Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2014
Open to Public Inspection

| Α             | For th                     | e 2014 c      | alendar year, or tax year beginning 07/01/14 ,   |                            |                      | _                         |                               |
|---------------|----------------------------|---------------|--|----------------------------|----------------------|---------------------------|-------------------------------|
| В             | Check if a                 | applicable:   | C Name of organization The Small Scale Sus   |                            | -                    | D Employer                | r identification number       |
|               | Address of                 | change        | structure Developmen   | nt Fund, Inc.              |                      | 1                         |                               |
| П             | Name cha                   | ange          | Doing business as  |                            |                      |                           | 582215                        |
| Ħ             |                            | ŭ             | Number and street (or P.O. box if mail is not delivered to street address)  5 Hastings Square  | Room/suite                 | E Telephone          | number<br><b>576-0652</b> |                               |
| $\mathbf{-}$  | Initial retu<br>Final retu |               | City or town, state or province, country, and ZIP or foreign postal code   |                            |                      | 017-                      | 370-003 <u>2</u>              |
|               | terminated                 |               | Cambridge MA 0213  | Q                          |                      | 0 0                       | eipts\$ 405,761               |
|               | Amended                    | return        | F Name and address of principal officer:   | <u></u>                    |                      | <b>G</b> Gross rec        | eipis                         |
|               | Application                | n pending     | Michael Lesser   |                            | H(a) Is this a g     | roup return for s         | subordinates? Yes X No        |
|               |                            |               | 5 Hastings Square  |                            | H(b) Are all su      | bordinates incl           | uded? Yes No                  |
|               |                            |               | Cambridge MA 02  | 2139                       |                      |                           | (see instructions)            |
| _             | Tay even                   | mpt status:   |  | 4947(a)(1) or 527          |                      |                           |                               |
| ÷             | Website:                   |               | ww.s3idf.org   | 4547 (a)(1) 01 327         | H(c) Group ex        | emption numbe             | or .                          |
| <u>к</u>      |                            | organization: |  |                            | L Year of formation: | emption numbe             | M State of legal domicile: MA |
|               | Part I                     |               | Immary   |                            | E rear or formation. |                           | M State of legal dofficile.   |
| •             |                            |               | escribe the organization's mission or most significant activit   | ies:                       |                      |                           |                               |
| a)            | 1                          |               | Schedule 0   |                            |                      |                           |                               |
| ğ             | '                          |               | <del> </del>   |                            |                      |                           |                               |
| Governance    | '                          |               |  |                            |                      |                           |                               |
| Š             | 2                          | Check thi     | s box if the organization discontinued its operations  | or disposed of more than   | n 25% of its net as  | sets.                     |                               |
| ھ<br>0        | 3 1                        |               | of voting members of the governing body (Part VI, line 1a)   | •                          |                      |                           | 6                             |
|               | 4 1                        | Number o      | of independent voting members of the governing body (Parl  | t VI, line 1b)             |                      | 4                         | 4                             |
| Activities    |                            |               | nber of individuals employed in calendar year 2014 (Part V,  |                            |                      |                           | 9                             |
| \cti          |                            |               | about the second |                            |                      |                           | 0                             |
| ٩             |                            |               | elated business revenue from Part VIII, column (C), line 12  |                            |                      |                           | 0                             |
|               |                            |               | ated business taxable income from Form 990-T, line 34  |                            |                      |                           | 0                             |
|               |                            |               |  |                            | Prior Ye             | ear                       | Current Year                  |
| <u>e</u>      | 8 (                        | Contributi    | ons and grants (Part VIII, line 1h)  |                            | . 51                 | 7,497                     | 405,517                       |
| ž             | 9 1                        | Program       | service revenue (Part VIII, line 2g)   |                            |                      |                           | 0                             |
| Revenue       | 10                         | Investme      | nt income (Part VIII, column (A), lines 3, 4, and 7d)  |                            | 416                  | 244                       |                               |
| ш.            | 11 (                       | Other rev     | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11  | le)                        |                      |                           | 0                             |
|               |                            |               | enue – add lines 8 through 11 (must equal Part VIII, column  |                            |                      | 7,913                     | 405,761                       |
|               |                            |               | nd similar amounts paid (Part IX, column (A), lines 1-3)   |                            |                      |                           | 0                             |
|               |                            |               |  |                            |                      |                           | 0                             |
| es            | 15                         | Salaries,     | other compensation, employee benefits (Part IX, column (A  | A), lines 5–10)            | 23                   | 6,061                     | 243,507                       |
| xpenses       | 16a                        | Professio     | other compensation, employee benefits (Part IX, column (An all fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25)  | 20.002                     |                      |                           | 0                             |
|               |                            |               |  | 38,983                     | .   25               | 0 400                     | 154 707                       |
| Ш             |                            |               | penses (Part IX, column (A), lines 11a–11d, 11f–24e)   |                            |                      | 8,480                     | 154,787                       |
|               |                            |               | enses. Add lines 13–17 (must equal Part IX, column (A), lin  | ne 25)                     |                      | 4,541                     | 398,294                       |
| = v           | 19  <br>                   | kevenue       | less expenses. Subtract line 18 from line 12   | <u></u>                    | Beginning of Cu      | 3,372                     | 7,467<br>End of Year          |
| sts o         | 20 -                       | Total ass     | ets (Part X, line 16)  |                            | 1 02                 | 5,873                     | 1,001,086                     |
| Net Assets or | 21                         |               | 11th - (D-+ V 11 00)   |                            |                      | 6,649                     | 14,395                        |
| Set 1         | 22 1                       |               | inities (Part X, line 26)<br>is or fund balances. Subtract line 21 from line 20  |                            |                      | 9,224                     | 986,691                       |
|               | art II                     |               | gnature Block  |                            |                      | <i>-</i>                  | 200,022                       |
|               |                            |               | perjury, I declare that I have examined this return, including accom   | panying schedules and stat | ements, and to the b | est of mv kn              | owledge and belief, it is     |
|               |                            |               | omplete. Declaration of preparer (other than officer) is based on all  |                            |                      |                           | omougo and bonon, it is       |
|               |                            |               |  |                            |                      |                           |                               |
| Sig           | n                          | <b>7</b> s    | ignature of officer  |                            |                      | Date                      |                               |
| He            |                            |               | Michael Lesser   | Trea                       | asurer               |                           |                               |
|               |                            | <b>7</b> T    | ype or print name and title  |                            |                      |                           |                               |
| _             |                            | Print/Type    | preparer's name Preparer's signature   | ;                          | Date                 | Check                     | if PTIN                       |
| Pai           | d                          | Lillia        | n Gonzalez CPA MST CSEP CSRP Lillian Gonz  | alez CPA MST CSEP          | CSRP 05/13           | 3/16 self-em              | ployed <b>P00675366</b>       |
| Pre           | parer                      | Firm's nai    | Conceles and Reservate   |                            | •                    | Firm's EIN                | 27-2630858                    |
| Use           | Only                       |               | 14 Page Terrace  |                            |                      |                           |                               |
|               |                            | Firm's ad     | C+   |                            |                      | Phone no.                 | 781-344-1040                  |
| May           | y the IF                   |               | is this return with the preparer shown above? (see instruction   | ons)                       |                      |                           | X Yes No                      |

|        |  |            | Yes | No       |
|--------|--|------------|-----|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |            |     |          |
|        | complete Schedule A  | 1          | X   |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2          | X   |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3          |     | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |            |     |          |
|        | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4          |     | X        |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |            |     |          |
|        | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  |            |     |          |
|        | Part III   | 5          |     | X        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |            |     |          |
|        | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |            |     |          |
|        | "Yes," complete Schedule D, Part I   | 6          |     | X        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |     |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | X        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8          |     | x        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a  |            |     |          |
|        | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |            |     |          |
|        | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9          |     | X        |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted  |            |     |          |
|        | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         |     | X        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |            |     |          |
|        | VII, VIII, IX, or X as applicable.   |            |     |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |            |     |          |
|        | complete Schedule D, Part VI   | 11a        | X   |          |
| b      | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more   |            |     |          |
|        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        | X   |          |
| С      | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more  |            |     | 3,7      |
|        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     | X        |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets   | 444        |     | x        |
| •      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11d<br>11e |     | X        |
| e<br>f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | 116        |     | <u> </u> |
| •      | the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f        |     | X        |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |     |          |
|        | Schedule D, Parts XI and XII   | 12a        | X   |          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if   |            |     |          |
|        | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |     | x        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |     | X        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | X        |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   |            |     |          |
|        | fundraising, business, investment, and program service activities outside the United States, or aggregate  |            |     |          |
|        | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | X        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |            |     |          |
|        | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | X        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |            |     | 77       |
|        | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | X        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |            |     | v        |
| 10     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17         |     | X        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | 40         |     | x        |
| 10     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 18         |     |          |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19         |     | x        |
| 20a    | If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a        |     | X        |
| _ b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     |          |

Part IV Checklist of Required Schedules (continued)

|    |  |            | Yes | No  |
|----|--|------------|-----|-----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |            |     | v   |
|    | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                | 21         |     | X   |
| 2  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on    | 00         |     | v   |
| _  | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                      | 22         |     | X   |
| 3  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |            |     |     |
|    | organization's current and former officers, directors, trustees, key employees, and highest compensated          | 00         |     | x   |
|    | employees? If "Yes," complete Schedule J   | 23         |     | Λ   |
| 4a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than              |            |     |     |
|    | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |            |     | v   |
|    | through 24d and complete Schedule K. If "No," go to line 25a   |            |     | X   |
|    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b        |     |     |
| С  | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        | 04-        |     |     |
|    | to defease any tax-exempt bonds?   |            |     |     |
|    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d        |     |     |
| 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     |            |     | 7.7 |
|    | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | <u>25a</u> |     | X   |
| D  | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior |            |     |     |
|    | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     |            |     | 77  |
|    | If "Yes," complete Schedule L, Part I  | <u>25b</u> |     | X   |
| ò  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |            |     |     |
|    | current or former officers, directors, trustees, key employees, highest compensated employees, or                |            |     |     |
|    | disqualified persons? If "Yes," complete Schedule L, Part II   |            |     | X   |
| 7  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         |            |     |     |
|    | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |            |     |     |
|    | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27         |     | X   |
| 3  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        |            |     |     |
|    | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                              |            |     |     |
| а  | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a        | X   |     |
| b  | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |            |     |     |
|    | Schedule L, Part IV  | 28b        |     | X   |
| С  | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |            |     |     |
|    | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           |            |     | X   |
| 9  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29         |     | X   |
| )  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |            |     |     |
|    | conservation contributions? If "Yes," complete Schedule M  | 30         |     | X   |
| I  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |            |     |     |
|    | Part I   | 31         |     | X   |
| 2  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |            |     |     |
|    | complete Schedule N, Part II   | 32         |     | X   |
| 3  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |            |     |     |
|    | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | X   |
| 4  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,  |            |     |     |
|    | or IV, and Part V, line 1  | 34         |     | X   |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a        |     | X   |
| b  | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a          |            |     |     |
|    | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2        | 35b        |     |     |
| 6  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             |            |     |     |
|    | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |     | X   |
| 7  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | ·····      |     |     |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |            |     |     |
|    | Ded \//  | 37         |     | X   |
|    | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       | ······     |     |     |
| 8  |  |            |     |     |

