY, STATE, ZIP:	ASIA, ASIA INDIA (UDAIPUR)	
AMOUNT GIVEN:		44,061.

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	KAKAMEGA	
DONEE'S CITY, STATE, ZIP:	AFRICA,	
AMOUNT GIVEN:		40,925.

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	MOMBASA	
DONEE'S CITY, STATE, ZIP:	AFRICA, AFRICA MOMBASA	
AMOUNT GIVEN:		51,925.

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY	
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP	
DONEE'S STREET ADDRESS:	NICARAGUA	
DONEE'S CITY, STATE, ZIP:	LATIN AMERICA, LATIN AMERICA NICARAGU	
AMOUNT GIVEN:		86,707.

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FOUNDATION FOR SUSTAINABLE DEVELOPMENT

56-1938284

5/28/09

06:37AM

**STATEMENT 2 (CONTINUED)  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY		
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP		
DONEE'S STREET ADDRESS:	UGANDA (JINJA)		
DONEE'S CITY, STATE, ZIP:	AFRICA, AFRICA UGANDA (JINJA)		
AMOUNT GIVEN:		\$	65,737.
CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY		
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP		
DONEE'S STREET ADDRESS:	INDIA (JODPUR)		
DONEE'S CITY, STATE, ZIP:	ASIA,		
AMOUNT GIVEN:			30,308.
CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY		
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP		
DONEE'S STREET ADDRESS:	UGANDA (MASAKA)		
DONEE'S CITY, STATE, ZIP:	AFRICA, AFRICA UGANDA (MASAKA)		
AMOUNT GIVEN:			54,691.
CLASS OF ACTIVITY:	ASSIST LOCAL COMMUNITY		
DONEE'S NAME:	FOUNDATION SUSTAINABLE DEVELOP		
DONEE'S STREET ADDRESS:	OTHER		
DONEE'S CITY, STATE, ZIP:	VARIOUS,		
AMOUNT GIVEN:			91,174.
		TOTAL \$	<u>560,107.</u>

**STATEMENT 3  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ERIC YOUNGER 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	CEO 40.00	\$ 65,000.	\$ 0.	\$ 0.
DR. ALICIA ROBB 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	PRESIDENT 4.00	2,170.	0.	0.
DR. LORI ALLIO 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	BOARD CHAIR 4.00	0.	0.	0.
DON BAKER 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	VICE CHAIR 4.00	0.	0.	0.

CLIENT 27011

FOUNDATION FOR SUSTAINABLE DEVELOPMENT

56-1938284

5/28/09

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**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. DUNCAN CHAPLIN 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	SECRETARY 4.00	\$ 0.	\$ 0.	\$ 0.
JULIANA MATSON 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	TREASURER 4.00	0.	0.	0.
JULIE REED 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	BOARD MEMBER 2.00	0.	0.	0.
DR. MARC D. SHAPIRO 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	VICE CHAIR 4.00	0.	0.	0.
WINGEE SIN 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	BOARD MEMBER 2.00	0.	0.	0.
KIM MALCOLM 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	BOARD MEMBER 2.00	0.	0.	0.
MICHELLE BUCKLES 517 POTRERO AVENUE, SUITE B SAN FRANCISCO, CA 94110	BOARD MEMBER 2.00	0.	0.	0.
<b>TOTAL</b>		<u>\$ 67,170.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

BANK CHARGES.....	\$ 9,675.
FUNDRAISING.....	8,298.
HOST ORGANIZATION & DONOR PMTS.....	113,304.
INFORMATION TECHNOLOGY.....	6,476.
INSURANCE.....	3,178.
MARKETING AND OUTREACH.....	13,430.
MISCELLANEOUS.....	1,095.
OFFICER EXPENSES.....	50,909.
OTHER EMPLOYEE BENEFIT.....	19,018.
POSTAGE AND SHIPPING.....	2,500.
PRINTING AND PUBLICATIONS.....	279.
PROFESSIONAL FEES.....	74,842.
TRAVEL.....	12,694.
<b>TOTAL</b>	<u>\$ 315,698.</u>

STATEMENT 5  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....	41,224.
TOTAL \$	<u>41,224.</u>

STATEMENT 6  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

CONTRACTUAL OBLIGATIONS TO FISCAL AGENTS.....	30,177.
DEFERRED REVENUE.....	130,842.
TOTAL \$	<u>161,019.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>125141</u> <hr/> FOUNDATION FOR SUSTAINABLE DEVELOPMENT <small>Name of Organization</small> <hr/> 517 POTRERO AVENUE B <small>Address (Number and Street)</small> <hr/> SAN FRANCISCO, CA 94110 <small>City or Town</small> <span style="float: right;"><small>State</small> <small>ZIP Code</small></span>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>2506872</u> <hr/> Federal Employer ID No. <u>56-1938284</u>
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### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/08 ending 12/31/08) list:  
 Gross annual revenue \$ 1,304,913. Total assets \$ 312,786.

#### PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 415-283-4873

Organization's e-mail address INFO@FSDINTERNATIONAL.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

ERIC YOUNGER	CEO	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small> <span style="float: right;"><small>Date</small></span>

5/28/09

06:37AM

**STATEMENT 1  
FORM RRF-1, PART B, LINE 1  
FINANCIAL TRANSACTIONS**

FOUNDATION FOR SUSTAINABLE DEVELOPMENT EMPLOYS MR. ERIC YOUNGER AND MS. ALICIA ROBB AS EXECUTIVE DIRECTOR AND FOUNDER, RESPECTIVELY. DURING THE FISCAL YEAR ENDED DECEMBER 31, 2008, MR. YOUNGER AND MS. ROBB WERE PAID \$65,000 AND \$23,714, RESPECTIVELY, IN TOTAL COMPENSATION.

STATEMENT 9  
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THE DECEMBER 31, 2008 FINANCIAL STATEMENTS OF FOUNDATION FOR SUSTAINABLE DEVELOPMENT WERE AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF REGALIA & ASSOCIATES, CPAS, WHICH ISSUED AN UNQUALIFIED OPINION. A COPY OF THE REPORT IS INCLUDED WITH THIS RETURN.