Form 990 (2014) The Small Scale Sustainable Infra- 04-3582215

Part V Statements Regarding Other IRS Filings and Tax Compliance

| Page | 5 |
|------|---|
|      |   |

| Pa        | Check if Schedule O contains a response or note to any line in this Part V   | ,             |               |       |              | 🔲        |
|-----------|--|---------------|---------------|-------|--------------|----------|
|           | ·  |               | 1             |       | Yes          | s No     |
| 1a        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a            | 2             |       |              |          |
| b         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b            | 0             |       |              |          |
| С         | Did the organization comply with backup withholding rules for reportable payments to vendors and   |               |               |       |              |          |
| _         | reportable gaming (gambling) winnings to prize winners?  |               |               | 1c    | :            |          |
| 2a        | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |               | 0             |       |              |          |
|           | Statements, filed for the calendar year ending with or within the year covered by this return  | 2a            | 9             |       | v            |          |
| b         | If at least one is reported on line 2a, did the organization file all required federal employment tax retu   |               |               | 2b    | X            |          |
| 20        | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions  | •             |               | 3a    |              | x        |
| 3a<br>b   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |               |               | 3b    |              | <u> </u> |
| 4a        | At any time during the calendar year, did the organization have an interest in, or a signature or other  |               | tv            |       | +            |          |
| Tu        | over, a financial account in a foreign country (such as a bank account, securities account, or other fir   |               | Ly.           |       |              |          |
|           | account/2  | iariolai      |               | 4a    | .            | x        |
| b         | If "Yes," enter the name of the foreign country:   |               |               |       |              |          |
| _         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   |               |               |       |              |          |
|           | (FBAR).  |               |               |       |              |          |
| 5a        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |               |               | 5a    | 1            | X        |
| b         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | ction?        |               | 5b    | ,            | X        |
| С         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | -             |               |       | ;            |          |
| 6a        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |               |               |       |              |          |
|           | organization solicit any contributions that were not tax deductible as charitable contributions?   |               |               | 6a    | 1            | X        |
| b         | If "Yes," did the organization include with every solicitation an express statement that such contribution   | ons or        |               |       |              |          |
|           | gifts were not tax deductible?   |               |               | 6b    | ,            |          |
| 7         | Organizations that may receive deductible contributions under section 170(c).  |               |               |       |              |          |
| а         | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for  | goods         |               |       |              |          |
|           | and services provided to the payor?  |               |               |       |              | <u> </u> |
| b         |  |               |               | 7b    | <del>'</del> | _        |
| С         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |               |               | _     |              | 37       |
|           | required to file Form 8282?  |               |               | 7c    | :            | X        |
| d         | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d            |               | 70    |              | ~        |
| e         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   |               |               |       |              | X        |
| f         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo  |               | 00 as require |       |              |          |
| g<br>h    | If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file of the organization file organization file of the organization file organization file of the organization file of the organization file of the organization file organization |               |               |       |              |          |
| 8         | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine   |               |               | 70-01 |              |          |
| Ū         | sponsoring organization have excess business holdings at any time during the year?   |               |               | 8     |              |          |
| 9         | Sponsoring organizations maintaining donor advised funds.  |               |               |       |              |          |
| а         | Did the sponsoring organization make any taxable distributions under section 4966?   |               |               | 9a    |              |          |
| b         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |               |               |       | ,            |          |
| 10        | Section 501(c)(7) organizations. Enter:  |               |               |       |              |          |
| а         | Initiation fees and capital contributions included on Part VIII, line 12   | 10a           |               |       |              |          |
| b         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b           |               |       |              |          |
| 11        | Section 501(c)(12) organizations. Enter:   |               |               |       |              |          |
| а         | Gross income from members or shareholders  | 11a           |               |       |              |          |
| b         | Gross income from other sources (Do not net amounts due or paid to other sources   |               |               |       |              |          |
|           | against amounts due or received from them.)  | 11b           |               |       |              |          |
| 12a       | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |               | ?             | 128   | 3            |          |
| b         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b           |               |       |              |          |
| 13        | Section 501(c)(29) qualified nonprofit health insurance issuers.   |               |               |       | #            |          |
| а         | Is the organization licensed to issue qualified health plans in more than one state?   |               |               | 138   | 1            |          |
| <b>L</b>  | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |               |               |       |              |          |
| b         | Enter the amount of reserves the organization is required to maintain by the states in which   | 126           |               |       |              |          |
| _         | the organization is licensed to issue qualified health plans   | 13b<br>13c    |               |       |              |          |
| C<br>1/1a | Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?   | $\overline{}$ |               | 148   | a            | X        |
| 14a<br>h  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule  |               |               |       |              | A        |
|           | in 100, has a medical chirate to report these payments: If the, provide an explanation in ochequi-   | <b>-</b>      |               |       | - 1          | 1        |

Form 990 (2014) The Small Scale Sustainable Infra- 04-3582215 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent ..... 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ....... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Own website | X | Another's website | X | Upon request | Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: 20

The Corporation Cambridge

The Carriage House

MA 02139 617-576-0652

| orm 000 (2014) <b>Th</b> | e Small | Scale | Sustainable | Infra- | 04-3582215 |
|--------------------------|---------|-------|-------------|--------|------------|

| orm 990 (20 | 14) Tne | Small      | Scare       | Sustair    | тарте 1  | inira-      | U4-3582215    |               | F            | <sup>2</sup> age |
|-------------|---------|------------|-------------|------------|----------|-------------|---------------|---------------|--------------|------------------|
| Part VII    | Compe   | nsation of | f Officers. | Directors. | Trustees | . Kev Emplo | vees. Highest | Compensated E | mplovees, an | d                |

Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the org | anization nor an                                       | y rel   | ated                  | orga | aniza        | ation (                      | com | pensated any current office  | er, director, or trustee.  |  |
|-----------------------------------|--|---|-----------------------|------|--------------|------------------------------|-----|--|--|--|
| (A)<br>Name and Title             | (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or Institution  Officer and a director/trustee) |                       |      |              |                              |     | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization |
|                                   | organizations<br>below dotted<br>line)                 | Individual trustee or director  | Institutional trustee | er   | Key employee | Highest compensated employee | ner |  |  | and related<br>organizations                                     |
| (1) Russell J. deLuc              |  |   |                       |      |              |                              |     |  |  |  |
| President                         | 40.00  | x   |                       | x    |              |                              |     | 60,008   | o  | 2,070  |
| (2) Michael Lesser                | 15.00  |   |                       |      |              |                              |     | 337333   |  |  |
| Treasurer                         | 0.00   | X   |                       | X    |              |                              |     | 8,470  | 0  | 14,296   |
| (3) Robin Brenner                 | 5.00   |   |                       |      |              |                              |     |  |  |  |
| Clerk                             | 0.00   | X   |                       | X    |              |                              |     | 0  | 0  | 0  |
| (4) Scott Sklar                   | 2 00   |   |                       |      |              |                              |     |  |  |  |
| Director                          | 2.00<br>0.00   | x   |                       |      |              |                              |     | o  | o  | o  |
| (5) Marco Palmieri                | 0.00   | ^   |                       |      |              |                              |     |  |  |  |
| (,,                               | 2.00   |   |                       |      |              |                              |     |  |  |  |
| Director                          | 0.00   | X   |                       |      |              |                              |     | 0  | 0  | 0  |
| (6) Somak Ghosh                   | 2 22   |   |                       |      |              |                              |     |  |  |  |
| Director                          | 2.00<br>0.00   | x   |                       |      |              |                              |     | 0  | o  | o  |
| (7)                               | 0.00   | ^   |                       |      |              |                              |     |  |  |  |
|                                   |  |   |                       |      |              |                              |     |  |  |  |
| (8)                               |  |   |                       |      |              |                              |     |  |  |  |
|                                   |  |   |                       |      |              |                              |     |  |  |  |
| (9)                               |  |   |                       |      |              |                              |     |  |  |  |
|                                   |  |   |                       |      |              |                              |     |  |  |  |
| (10)                              |  |   |                       |      |              |                              |     |  |  |  |
|                                   |  |   |                       |      |              |                              |     |  |  |  |
| (11)                              |  |   |                       |      |              |                              |     |  |  |  |
|                                   | · · · · · · · · · · · · · · · · · · ·                  | 1   | 1                     |      | l            |                              |     |  |  |  |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of box, unless person is both an related week from other organizations officer and a director/trustee) compensation (list any the organization (W-2/1099-MISC) hours for from the Individual or director (W-2/1099-MISC) organization nstitutional related ghest compensated iployee and related organizations employee organizations below dotted trustee line) trustee (12)(13)(15)(16) (17)(18)(19)68,478 16,366 Total from continuation sheets to Part VII, Section A ...... C 68,478 16,366 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (B) Description of services (C) Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Small Scale Sustainable Infra-

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) Total revenue exempt husiness under sections 512-514 function revenue revenue 1a Federated campaigns ..... **b** Membership dues ..... 1h **c** Fundraising events ...... **d** Related organizations ..... 1d **e** Government grants (contributions) ... Contributions, and Other Sim 1e f All other contributions, gifts, grants, and similar amounts not included above 405,517 g Noncash contributions included in lines 1a-1f: 405,517 h Total. Add lines 1a-1f. Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 244 244 Income from investment of tax-exempt bond proceeds Royalties .... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ...... 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events Other Revenue (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... **b** Less: cost of goods sold ...... b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a d All other revenue ..... e Total. Add lines 11a–11d

405,761

0

244

12 Total revenue. See instructions. .

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) (B) Program service (C) (D) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 194,160 107,980 56,257 29,923 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 31,215 22,127 5,989 3,099 18,132 5,254 2,794 10,084 Payroll taxes 10 Fees for services (non-employees): Management 1,230 1,230 Legal 8,000 8,000 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column 58,748 (A) amount, list line 11g expenses on Schedule O.) 58,748 12 Advertising and promotion ..... 9,778 7,248 Office expenses 1,668 862 13 Information technology ..... 14 15 Royalties 16,498 11,695 3,166 1,637 Occupancy 16 248 45,624 45,313 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1,476 1,476 19 20 Payments to affiliates ..... Depreciation, depletion, and amortization 336 239 64 33 22 3,1344,420 848 438 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,076 5,976 100 Memberships & Ref Mat Miscellaneous 1,507 732 741 34 1,094 1,094 Payroll processing e All other expenses 398,294 275,982 83,329 38,983 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

| P           | art )    | <b>Salance Sheet</b>  |                    |                   |                          |          |                    |
|-------------|----------|---|--------------------|-------------------|--------------------------|----------|--------------------|
|             |          | Check if Schedule O contains a response or note   | to any line in     | this Part X       |                          |          |                    |
|             |          |   |                    |                   | (A)<br>Beginning of year |          | (B)<br>End of year |
|             | 1        | Cash—non-interest bearing   |                    |                   | 1,023,679                | 1        | 874,640            |
|             | 2        | Savings and temporary cash investments  |                    |                   |                          | 2        | •                  |
|             | 3        | Pledges and grants receivable, net  |                    | ·····             |                          | 3        |                    |
|             | 4        | Accounts receivable, net  |                    | <u>-</u>          |                          | 4        |                    |
|             | 5        | Loans and other receivables from current and former of  | ors,               |                   |                          |          |                    |
|             |          | trustees, key employees, and highest compensated en   | ·                  |                   |                          |          |                    |
|             |          | Complete Part II of Schedule L  |                    |                   | 5                        |          |                    |
|             | 6        | Loans and other receivables from other disqualified per   | sons (as defir     | ned under section |                          |          |                    |
|             |          | 4958(f)(1)), persons described in section 4958(c)(3)(B),  | ting employers and |                   |                          |          |                    |
|             |          | sponsoring organizations of section 501(c)(9) voluntary   | peneficiary        |                   |                          |          |                    |
| Ś           |          | organizations (see instructions). Complete Part II of Sc  |                    |                   | 6                        |          |                    |
| Assets      | 7        | Notes and loans receivable, net   |                    |                   | 7                        |          |                    |
| Ä           | 8        | Inventories for sale or use   |                    |                   |                          | 8        |                    |
|             | 9        | Prepaid expenses and deferred charges   |                    |                   | 3,818                    | 9        | 5,558              |
|             | 10a      | Land, buildings, and equipment: cost or   |                    |                   |                          |          |                    |
|             |          | other basis. Complete Part VI of Schedule D   | 10a                | 4,641             |                          |          |                    |
|             | b        | Less: accumulated depreciation  | 10b                | 2,958             |                          | 10c      | 1,683              |
|             | 11       | Investments—publicly traded securities  |                    | L                 |                          | 11       |                    |
|             | 12       | Investments—other securities. See Part IV, line 11  |                    | L                 |                          | 12       | 110,000            |
|             | 13       | Investments—program-related. See Part IV, line 11   |                    |                   |                          | 13       |                    |
|             | 14       | Intangible assets   |                    |                   | 8,376                    | 14       | 8,376              |
|             | 15       | Other assets. See Part IV, line 11  |                    |                   |                          | 15       | 829                |
|             | 16       | Total assets. Add lines 1 through 15 (must equal line 3   |                    |                   | 1,035,873                | 16       | 1,001,086          |
|             | 17       | Accounts payable and accrued expenses   |                    |                   | 56,649                   | 17       | 14,395             |
|             | 18       | Grants payable  |                    |                   |                          | 18       |                    |
|             | 19       | Deferred revenue  |                    |                   |                          | 19       |                    |
|             | 20       | Tax-exempt bond liabilities   |                    |                   |                          | 20       |                    |
|             | 21       | Escrow or custodial account liability. Complete Part IV   | of Schedule D      | ) <u> </u>        |                          | 21       |                    |
| S           | 22       | Loans and other payables to current and former officer  | s, directors,      |                   |                          |          |                    |
| Ĕ           |          | trustees, key employees, highest compensated employ   |                    |                   |                          |          |                    |
| Liabilities |          | disqualified persons. Complete Part II of Schedule L $_{\dots}$   |                    |                   |                          | 22       |                    |
| _           | 23       | Secured mortgages and notes payable to unrelated thin   |                    |                   |                          | 23       |                    |
|             | 24       | Unsecured notes and loans payable to unrelated third  |                    |                   |                          | 24       |                    |
|             | 25       | Other liabilities (including federal income tax, payables   |                    |                   |                          |          |                    |
|             |          | parties, and other liabilities not included on lines 17-24  | •                  |                   |                          |          |                    |
|             | l        | of Schedule D   |                    |                   | EC (40                   | 25       | 14 205             |
|             | 26       | Total liabilities. Add lines 17 through 25  |                    |                   | 56,649                   | 26       | 14,395             |
| S           |          | Organizations that follow SFAS 117 (ASC 958), check   | ck here            | X and             |                          |          |                    |
| Se          |          | complete lines 27 through 29, and lines 33 and 34.  |                    |                   | 979,224                  |          | 006 601            |
| Balances    | 27       | Unrestricted net assets   |                    |                   | 313,224                  | 27       | 986,691            |
| B           | 28       | Temporarily restricted net assets   |                    |                   |                          | 28       |                    |
| Fund        | 29       | Permanently restricted net assets   |                    | re and            |                          | 29       |                    |
| P           |          | Organizations that do not follow SFAS 117 (ASC 95   | e 🗀 and            |                   |                          |          |                    |
| ţ           | 20       | complete lines 30 through 34.   |                    |                   | 20                       |          |                    |
| Assets      | 30       | Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment | <br>ot fund        | ·····             |                          | 30<br>31 |                    |
|             | 32       | Retained earnings, endowment, accumulated income, or  |                    |                   |                          | 32       |                    |
| Net         | 33       |   |                    |                   | 979,224                  | 33       | 986,691            |
|             | 34       | Total liabilities and net assets/fund balances  |                    |                   | 1,035,873                | 34       | 1,001,086          |
|             | <u> </u> | rotal habilities and het assets/fund Dalances   |                    |                   | -,000,010                | U+       | -,001,000          |

Form **990** (2014)

| Pa | rt XI Reconciliation of Net Assets  |          |              |             |
|----|---|----------|--------------|-------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   |          |              | ot          |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   |          | )5,7         |             |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 39       | 98,2         |             |
| 3  | Revenue less expenses. Subtract line 2 from line 1  |          |              | <u> 467</u> |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 97       | 79,2         | 224         |
| 5  | Net unrealized gains (losses) on investments 5  |          |              |             |
| 6  | Donated services and use of facilities 6  |          |              |             |
| 7  | Investment expenses 7   |          |              |             |
| 8  | Prior period adjustments 8  |          |              |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  |          |              |             |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |          |              |             |
|    | 33, column (B)) 10  | 98       | 36,6         | <u> 591</u> |
| Pa | rt XII Financial Statements and Reporting   |          |              | _           |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                  | <u> </u> | <sub>.</sub> | Ш           |
|    |   |          | Yes          | No          |
| 1  | Accounting method used to prepare the Form 990:   |          |              |             |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |          |              |             |
|    | Schedule O.   |          |              |             |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?               | 2a       |              | _X_         |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |          |              |             |
|    | reviewed on a separate basis, consolidated basis, or both:  |          |              |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |              |             |
| b  | Were the organization's financial statements audited by an independent accountant?                            | 2b       | X            |             |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |          |              |             |
|    | separate basis, consolidated basis, or both:  |          |              |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |              |             |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |          |              |             |
|    | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  | 2c       | X            |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in |          |              |             |
|    | Schedule O.   |          |              |             |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |          |              |             |
|    | the Single Audit Act and OMB Circular A-133?  | 3a       |              | X           |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |          |              |             |
|    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.      | 3b       |              |             |

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

structure Development Fund, Inc. 04-3582215

The Small Scale Sustainable Infra-

| P        | art I  | Reas  | on for Public Charity         | Status (All organizations                    | must co            | omplete               | this part.) See instructio        | ns.                              |  |  |  |  |
|----------|--------|---|-------------------------------|--|--------------------|-----------------------|-----------------------------------|----------------------------------|--|--|--|--|
| The      | orga   | nization is not   | a private foundation becaus   | e it is: (For lines 1 through 11, o          | check only         | y one box             | <u>(.)</u>                        |                                  |  |  |  |  |
| 1        | П      | A church, co  | nvention of churches, or ass  | ociation of churches described               | in <b>sectio</b> i | n 170(b)(             | 1)(A)(i).                         |                                  |  |  |  |  |
| 2        | П      | A school des  | cribed in section 170(b)(1)(  | A)(ii). (Attach Schedule E.)                 |                    |                       |                                   |                                  |  |  |  |  |
| 3        | П      |   |                               | ce organization described in se              | ction 170          | )(b)(1)(A)            | (iii).                            |                                  |  |  |  |  |
| 4        | П      | •   | ·                             | d in conjunction with a hospital             |                    |                       | • •                               | nospital's name.                 |  |  |  |  |
|          | ш      | city, and stat  | •                             | ,  |                    |                       |                                   |                                  |  |  |  |  |
| 5        | П      | •   |                               | of a college or university owned             | or operat          | ed by a c             | overnmental unit described in     |                                  |  |  |  |  |
|          | ш      | •   | (b)(1)(A)(iv). (Complete Part | •  | or operat          | ou b, u g             | jeverimiental and accombac in     |                                  |  |  |  |  |
| 6        | П      |   |                               | overnmental unit described in s              | ection 1           | 70(h)(1)( <i>t</i>    | 1)(v)                             |                                  |  |  |  |  |
| 7        | X      |   | -                             | substantial part of its support from         |                    |                       |                                   | •                                |  |  |  |  |
| •        |        | ū   | · ·                           |  | Jili a gov         | ciriiriciitai         | unit of from the general public   | ,                                |  |  |  |  |
| 8        |        | described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| 9        | Н      |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| 9        | Ш      | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          |        | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   | •                             |  | •                  |                       | •                                 |                                  |  |  |  |  |
| 10       |        | . ,   | J                             | 0, 1975. See <b>section 509(a)(2)</b>        | ` .                |                       | •                                 |                                  |  |  |  |  |
| 10       | Н      | •   | •                             | exclusively to test for public safe          | •                  |                       |                                   | one of                           |  |  |  |  |
| 11       | Ш      | •   | •                             | exclusively for the benefit of, to           | •                  |                       | • • • •                           |                                  |  |  |  |  |
|          |        |   |                               | ions described in section 509(a              |                    |                       |                                   | . CHECK                          |  |  |  |  |
|          |        |   |                               | cribes the type of supporting org            |                    |                       |                                   |                                  |  |  |  |  |
| а        | Ш      |   |                               | ed, supervised, or controlled by             |                    | _                     | .,                                | _                                |  |  |  |  |
|          |        |   | • ,, .                        | o regularly appoint or elect a m             | ajority of 1       | tne directi           | ors or trustees of the supporting | 9                                |  |  |  |  |
|          |        | •   | You must complete Part I      |  |                    |                       |                                   |                                  |  |  |  |  |
| b        | Ш      |   |                               | rised or controlled in connection            |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   | • •                           | organization vested in the same              | e persons          | tnat con              | troi or manage the supported      |                                  |  |  |  |  |
|          |        | •   | s). You must complete Par     |  |                    |                       |                                   |                                  |  |  |  |  |
| С        | Ш      |   |                               | orting organization operated in              |                    |                       | • •                               |                                  |  |  |  |  |
|          |        |   | • , , ,                       | tions). You must complete Par                |                    |                       |                                   |                                  |  |  |  |  |
| d        | Ш      |   | • •                           | supporting organization operate              |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   |                               | ganization generally must satisfy            |                    |                       |                                   |                                  |  |  |  |  |
|          | $\Box$ | •   | ,                             | t complete Part IV, Sections A               |                    |                       |                                   |                                  |  |  |  |  |
| е        | Ш      |   | •                             | d a written determination from the           |                    |                       | Type I, Type II, Type III         |                                  |  |  |  |  |
|          |        | •   | •                             | nctionally integrated supporting             | organizat          | ion.                  |                                   |                                  |  |  |  |  |
| f        |        |   | of supported organizations    |  |                    |                       |                                   |                                  |  |  |  |  |
| <u>g</u> | Pro    | vide the follow   | ving information about the s  | upported organization(s).                    | T                  |                       |                                   | <u> </u>                         |  |  |  |  |
| (        |        | e of supported  | (ii) EIN                      | (iii) Type of organization                   |                    | organization          | (v) Amount of monetary            | (vi) Amount of                   |  |  |  |  |
|          | org    | anization   |                               | (described on lines 1–9 above or IRC section |                    | ur governing<br>ment? | support (see instructions)        | other support (see instructions) |  |  |  |  |
|          |        |   |                               | (see instructions))                          |                    |                       | ,                                 | ,                                |  |  |  |  |
|          |        |   |                               |  | Yes                | No                    |                                   |                                  |  |  |  |  |
| (A)      |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| _        |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| (B)      |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| (C)      |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| (D)      |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
| (E)      |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          |        |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |
|          | sl.    |   |                               |  |                    |                       |                                   |                                  |  |  |  |  |

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

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

| 1    | dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | (a) 2010             | <b>(b)</b> 2011      | (c) 2012               | (d) 2013           | <b>(e)</b> 2014 | (f) Total          |
|------|---|----------------------|----------------------|------------------------|--------------------|-----------------|--------------------|
|      | membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid  | 162,727              |                      |                        |                    |                 |                    |
| 2    | organization's benefit and either paid  |                      | 133,618              | 478,314                | 517,497            | 405,517         | 1,697,673          |
|      |   |                      |                      |                        |                    |                 |                    |
|      | The value of services or facilities furnished by a governmental unit to the organization without charge   |                      |                      |                        |                    |                 |                    |
|      | Total. Add lines 1 through 3  | 162,727              | 133,618              | 478,314                | 517,497            | 405,517         | 1,697,673          |
|      | 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  |                      |                      |                        |                    |                 | 1 000 707          |
|      | shown on line 11, column (f)  |                      |                      |                        |                    |                 | 1,090,735          |
|      | Public support. Subtract line 5 from line 4. ion B. Total Support   |                      |                      |                        |                    |                 | 606,938            |
|      | dar year (or fiscal year beginning in)  | (a) 2010             | <b>(b)</b> 2011      | (c) 2012               | (d) 2013           | <b>(e)</b> 2014 | (f) Total          |
|      | Amounts from line 4   | ` '                  | 133,618              | ``                     |                    | 405,517         |                    |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 1,295                | 2,272                | 478,314<br>3,707       | 517,497<br>416     | 244             | 1,697,673<br>7,934 |
|      | Net income from unrelated business activities, whether or not the business is regularly carried on  |                      |                      |                        |                    |                 |                    |
|      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                      |                      |                        |                    |                 |                    |
|      | Total support. Add lines 7 through 10   |                      |                      |                        |                    |                 | 1,705,607          |
|      | Gross receipts from related activities, etc.  |                      |                      |                        |                    |                 |                    |
| 13   | First five years. If the Form 990 is for the  | organization's first | , second, third, fou | ırth, or fifth tax yea | r as a section 501 | (c)(3)          | _                  |
|      | organization, check this box and stop her   |                      |                      |                        |                    |                 | <u></u>            |
| Sect | ion C. Computation of Public Su   |                      |                      |                        |                    |                 |                    |
| 14   | Public support percentage for 2014 (line 6  | , column (f) divided | by line 11, column   | n (f))                 |                    | 14              | 35.58%             |
|      | Public support percentage from 2013 Sche  |                      |                      |                        |                    |                 | 35.66%             |
| 16a  | 33 1/3% support test—2014. If the organ   |                      |                      |                        | 3 1/3% or more, o  | check this      | ٠ ==               |
|      | box and <b>stop here.</b> The organization quali  |                      |                      |                        |                    |                 | <b>&gt;</b> X      |
| b    | 33 1/3% support test—2013. If the organ   |                      |                      |                        |                    |                 |                    |
|      | check this box and <b>stop here.</b> The organiz  |                      |                      |                        |                    |                 | ▶ ∟                |
| 17a  | 10%-facts-and-circumstances test—201  | -                    |                      |                        |                    |                 |                    |
|      | 10% or more, and if the organization mee  |                      |                      |                        |                    |                 |                    |
|      | Part VI how the organization meets the "fa  |                      | -                    | •                      |                    |                 |                    |
|      | organization  |                      |                      |                        |                    |                 | ▶ ∟                |
| b    | 10%-facts-and-circumstances test—201  | -                    |                      |                        |                    |                 |                    |
|      | 15 is 10% or more, and if the organization  |                      |                      |                        | -                  |                 |                    |
|      | Explain in Part VI how the organization me  |                      |                      | •                      |                    | •               | . ┌                |
| 40   | supported organization  |                      |                      |                        |                    |                 | ▶ ∟                |
|      | <b>Private foundation.</b> If the organization did  |                      |                      |                        |                    |                 | . ┌                |
|      | instructions  |                      |                      |                        |                    |                 | P L                |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec       | tion A. Public Support   | , ,                   |                       | , , , , , , , , , , , , , , , , , , , | •                 | ,               |           |
|-----------|--|-----------------------|-----------------------|---------------------------------------|-------------------|-----------------|-----------|
| Caler     | ndar year (or fiscal year beginning in)  | (a) 2010              | <b>(b)</b> 2011       | (c) 2012                              | (d) 2013          | <b>(e)</b> 2014 | (f) Total |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                       |                       |                                       |                   |                 |           |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                       |                       |                                       |                   |                 |           |
| 3         | Gross receipts from activities that are not an unrelated trade or business under section 513   |                       |                       |                                       |                   |                 |           |
| 4         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                       |                       |                                       |                   |                 |           |
| 5         | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                       |                                       |                   |                 |           |
| 6         | Total. Add lines 1 through 5   |                       |                       |                                       |                   |                 |           |
| 7a        | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       |                       |                                       |                   |                 |           |
| b         | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                       |                       |                                       |                   |                 |           |
| С         | Add lines 7a and 7b  |                       |                       |                                       |                   |                 |           |
| 8         | Public support (Subtract line 7c from  |                       |                       |                                       |                   |                 |           |
| <u></u>   | line 6.)   |                       |                       |                                       |                   |                 |           |
|           | tion B. Total Support  dar year (or fiscal year beginning in)  | (-) 2010              | (b) 2011              | (=) 2042                              | (4) 2042          | (a) 2044        | (f) Total |
|           |  | (a) 2010              | <b>(b)</b> 2011       | (c) 2012                              | (d) 2013          | <b>(e)</b> 2014 | (f) Total |
| 9         | Amounts from line 6  |                       |                       |                                       |                   |                 |           |
| 10a       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                       |                       |                                       |                   |                 |           |
| b         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                       |                                       |                   |                 |           |
| С         | Add lines 10a and 10b  |                       |                       |                                       |                   |                 |           |
| 11        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                       |                       |                                       |                   |                 |           |
| 12        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                       |                       |                                       |                   |                 |           |
| 13        | Total support. (Add lines 9, 10c, 11, and 12.)   |                       |                       |                                       |                   |                 |           |
| 14        | First five years. If the Form 990 is for the organization, check this box and stop her   | •                     | st, second, third, fo | •                                     |                   |                 | ▶ [       |
| Sec       | tion C. Computation of Public Su   |                       |                       |                                       |                   |                 |           |
| 15        | Public support percentage for 2014 (line 8   | , column (f) divide   | d by line 13, colun   | nn (f))                               |                   | 15              | %         |
| 16        | Public support percentage from 2013 Sche   | edule A, Part III, li | ne 15                 |                                       |                   |                 | %         |
| Sec       | tion D. Computation of Investme  |                       |                       |                                       |                   |                 |           |
| 17        | Investment income percentage for 2014 (I   |                       |                       | 3, column (f))                        |                   | 17              | %         |
| 18        | Investment income percentage from 2013   |                       |                       |                                       |                   |                 | %         |
| 19a       | 33 1/3% support tests—2014. If the orga  |                       |                       |                                       |                   |                 | . —       |
|           | 17 is not more than 33 1/3%, check this be   | -                     | -                     |                                       |                   |                 | ▶ ∟       |
| b         | 33 1/3% support tests—2013. If the orga  |                       |                       |                                       |                   |                 | . □       |
| 20        | line 18 is not more than 33 1/3%, check the  |                       |                       |                                       |                   |                 | ······ 【├ |
| <u>20</u> | Private foundation. If the organization did  | THOU CHECK A DOX      | UIT IIIIE 14, 19a, 01 | 190, CHECK THS DO                     | ox and see mstruc | uui 5           |           |

### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer За (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|         | Yes        | No       |
|---------|------------|----------|
|         |            |          |
| 1       |            |          |
|         |            |          |
| 2       |            |          |
| 0-      |            |          |
| 3a      |            |          |
|         |            |          |
| 3b      | ,          |          |
| 0.0     |            |          |
| 3c      |            |          |
| 4a      |            |          |
|         |            |          |
| 41-     |            |          |
| 4b      | )          |          |
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|         |            |          |
| 4c      | :          |          |
|         |            |          |
|         |            |          |
|         |            |          |
| 5a      |            |          |
| 5b      |            |          |
| 5c      |            |          |
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|         |            |          |
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| 6       |            |          |
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| 7       |            |          |
| 8       |            |          |
|         |            |          |
|         |            |          |
| 9a      |            |          |
| 9b      |            |          |
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| 9c      |            |          |
|         |            |          |
| 10a     | 1          |          |
| 1.00    |            |          |
| 10k     |            |          |
| Form 99 | 0 or 990-l | EZ) 2014 |

| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the        |   |  |
|---|---|---|--|
|   | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax |   |  |
|   | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the   |   |  |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?      | 1 |  |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported      |   |  |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how    |   |  |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).           | 2 |  |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a                 |   |  |
|   | significant voice in the organization's investment policies and in directing the use of the organization's            |   |  |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's          |   |  |
|   | supported organizations played in this regard.  | 3 |  |

## Section E. Type III Functionally-Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): |  |
|---|---|--|
| а | The organization satisfied the Activities Test. Complete line 2 below.  |  |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below.                                     |  |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |
|   |   |  |

2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     |    |
| Za |     |    |
|    |     |    |
| 2b |     |    |
|    |     |    |
| 3a |     |    |
|    |     |    |
| 3b |     |    |

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)
 e Discount claimed for blockage or other factors (explain in detail in Part VI):

instructions).

c Fair market value of other non-exempt-use assets

Acquisition indebtedness applicable to non-exempt-use assets

1b

<u>1c</u> 1d

| 3  | Subtract line 2 from line 1d   | 3 |              |
|----|--|---|--------------|
| 4  | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, |   |              |
| se | e instructions).   | 4 |              |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5 |              |
| 6  | Multiply line 5 by .035  | 6 |              |
| 7  | Recoveries of prior-year distributions                                       | 7 |              |
| 8  | Minimum Asset Amount (add line 7 to line 6)                                  | 8 |              |
| Se | ection C - Distributable Amount  |   | Current Year |
| 1  | Adjusted net income for prior year (from Section A, line 8, Column A)        | 1 |              |
| 2  | Enter 85% of line 1  | 2 |              |
| 3  | Minimum asset amount for prior year (from Section B, line 8, Column A)       | 3 |              |
| 4  | Enter greater of line 2 or line 3  | 4 |              |
| 5  | Income tax imposed in prior year   | 5 |              |
| 6  | Distributable Amount. Subtract line 5 from line 4, unless subject to         |   |              |
|    | narrancy temporary reduction (see instructions)                              | 6 |              |

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

| Par | t V Type III Non-Functionally Integrated 509(a)(3)                      |                       | tions (continued)           | 215 Tage I                    |
|-----|---|-----------------------|-----------------------------|-------------------------------|
|     | on D - Distributions  | Capporting Organiza   | (continued)                 | Current Year                  |
| 1   | Amounts paid to supported organizations to accomplish exempt purported  | oses                  |                             | 00.10.11.100.1                |
| 2   | Amounts paid to perform activity that directly furthers exempt purpose  |                       |                             |                               |
| _   | organizations, in excess of income from activity                        | o o. oupportou        |                             |                               |
| 3   | Administrative expenses paid to accomplish exempt purposes of supp      | orted organizations   |                             |                               |
| 4   | Amounts paid to acquire exempt-use assets                               | onto a onganization o |                             |                               |
| 5   | Qualified set-aside amounts (prior IRS approval required)               |                       |                             |                               |
| 6   | Other distributions (describe in <b>Part VI</b> ). See instructions.    |                       |                             |                               |
| 7   | Total annual distributions. Add lines 1 through 6.                      |                       |                             |                               |
| 8   | Distributions to attentive supported organizations to which the organiz | ation is responsive   |                             |                               |
|     | (provide details in <b>Part VI</b> ). See instructions.                 |                       |                             |                               |
| 9   | Distributable amount for 2014 from Section C, line 6                    |                       |                             |                               |
| 10  | Line 8 amount divided by Line 9 amount                                  |                       |                             |                               |
|     |   | (i)                   | (ii)                        | (iii)                         |
|     | Section E - Distribution Allocations (see instructions)                 | Excess Distributions  | Underdistributions Pre-2014 | Distributable Amount for 2014 |
| 1   | Distributable amount for 2014 from Section C, line 6                    |                       |                             |                               |
| 2   | Underdistributions, if any, for years prior to 2014                     |                       |                             |                               |
|     | (reasonable cause required-see instructions)                            |                       |                             |                               |
| 3   | Excess distributions carryover, if any, to 2014:                        |                       |                             |                               |
| а   |   |                       |                             |                               |
| b   |   |                       |                             |                               |
| С   |   |                       |                             |                               |
| d   |   |                       |                             |                               |
| е   | From 2013   |                       |                             |                               |
| f   | Total of lines 3a through e   |                       |                             |                               |
| g   | Applied to underdistributions of prior years                            |                       |                             |                               |
| h   | Applied to 2014 distributable amount                                    |                       |                             |                               |
| i   | Carryover from 2009 not applied (see instructions)                      |                       |                             |                               |
| i_  | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                       |                       |                             |                               |
| 4   | Distributions for 2014 from Section                                     |                       |                             |                               |
|     | D, line 7: \$   |                       |                             |                               |
| a   | Applied to underdistributions of prior years                            |                       |                             |                               |
| b   | Applied to 2014 distributable amount                                    |                       |                             |                               |
| c   | Remainder. Subtract lines 4a and 4b from 4.                             |                       |                             |                               |
| 5   | Remaining underdistributions for years prior to 2014, if                |                       |                             |                               |
|     | any. Subtract lines 3g and 4a from line 2 (if amount                    |                       |                             |                               |
|     | greater than zero, see instructions).                                   |                       |                             |                               |
| 6   | Remaining underdistributions for 2014. Subtract lines 3h                |                       |                             |                               |
|     | and 4b from line 1 (if amount greater than zero, see                    |                       |                             |                               |
|     | instructions).  |                       |                             |                               |
| 7   | Excess distributions carryover to 2015. Add lines 3j                    |                       |                             |                               |
|     | and 4c.   |                       |                             |                               |
| 8   | Breakdown of line 7:  |                       |                             |                               |
| a   |   |                       |                             |                               |
| b   |   |                       |                             |                               |
| c   |   |                       |                             |                               |
| d   | Excess from 2013  |                       |                             |                               |
| е   | Excess from 2014  |                       |                             |                               |

Schedule A (Form 990 or 990-EZ) 2014

| Schedule A (Fo | orm 990 or 990-EZ) | 2014 <b>The</b> | Small        | Scale       | Sustainable            | Infra-           | 04-3582215                                     | Page 8 |
|----------------|--------------------|-----------------|--------------|-------------|------------------------|------------------|--|--------|
| Part VI        | Supplemental       | Informatio      | n. Provide   | the explai  | nations required by I  | Part II, line 10 | <b>04-3582215</b><br>; Part II, line 17a or 17 | b; and |
|                | Part III, line 12. | . Also comp     | lete this pa | art for any | additional information | on. (See instru  | uctions.)                                      |        |
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization Employer identification number The Small Scale Sustainable Infrastructure Development Fund, Inc. 04-3582215 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| <u>Sche</u> | edule D (Form 990) 2014 The Small   |                         |                    |                       |                |                |             |          | age 2           |
|-------------|---|-------------------------|--------------------|-----------------------|----------------|----------------|-------------|----------|-----------------|
| _Pa         | art III Organizations Maintainin  | g Collections of        | Art, Historic      | al Treasures,         | or Other Si    | milar Ass      | ets (contin | nued)    |                 |
| 3           | 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): |                         |                    |                       |                |                |             |          |                 |
| а           | Public exhibition   | d $\square$             | Loan or exchang    | ge programs           |                |                |             |          |                 |
| b           | Scholarly research  |                         |                    |                       |                |                |             |          |                 |
| C           | Preservation for future generations   |                         |                    |                       |                |                |             |          |                 |
| 4           | Provide a description of the organization's   | collections and explain | how they further   | er the organization   | 's exempt num  | se in Part     |             |          |                 |
| •           | XIII.   | conconorio una explan   | Thow they faithe   | or the organization   | o exempt purpe | oc iii i ait   |             |          |                 |
| 5           |   | or receive denetions    | of art historical  | transuras ar athar    | similar        |                |             |          |                 |
| 3           | During the year, did the organization solicit   |                         |                    |                       |                |                |             | Г        | ] <sub>N.</sub> |
|             | assets to be sold to raise funds rather than  |                         | part of the organ  | lization's collection | <u> </u>       |                | Ұ           | es _     | No              |
| Pa          | ert IV Escrow and Custodial A   |                         | to Forms 000       | Dort IV line (        |                |                |             |          |                 |
|             | Complete if the organization  | n answered Yes          | to Form 990        | , Part IV, line s     | a, or reported | an amou        | int on Form | 1        |                 |
|             | 990, Part X, line 21.   |                         |                    |                       |                |                |             |          |                 |
| 1a          | Is the organization an agent, trustee, custo  |                         |                    |                       |                |                |             | _        | ٦               |
|             | included on Form 990, Part X?   |                         |                    |                       |                |                | ∐ Ƴ         | es _     | No              |
| b           | If "Yes," explain the arrangement in Part X   | III and complete the fo | llowing table:     |                       |                |                |             |          |                 |
|             |   |                         |                    |                       |                |                | Amour       | nt       |                 |
| С           | Beginning balance   |                         |                    |                       |                | 1c             |             |          |                 |
| d           | Additions during the year   |                         |                    |                       |                | . 1d           |             |          |                 |
|             | Distributions during the year   |                         |                    |                       |                |                |             |          |                 |
| f           | Ending balance  |                         |                    |                       |                |                |             |          |                 |
| 2a          | Did the organization include an amount on   | Form 990, Part X, line  | 21, for escrow     | or custodial accou    | nt liability?  |                | Y           | es       | No              |
|             | If "Yes," explain the arrangement in Part XI  |                         |                    |                       |                |                |             |          | 1               |
|             | art V Endowment Funds.  |                         | •                  | •                     |                |                |             |          |                 |
|             | Complete if the organization  | n answered "Yes"        | to Form 990        | . Part IV. line 1     | 10.            |                |             |          |                 |
|             |   | (a) Current year        | (b) Prior year     |                       |                | Three years ba | ack (e) Foi | ır years | back            |
| 10          | Paginning of year balance   | (4) 54115111 / 541      | (2)                | (0, 1.1.2 )           | (4)            | ,              | (0,10       | ,        |                 |
|             | Beginning of year balance   |                         |                    |                       |                |                |             |          |                 |
|             | Contributions   |                         |                    |                       |                |                |             |          |                 |
| С           | Net investment earnings, gains, and   |                         |                    |                       |                |                |             |          |                 |
|             | losses  |                         |                    |                       |                |                |             |          |                 |
| d           | Grants or scholarships  |                         |                    |                       |                |                |             |          |                 |
| е           | Other expenditures for facilities and   |                         |                    |                       |                |                |             |          |                 |
|             | programs  |                         |                    |                       |                |                |             |          |                 |
| f           | Administrative expenses   |                         |                    |                       |                |                |             |          |                 |
| g           | End of year balance   |                         |                    |                       |                |                |             |          |                 |
| 2           | Provide the estimated percentage of the cu  | irrent year end balance | e (line 1g, colum  | ın (a)) held as:      |                |                |             |          |                 |
| а           | Board designated or quasi-endowment   | %                       |                    |                       |                |                |             |          |                 |
| b           | Permanent endowment %   |                         |                    |                       |                |                |             |          |                 |
| С           | Tananananili, waatsiataal anala, waanat   | %                       |                    |                       |                |                |             |          |                 |
|             | The percentages in lines 2a, 2b, and 2c sh  |                         |                    |                       |                |                |             |          |                 |
| 3a          | Are there endowment funds not in the poss   |                         | ation that are hel | d and administere     | d for the      |                |             |          |                 |
|             | organization by:  | ŭ                       |                    |                       |                |                |             | Yes      | No              |
|             | ,   |                         |                    |                       |                |                | 3a(i)       | 1.00     |                 |
|             | (i) unrelated organizations   |                         |                    |                       |                |                | 3a(ii)      |          |                 |
| h           | (ii) related organizations  | ne lieted as required o | n Schedule P2      |                       |                |                | 3b          |          |                 |
|             | Describe in Part XIII the intended uses of t  |                         |                    |                       |                |                |             |          |                 |
|             | art VI Land, Buildings, and Eq  |                         | owinent lunus.     |                       |                |                |             |          |                 |
| Fa          |   | -                       | to Form 000        | Dort IV line 1        | 10 Coo For     | ~ 000 De       | nt V lina 1 | ^        |                 |
|             | Complete if the organization  |                         |                    |                       |                |                | •           |          |                 |
|             | Description of property   | (a) Cost or other I     | uasis (b) (        | Cost or other basis   | (c) Accumi     |                | (d) Book    | value    |                 |
|             |   | (investment)            |                    | (other)               | depreciat      | IUII           |             |          |                 |
|             | Land  |                         |                    |                       |                |                |             |          |                 |
|             | Buildings   |                         |                    |                       |                |                |             |          |                 |
|             | Leasehold improvements  |                         |                    |                       | ļ              | 2 2 = 2        |             |          |                 |
| d           | Equipment   |                         |                    | 4,641                 |                | 2,958          |             | 1,       | <u>683</u>      |
|             | Other   |                         |                    |                       |                |                |             |          |                 |
| Total       | I. Add lines 1a through 1e. (Column (d) mus   | t equal Form 990, Par   | t X, column (B),   | line 10c.)            |                |                |             | 1,       | 683             |

| Part VII              | Investments—Other Securities.   | Form 000 Port IV line                   | 11h Coo Form 000 F   | Cart V. lina 10  |
|-----------------------|---|---|----------------------|------------------|
| -                     | Complete if the organization answered "Yes" to  (a) Description of security or category | (b) Book value                          | (c) Method           |                  |
|                       | (including name of security)  | (b) Book value                          | Cost or end-of-ye    |                  |
| (1) Financial         | dorivativos   |   | ood or one or y      | our marror value |
| (1) Financial         | eld equity interests  |   |                      |                  |
|                       | SELCO Solar Pvt. Ltd. Shares  | 110,000                                 | Cost                 |                  |
|                       |   | 110,000                                 | COSC                 |                  |
| (A)<br>(B)            |   |   |                      |                  |
| (C)                   |   |   |                      |                  |
| (D)                   |   |   |                      |                  |
| (E)                   |   |   |                      |                  |
| (F)                   |   |   |                      |                  |
| (G)                   |   |   |                      |                  |
| (H)                   |   |   |                      |                  |
|                       | nn (b) must equal Form 990, Part X, col. (B) line 12.)                                  | 110,000                                 |                      |                  |
| Part VIII             | Investments—Program Related.  | , |                      |                  |
| 2 222 2 2 222         | Complete if the organization answered "Yes" to  | Form 990. Part IV. line                 | 11c. See Form 990. F | Part X. line 13. |
| -                     | (a) Description of investment   | (b) Book value                          | (c) Method           |                  |
|                       |   |   | Cost or end-of-ye    | ear market value |
| (1)                   |   |   |                      |                  |
| (2)                   |   |   |                      |                  |
| (3)                   |   |   |                      |                  |
| (4)                   |   |   |                      |                  |
| (5)                   |   |   |                      |                  |
| (6)                   |   |   |                      |                  |
| (7)                   |   |   |                      |                  |
| (8)                   |   |   |                      |                  |
| (9)                   |   |   |                      |                  |
| Total. (Colum         | nn (b) must equal Form 990, Part X, col. (B) line 13.)                                  |   |                      |                  |
| Part IX               | Other Assets.   |   |                      |                  |
| -                     | Complete if the organization answered "Yes" to  | Form 990, Part IV, line                 | 11d. See Form 990, F | Part X, line 15. |
|                       | (a) Description   |   |                      | (b) Book value   |
| (1)                   |   |   |                      |                  |
| (2)                   |   |   |                      |                  |
| (3)                   |   |   |                      |                  |
| (4)                   |   |   |                      |                  |
| (5)                   |   |   |                      |                  |
| (6)                   |   |   |                      |                  |
| (7)                   |   |   |                      |                  |
| (8)                   |   |   |                      |                  |
| (9)                   |   |   |                      |                  |
|                       | nn (b) must equal Form 990, Part X, col. (B) line 15.)                                  |   |                      |                  |
| Part X                | Other Liabilities.  | E 000 B ( N/ II                         | 44 446 0 5           | 000 D 11/        |
|                       | Complete if the organization answered "Yes" to  | Form 990, Part IV, line                 | 11e or 11f. See Form | 990, Part X,     |
|                       | line 25.  |   |                      |                  |
| 1.                    | (a) Description of liability  | (b) Book value                          |                      |                  |
|                       | income taxes  |   |                      |                  |
| (2)                   |   |   |                      |                  |
| (3)                   |   |   |                      |                  |
| (4)                   |   |   |                      |                  |
| (5)                   |   |   |                      |                  |
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| (9)                   | on /b) much assed Farms 000 Dest V and /D) line 05                                      |   |                      |                  |
| ι <b>οταί.</b> (Colum | nn (b) must equal Form 990, Part X, col. (B) line 25.)                                  | 1                                       |                      |                  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

| Schedule D (Fo                          | orm 990) 2014 🕻 | rne Small       | Scale       | Sustainable | Intra- | 04-3582215 | Page <b>5</b> |
|---|-----------------|-----------------|-------------|-------------|--------|------------|---------------|
| Part XIII                               | Supplementa     | I Information ( | (continued) |             |        |            | -             |
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### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

2014

OMB No. 1545-0047

|      | _  | •   | •   |
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Employer identification number Name of the organization The Small Scale Sustainable Infrastructure Development Fund, Inc. 04-3582215 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 4   | (a) Name of diagnolified person | (b) Relationship between disqualified person and | (a) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|--|--------------------------------|----------------|----|
| 1   | (a) Name of disqualified person | organization                                     | (c) Description of transaction | (d) Co<br>Yes  | No |
| (1) |                                 |  |                                |                |    |
| (2) |                                 |  |                                |                |    |
| (3) |                                 |  |                                |                |    |
| (4) |                                 |  |                                |                |    |
| (5) |                                 |  |                                |                |    |
| (6) |                                 |  |                                |                |    |
|     | E 1 0 1 11 0 1 0 1 0            |  | 41                             |                |    |

| 2 | Enter the amount of tax incurred by the organization managers or disqualified persons during the year |    |
|---|---|----|
|   | under section 4958  | \$ |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization                     | \$ |

| Part II | Loans to and/or From Interested Persons  |
|---------|--|
| raitii  | LUANS LU ANU/UL FIUIN INLETESLEU FEISUNS |

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the

nization reported an amount on Form 990 Part X line 5, 6, or 22

| organization reported an amount on | Form 990, Part                     | X, line 5, 6, o     |        |        |                  |                 |        |          |        |                   |       |                  |
|------------------------------------|------------------------------------|---------------------|--------|--------|------------------|-----------------|--------|----------|--------|-------------------|-------|------------------|
| (a) Name of interested person      | (b) Relationship with organization | (c) Purpose of loan | (d) Lo | oan to | (e) Original     | (f) Balance due | (g) In | default? | (h) Ap | oproved           | (i) W | Vritten<br>ment? |
|                                    | with Organization                  | 10411               | or     | j.?    | principal amount |                 |        |          | comm   | ard or<br>nittee? | ayree | ment?            |
|                                    |                                    |                     |        | From   |                  |                 | Yes    | No       | Yes    | No                | Yes   | No               |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(1)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| (2)                                |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(2)                               | +                                  |                     |        |        |                  |                 |        |          |        |                   |       | ├                |
| (0)                                |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(3)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       | ├                |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(4)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       | -                |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(5)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       | ــــــ           |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| (6)                                |                                    |                     |        |        |                  |                 |        |          |        |                   |       | Ь—               |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(7)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| (8)                                |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| _(9)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
|                                    |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| (10)                               |                                    |                     |        |        |                  |                 |        |          |        |                   |       |                  |
| Total                              |                                    | <u> </u>            |        |        | \$               | 1               |        |          |        |                   |       | _                |

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990 Part IV line 27

|      | Complete if the organization answered Tes on Form 990, Fart IV, line 27. |   |                          |                        |                           |  |  |  |  |
|------|--|---|--------------------------|------------------------|---------------------------|--|--|--|--|
|      | (a) Name of interested person  | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |  |  |  |  |
| (1)  |  |   |                          |                        |                           |  |  |  |  |
| (2)  |  |   |                          |                        |                           |  |  |  |  |
| (3)  |  |   |                          |                        |                           |  |  |  |  |
| _(4) |  |   |                          |                        |                           |  |  |  |  |
| (5)  |  |   |                          |                        |                           |  |  |  |  |
| (6)  |  |   |                          |                        |                           |  |  |  |  |
| (7)  |  |   |                          |                        |                           |  |  |  |  |
| (8)  |  |   |                          |                        |                           |  |  |  |  |
| (9)  |  |   |                          |                        |                           |  |  |  |  |
| (10) |  |   |                          |                        |                           |  |  |  |  |
|      |  | ·   | •                        | 0 1 1 1                | L /E 000 000 ET) 0014     |  |  |  |  |

|  | SMAIL SCALE SUSCALI   | labie illita-             | 04-3362213                     | Page 4                        |
|--|---|---------------------------|--------------------------------|-------------------------------|
|  |   | 3a 28h or 28c             |                                |                               |
| (a) Name of interested person          | (b) Relationship between interested person and the  | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? |
|  | organization  |                           |                                | Yes No                        |
| (1) Russell deLucia                    | Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  Ssell deLucia  President  15,000 Lease Office Space | X                         |                                |                               |
| (2)                                    |   |                           |                                |                               |
| (3)                                    |   |                           |                                | +                             |
| (4)                                    |   |                           |                                | ++-                           |
| 5)<br>6)                               |   |                           |                                |                               |
| 7)                                     |   |                           |                                |                               |
| 8)                                     |   |                           |                                |                               |
| 9)                                     |   |                           |                                |                               |
| 0)                                     |   |                           |                                |                               |
|  |   |                           |                                |                               |
| Provide additional information for res | sponses to questions on Schedule L (  | (see instructions).       |                                |                               |
| Schedule I. Part V - Ado               | ditional Informatio   | n                         |                                |                               |
| •                                      |   |                           |                                | -1 1                          |
|  |   |                           |                                |                               |
| rate from the board Pres               | sident. The monthly   | y lease is                | \$1250 a month on              | <u>a</u>                      |
| toward of sill books                   |   |                           |                                |                               |
| tenant at will basis.                  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |
|  |   |                           |                                |                               |

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2014

**2**014

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

The Small Scale Sustainable Infra-

Open to Public Inspection

Employer identification number

| structure Development Fund,   | Inc.   | 04-3582215        |  |  |  |  |  |  |  |
|---|--|-------------------|--|--|--|--|--|--|--|
| Form 990 - Organization's Mission                                       |  |                   |  |  |  |  |  |  |  |
| To facilite private small-scale infrastructure and related investments, |  |                   |  |  |  |  |  |  |  |
| such as electricity, water and sanitation, and energy liked investments |  |                   |  |  |  |  |  |  |  |
| that are needed for poverty alleviation                                 | that are needed for poverty alleviation and overall economic advancement |                   |  |  |  |  |  |  |  |
| and have environmental benefits.  |  |                   |  |  |  |  |  |  |  |
|   |  |                   |  |  |  |  |  |  |  |
| Form 990, Part VI, Line 2 - Related Par                                 | ···· <del>·</del>  | ong Officers      |  |  |  |  |  |  |  |
| deLucia & Associates  | Small Scale  |                   |  |  |  |  |  |  |  |
| Officer   | President  |                   |  |  |  |  |  |  |  |
| Leasing arrangement   |  |                   |  |  |  |  |  |  |  |
| Form 990, Part VI, Line 11b - Organizat                                 | cion's Process to  | Review Form 990   |  |  |  |  |  |  |  |
| President and Treasurer review form 990                                 | prior to filing.   |                   |  |  |  |  |  |  |  |
| Form 990, Part VI, Line 12c - Enforcement                               | ent of Conflicts P   | olicy             |  |  |  |  |  |  |  |
| Any conflicts of interest are required                                  | to be disclosed a  | nnually. If there |  |  |  |  |  |  |  |
| is a potential conflict it is dealt wit                                 | ch according to th   | e conflict        |  |  |  |  |  |  |  |
| procedures.   |  |                   |  |  |  |  |  |  |  |
|   |  |                   |  |  |  |  |  |  |  |
| Form 990, Part VI, Line 15a - Compensat                                 |  |                   |  |  |  |  |  |  |  |
| Members of the Board who are independen                                 | nt approve salarie   | s for management. |  |  |  |  |  |  |  |
| Form 000 Powb WT Time 15h Commenced                                     | ion Buogoss for O  |                   |  |  |  |  |  |  |  |
| Form 990, Part VI, Line 15b - Compensat                                 |  | iiicers           |  |  |  |  |  |  |  |
| Board of directors and officers approve                                 | e Stail Salaries.  |                   |  |  |  |  |  |  |  |

| Name of the organization | C=-1  | Nachainable Tri | •                                      |  | Employer identification |                                       |  |  |  |  |
|--------------------------|---|-----------------|--|--|-------------------------|---------------------------------------|--|--|--|--|
|                          |   | Sustainable Inf |  |  | 04-358221               |                                       |  |  |  |  |
| Form 990,                | Part VI   | I, Line 19 - G  | overning Doc                           | uments Disc                            | losure Explan           | nation                                |  |  |  |  |
| Documents                | are mad   | le available up | on request.                            |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
| Form 990                 | Form 990, Part IX, Line 11g - Other Fees for Services |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
| Descriptio               | n   |                 |  |  |                         |                                       |  |  |  |  |
|                          | Progr   | am Service      | Mgt & C                                | General                                | Fundra                  | ising                                 |  |  |  |  |
| Consultant               | s   |                 |  |  |                         |                                       |  |  |  |  |
|                          | \$  | 50,828          | \$                                     | 0                                      | \$                      | 0                                     |  |  |  |  |
| G111                     |   |                 | ······································ | ······································ | т                       | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| Consultant               | :S  |                 |  |  |                         |                                       |  |  |  |  |
|                          | \$  | 7,920           | \$                                     | 0                                      | \$                      | 0                                     |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  |                         |                                       |  |  |  |  |
|                          |   |                 |  |  | Page 1 of               | 1                                     |  |  |  |  |

Form **4562** 

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 **2014**Attachment

Internal Revenue Service
Name(s) shown on return

The Small Scale Sustainable Infrastructure Development Fund, Inc.

Identifying number 04-3582215

structure Development Fund, Inc. 04-3582215 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (a) Classification of property placed in (business/investment use (e) Convention (a) Depreciation deduction period only-see instructions) service S/L 2,019 3.0 HY 19a 3-year property 5-year property 7-year property C d 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property S/L MM 27.5 yrs. MM Nonresidential real S/L 39 vrs. property MM S/L Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/L S/L 40-year 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 336 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23

SMALLSCALE The Small Scale Sustainable Infra-

04-3582215

# Federal Asset Report Form 990, Page 1

FYE: 6/30/2015

| <u>Asset</u> | Description  | Date<br>In Service | Cost                       | Bus Sec<br>% 179Bonus | Basis<br>for Depr          | Per Conv Meth | <u>Prior</u>             | Current              |
|--------------|--|--------------------|----------------------------|-----------------------|----------------------------|---------------|--------------------------|----------------------|
| 3-year (     | GDS Property:  Laptop with printer   | 2/11/15 _<br>=     | 2,019<br>2,019             |                       | 2,019<br>2,019             | 3 HY S/L      | 0 0                      | 336<br>336           |
|              | ACRS:<br>_aptops(2)  | 4/06/11 _<br>=     | 2,622<br>2,622             | ,                     | 2,622<br>2,622             | 3 HY S/L      | 2,622<br>2,622           | 0                    |
|              | Depreciation:<br>Frademark  Total Other Depreciation                                   | 12/31/13 _         | 8,376<br>8,376             |                       | 8,376<br>8,376             |               | 0 0                      | 0 0                  |
|              | Total ACRS and Other Depre   | eciation =         | 8,376                      |                       | 8,376                      |               |                          | 0                    |
|              | Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals | `ers<br><br>=      | 13,017<br>0<br>0<br>13,017 |                       | 13,017<br>0<br>0<br>13,017 |               | 2,622<br>0<br>0<br>2,622 | 336<br>0<br>0<br>336 |

SMALLSCALE The Small Scale Sustainable Infra-

04-3582215

MA Asset Report Form 990, Page 1

FYE: 6/30/2015

| Asset                | Description   | Date<br>In Service | Cost                       | Basis<br>for Depr          | MA<br>Prior              | MA<br>Current        | Federal<br>Current   | Difference<br>Fed - MA |
|----------------------|---|--------------------|----------------------------|----------------------------|--------------------------|----------------------|----------------------|------------------------|
| 3-year GDS<br>3 Lapt | S Property: op with printer   | 2/11/15 _          | 2,019<br>2,019             | 2,019                      | 0 0                      | 336<br>336           | 336<br>336           | 0                      |
| Prior MAC 2 Lapte    | ERS:<br>ops(2)  | 4/06/11 _<br>=     | 2,622<br>2,622             | 2,622<br>2,622             | 2,622<br>2,622           | 0                    | 0                    | 0 0                    |
| Other Dep<br>4 Trad  | reciation:<br>emark<br>Total Other Depreciation                             | 12/31/13 _         | 8,376<br>8,376             | 8,376<br>8,376             | 0 0                      | 0 0                  | 0                    | 0 0                    |
|                      | Total ACRS and Other Depr   | reciation =        | 8,376                      | 8,376                      | 0                        | 0                    | 0                    | 0                      |
|                      | Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals | -<br>-             | 13,017<br>0<br>0<br>13,017 | 13,017<br>0<br>0<br>13,017 | 2,622<br>0<br>0<br>2,622 | 336<br>0<br>0<br>336 | 336<br>0<br>0<br>336 | 0<br>0<br>0<br>0       |

SMALLSCALE The Small Scale Sustainable Infra-

04-3582215 FYE: 6/30/2015

## AMT Asset Report Form 990, Page 1

| Asset                        | Description  | Date<br>In Service | Cost                | Bus Sec<br><u>%</u> 179Bonus | Basis<br>for Depr   | Per Conv Meth | Prior               | Current         |
|------------------------------|--|--------------------|---------------------|------------------------------|---------------------|---------------|---------------------|-----------------|
| Class Life ADS 3 Laptop w    | Property:<br>vith printer  | 2/11/15            | 2,019               |                              | 2,019<br>2,019      | 3 HY S/L      | <u>0</u>            | 336             |
| Prior MACRS:<br>2 Laptops(2  |  | 4/06/11            | 2,622<br>2,622      |                              | 2,622<br>2,622      | 3 HY S/L      | 2,622<br>2,622      | 0               |
| Other Deprecia<br>4 Trademar | ntion:<br>k<br>Total Other Depreciation                            | 12/31/13           | 0 0                 |                              | 0                   | 0 HY          | 0                   | 0               |
|                              | Total ACRS and Other Depre   | eciation           | 0                   |                              | 0                   |               | 0                   | 0               |
|                              | Grand Totals<br>Less: Dispositions and Transfo<br>Net Grand Totals | ers                | 4,641<br>0<br>4,641 |                              | 4,641<br>0<br>4,641 |               | 2,622<br>0<br>2,622 | 336<br>0<br>336 |

Form 990, Page 1

FYE: 6/30/2015

| <u>Asset</u> | Description                              | Date In<br>Service | Cost                    | Tax        | AMT             |
|--------------|--|--------------------|-------------------------|------------|-----------------|
| Prior M      | IACRS:                                   |                    |                         |            |                 |
| 2 3          | Laptops(2) Laptop with printer           | 4/06/11<br>2/11/15 | 2,622<br>2,019<br>4,641 | 673<br>673 | 0<br>673<br>673 |
| Other 1      | Depreciation:                            |                    |                         |            |                 |
| 4            | Trademark  Total Other Depreciation      | 12/31/13           | 8,376<br>8,376          | 0 -        | 0               |
|              | <b>Total ACRS and Other Depreciation</b> |                    | 8,376                   | 0          | 0               |
|              | Grand Totals                             |                    | 13,017                  | 673        | 673             |

Form **990** 

**Two Year Comparison Report** 2013 & 2014 07/01/14 06/30/15

ending

Name Taxpayer Identification Number The Small Scale Sustainable Infra-

For calendar year 2014, or tax year beginning

| 5           | structure Development Fund, Inc.                               |     |           | 04-35     | 82215       |
|-------------|--|-----|-----------|-----------|-------------|
|             |  |     | 2013      | 2014      | Differences |
|             | 1. Contributions, gifts, grants                                | 1.  | 473,421   | 405,517   | -67,904     |
|             | 2. Membership dues and assessments                             | 2.  |           | •         | •           |
|             | 3. Government contributions and grants                         |     |           |           |             |
| n e         | 4. Program service revenue                                     | 4.  |           |           |             |
| e n c       | 5. Investment income   | 5.  | 416       | 244       | -172        |
| >           | 6. Proceeds from tax exempt bonds                              | 6.  |           |           |             |
| æ           |  |     |           |           |             |
|             | 8. Net income or (loss) from fundraising events                | 8.  |           |           |             |
|             | 9. Net income or (loss) from gaming                            |     |           |           |             |
|             | 10. Net gain or (loss) on sales of inventory                   |     |           |           |             |
|             | 11. Other revenue  | 11. |           |           |             |
|             | 12. Total revenue. Add lines 1 through 11                      | 12. | 473,837   | 405,761   | -68,076     |
|             | 13. Grants and similar amounts paid                            | 13. |           |           |             |
|             | 14. Benefits paid to or for members                            | 14. |           |           |             |
| S           | <b>15.</b> Compensation of officers, directors, trustees, etc. | 15. |           |           |             |
| ŝ           | 16. Salaries, other compensation, and employee benefits        |     | 234,546   | 243,507   | 8,961       |
| еп          | 17. Professional fundraising fees                              | 17. |           |           |             |
| α           | 18. Other professional fees                                    | 18. | 235,600   | 67,978    | -167,622    |
| ш           | 19. Occupancy, rent, utilities, and maintenance                | 19. | 15,000    | 16,498    | 1,498       |
|             | 20. Depreciation and Depletion                                 |     |           | 336       | 336         |
|             | 21. Other expenses   | 21. |           | 69,975    | 69,975      |
|             | 22. Total expenses. Add lines 13 through 21                    | 22. | 485,146   | 398,294   | -86,852     |
|             | 23. Excess or (Deficit). Subtract line 22 from line 12         | 23. | -11,309   | 7,467     | 18,776      |
|             | 24. Total exempt revenue                                       | 24. | 517,913   | 405,761   | -112,152    |
|             | 25. Total unrelated revenue                                    | 25. |           |           |             |
| ö           | 26. Total excludable revenue                                   | 26. | 416       | 244       | -172        |
| mat         | 27. Total assets   | 27. | 1,035,873 | 1,001,086 | -34,787     |
| Information | 28. Total liabilities  | 28. | 56,649    | 14,395    | -42,254     |
| 드           | 29. Retained earnings  | 29. | 979,224   | 986,691   | 7,467       |
| the         | <b>30.</b> Number of voting members of governing body          | 30. | 6         | 6         |             |
| δ           | 31. Number of independent voting members of governing body     | 31. | 4         | 4         |             |
|             | 32. Number of employees  | 32. | 2         | 9         |             |
|             | 33. Number of volunteers                                       | 33. |           |           |             |

 $\mathsf{Form}~\mathbf{990T}$ 

## **Two Year Comparison Report**

07/01/14

06/30/15

2013 & 2014

Name

ending

The Small Scale Sustainable Infra-

For calendar year 2014, or tax year beginning

Taxpayer Identification Number

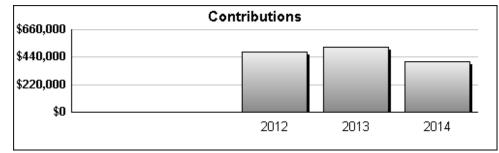
| 9           | tı  | ructure Development Fund, Inc.  |     |        |      | 04-3582215  |
|-------------|-----|---|-----|--------|------|-------------|
|             |     |   |     | 2013   | 2014 | Differences |
|             | 1.  | Gross profit/loss on business activities                                  | 1.  |        |      |             |
| n e         | ı   | Capital gains/losses  | 2.  |        |      |             |
|             |     | Income/loss from partnerships and S corporations                          | 3.  |        |      |             |
| ⊑           |     | Rental income (net of expense)  | 4.  |        |      |             |
| <b>&gt;</b> |     | Unrelated debt-financed income (net of expense)                           | 5.  |        |      |             |
| B<br>e      | ı   | Interest, and other income from controlled organizations (net of expense) | 6.  |        |      |             |
| _           |     | Investment income of specific organizations (net of expense)              | 7.  |        |      |             |
|             |     | Exploited exempt activity income (net of expense)                         | 8.  |        |      |             |
|             |     | Advertising income (net of expense)                                       | 9.  |        |      |             |
|             |     | Other income  | 10. |        |      |             |
|             | 11. | <b>Total trade or business income.</b> Combine lines 1 through 10         | 11. |        |      |             |
|             | -   | Compensation of officers, directors, and trustees                         | 12. |        |      |             |
|             |     | Other salaries and wages  | 13. |        |      |             |
|             | 14. | Repairs and maintenance   | 14. |        |      |             |
|             |     | Bad debts   | 15. |        |      |             |
| "           | 16. | Interest  | 16. |        |      |             |
| ē           | 17. | Taxes and licenses  | 17. |        |      |             |
| n s         | 18. | Charitable contributions  | 18. |        |      |             |
| ре          | 19. | Depreciation and Depletion  | 19. |        |      |             |
| ×           | 20. | Contributions to deferred compensation plans                              | 20. |        |      |             |
|             |     | Employee benefit programs   | 21. |        |      |             |
|             |     | Other deductions  | 22. |        |      |             |
|             | ı   | <b>Total deductions.</b> Add lines 12 through 22                          | 23. |        |      |             |
|             | ı   | Taxable income before NOL. Subtract line 23 from 11                       | 24. |        |      |             |
|             |     | Net operating loss deduction  | 25. |        |      |             |
|             |     | Specific deduction  | 26. | 1,000  |      | -1,000      |
|             |     | Unrelated business taxable income.  | 27. | -1,000 |      | 1,000       |
| _           | _   | Income tax (corporate or trust)   | 28. |        |      | ,           |
|             |     | Proxy tax   | 29. |        |      |             |
| ē           | 30. | Alternative minimum tax   | 30. |        |      |             |
| r<br>e      | 31. | Total taxes   | 31. |        |      |             |
| C           | 32. | Other credits   | 32. |        |      |             |
| ×           | 33. | General business credit   | 33. |        |      |             |
| a           | 34. | Credit for prior year minimum tax   | 34. |        |      |             |
|             |     | Total credite   | 35. |        |      |             |
|             | ı   | Net tax after credits   | 36. |        |      |             |
|             |     | Recapture taxes   | 37. |        |      |             |
|             | ı   | Total Taxes   | 38. |        |      |             |
|             | _   | Prior year overpayment and estimated tax payments                         | 39. |        |      |             |
|             |     | Payment made with extension   | 40. |        |      |             |
| _           |     | Backup withholding and foreign withholding                                | 41. |        |      |             |
|             |     | Other payments  | 42. |        |      |             |
| Re          | 43. | Total payments  | 43. |        |      |             |
| _           |     | Balance due/(Overpayment)   | 44. |        |      |             |
|             |     | Overpayment applied to next year  | 45. |        |      |             |
|             |     | Penalties   | 46. |        |      |             |
|             | 47. | Total due/(Refund)  | 47. |        |      |             |
|             |     | ` ,   | •   |        |      |             |

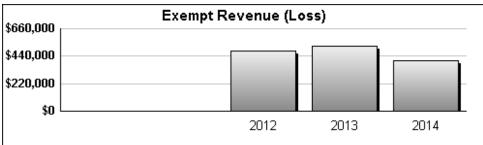
| Form <b>990</b> | Tax Return History   |              | 2014                      |
|-----------------|--|--------------|---------------------------|
| Name            | The Small Scale Sustainable Infra-<br>structure Development Fund, Inc. | Employer Ide | entification Number 82215 |

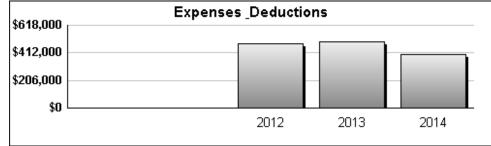
|                                   | 2010 | 2011 | 2012      | 2013      | 2014      | 2015 |
|-----------------------------------|------|------|-----------|-----------|-----------|------|
| Contributions, gifts, grants      |      |      | 478,313   | 517,497   | 405,517   |      |
| Membership dues                   |      |      |           |           |           |      |
| Program service revenue           |      |      |           |           |           |      |
| Capital gain or loss              |      |      |           |           |           |      |
| Investment income                 |      |      | 3,707     | 416       | 244       |      |
| Fundraising revenue (income/loss) |      |      |           |           |           |      |
| Gaming revenue (income/loss)      |      |      |           |           |           |      |
| Other revenue                     |      |      |           |           |           |      |
| Total revenue                     |      |      | 482,020   | 517,913   | 405,761   |      |
| Grants and similar amounts paid   |      |      |           |           |           |      |
| Benefits paid to or for members   |      |      |           |           |           |      |
| Compensation of officers, etc.    |      |      | 40,408    |           |           |      |
| Other compensation                |      |      | 169,269   | 236,061   | 243,507   |      |
| Professional fees                 |      |      |           | 150,871   | 67,978    |      |
| Occupancy costs                   |      |      | 16,116    | 15,000    | 16,498    |      |
| Depreciation and depletion        |      |      | 874       |           | 336       |      |
| Other expenses                    |      |      | 250,202   | 92,609    | 69,975    |      |
| Total expenses                    |      |      | 476,869   | 494,541   | 398,294   |      |
| Excess or (Deficit)               |      |      | 5,151     | 23,372    | 7,467     |      |
|                                   |      |      |           |           |           |      |
| Total exempt revenue              |      |      | 482,020   | 517,913   | 405,761   |      |
| Total unrelated revenue           |      |      |           |           |           |      |
| Total excludable revenue          |      |      | 482,020   | 416       | 244       |      |
| Total Assets                      |      |      | 1,073,132 | 1,070,116 | 1,001,086 |      |
| Total Liabilities                 |      |      | 82,599    | 56,648    | 14,395    |      |
| Net Fund Balances                 |      |      | 990,533   | 1,013,468 | 986,691   |      |

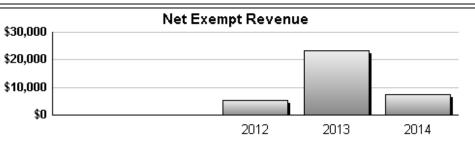
| Form <b>990T</b> | Tax Return History   | 2014                                      |
|------------------|--|---|
| Name             | The Small Scale Sustainable Infra-<br>structure Development Fund, Inc. | Employer Identification Number 04–3582215 |

|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|------|------|
| Business activity profit/loss              |      |      |      |      |      |      |
| Capital gains/losses                       |      |      |      |      |      |      |
| Partner and S Corp gain/loss               |      |      |      |      |      |      |
| Rental income*                             |      |      |      |      |      |      |
| Debt-financed income*                      |      |      |      |      |      |      |
| Controlled organizations income/interest*  |      |      |      |      |      |      |
| Investment income, specific organizations* |      |      |      |      |      |      |
| Exploited exempt activity income*          |      |      |      |      |      |      |
| Other income                               |      |      |      |      |      |      |
| Total trade or business income.            |      |      |      |      |      |      |
| Compensation of officers, ect.             |      |      |      |      |      |      |
| Other salaries and wages                   |      |      |      |      |      |      |
| Repairs and maintenance                    |      |      |      |      |      |      |
| Bad debts                                  |      |      |      |      |      |      |
| Interest                                   |      |      |      |      |      |      |
| Taxes and licenses                         |      |      |      |      |      |      |
| Charitable contributions                   |      |      |      |      |      |      |
| Depreciation and Depletion                 |      |      |      |      |      |      |
| Deferred compensation plans                |      |      |      |      |      |      |
| Employee benefit programs                  |      |      |      |      |      |      |





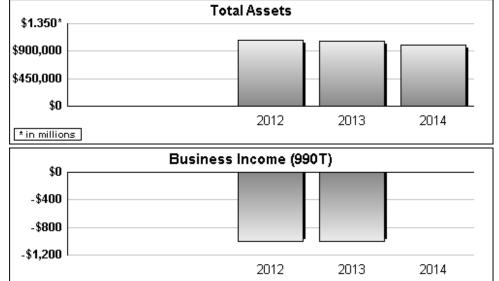


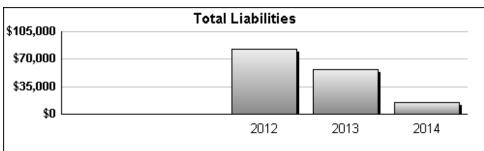


| Form <b>990T</b> |   | Tax Return History | 2014                                      |
|------------------|---|--------------------|---|
| Name             | The Small Scale Sustainable structure Development Fund, |                    | Employer Identification Number 04–3582215 |

|                                     | 2010 | 2011 | 2012   | 2013   | 2014 | 2015 |
|-------------------------------------|------|------|--------|--------|------|------|
| Other deductions                    |      |      |        |        |      |      |
| Net operating loss deduction        |      |      |        |        |      |      |
| Specific deduction                  |      |      | 1,000  | 1,000  |      |      |
| Income after expense and deductions |      |      | -1,000 | -1,000 |      |      |
| Income tax (corporate or trust)     |      |      |        |        |      |      |
| Other taxes                         |      |      |        |        |      |      |
| Total taxes                         |      |      |        |        |      |      |
| General business credit             |      |      |        |        |      |      |
| Other credits                       |      |      |        |        |      |      |
| Net tax after credits               |      |      |        |        |      |      |
| Estimated tax payments              |      |      |        |        |      |      |
| Other payments                      |      |      |        |        |      |      |
| Balance due/Overpayment             |      |      |        |        |      |      |

<sup>\*</sup> Income shown net of expenses







FYE: 6/30/2015

## **Taxable Interest on Investments**

|          | Description |        |                                  |    |                                 |                     |
|----------|-------------|--------|----------------------------------|----|---------------------------------|---------------------|
|          | _           | Amount | Unrelated Exe<br>Business Code ( |    | stal Acquired after ode 6/30/75 | US<br>Obs (\$ or %) |
| Interest |             | 0.4.4  |                                  |    |                                 |                     |
|          | \$_         | 244    |                                  | 14 |                                 |                     |
| Total    | L \$_       | 244    |                                  |    |                                 |                     |

SMALLSCALE The Small Scale Sustainable Infra-

04-3582215

FYE: 6/30/2015

## **Federal Statements**

5/13/2016 1:46 PM

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description                | E  | Total<br>xpenses | <br>Program<br>Service | <br>gement &<br>eneral | Fund<br>Raising |
|----------------------------|----|------------------|------------------------|------------------------|-----------------|
| Consultants<br>Consultants | \$ | 50,828<br>7,920  | \$<br>50,828<br>7,920  | \$<br>_                | \$              |
| Total                      | \$ | 58,748           | \$<br>58,748           | \$<br>0                | \$<br>0         |

SMALLSCALE The Small Scale Sustainable Infra-04-3582215 Federal Statements 5/13/2016 1:46 PM

FYE: 6/30/2015

## Schedule A, Part II, Line 5 - Excess Gifts

| Donor Name                    | <br>Total        | Excess |                  |  |
|-------------------------------|------------------|--------|------------------|--|
| Applied Materials Foundation  | \$<br>230,000    | \$     | 195,888          |  |
| Blue Moon Fund                | 576 <b>,</b> 000 |        | 541 <b>,</b> 888 |  |
| Nexus Rural Energy Initiative | 71,474           |        | 37 <b>,</b> 362  |  |
| Russell deLucia               | 120,152          |        | 86 <b>,</b> 040  |  |
| Nexant                        | 247 <b>,</b> 781 |        | 213,669          |  |
| Harve Thomas                  | 50,000           |        | 15 <b>,</b> 888  |  |
| MJ DeLucia Foundation         | 11,000           |        |                  |  |
| Edwin Lee Solot               | <br>5,000        |        |                  |  |
| Total                         | \$<br>1,311,407  | \$     | 1,090,735        |  |