# Exhibit 1

# Form **990**

432001 11-07-14

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.

Open to Public Inspection

OMB No 1545-0047

A F	or the	2014 calendar year, or tax year beginning	and	l ending					
B	Check if pplicable Address change	INSTITUTE OF GLOBAL EN	VIRONMENT AND		D Employer identifi	cation number			
	Name change		-		52-1	761388			
	Initial return Final return/	Number and street (or P.O. box if mail is not del 11300 ROCKVILLE PIKE	livered to street address)	Room/suite	E Telephone numbe				
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code	<u></u>	G Gross receipts \$ 3,846,141.				
	Amend		- ·		H(a) Is this a group re				
	Application	F Name and address of principal officer UAG	ADISH SHUKLA		for subordinates	7 Yes X No			
	pendin	9 SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
<u>                                     </u>	ax-exe	mpt status X 501(c)(3) 501(c) ( )		or 527	If "No," attach a	list (see instructions)			
		e: ► WWW.IGES.ORG			H(c) Group exemptio				
			ssociation Other	L Year	of formation: 1991 <b>N</b>	State of legal domicile: MD			
PE	art I	Summary							
& Governance	1 1	Briefly describe the organization's mission or most	significant activities SEE	PART I	II, LINE 1.				
ern		Check this box 🕨 🔛 if the organization discoi	·	sed of more	than 25% of its net as	ssets			
30		Number of voting members of the governing body			3	4			
۵ĕ		Number of independent voting members of the go			4	3			
ties		Total number of individuals employed in calendar y	year 2014 (Part V, line 2a)		5	45			
Activities		Total number of volunteers (estimate if necessary)			6	0			
Ac	_	Fotal unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form		1	7a	0.			
	, b	vet differated business taxable income from Form	SECEN/FD	+	7b Prior Year				
.t	78	Contributions and grants (Part VIII, line 1h)	RECEIVED	%\	4,174,658.	Current Year 3,832,383.			
že Še	30 I	Program service revenue (Part VIII line 2g)	· 1 2015	RS-Co	13,116.	13,646.			
×.	10	nvestment income (Part VIII, column (A) lines 3	Sand Sally 01 5013	悉/	<1,135.				
2Revenu	11	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3,4 Other revenue (Part VIII, column (A), lines 5, 6d, 8p		<u> </u>	0.	0.			
		Total revenue - add lines 8 through 11 (must equal		⊢ لـــ	4,186,639.	3,846,141.			
3		Grants and similar amounts paid (Part IX, column (			0.	100,000.			
	14 1	Benefits paid to or for members (Part IX, column (A	A), line 4)		0.	0.			
ExpensesD	15 3	Salaries, other compensation, employee benefits (I	Part IX, column (A), lines 5-10)		3,194,792.	3,296,720.			
Zÿ	16a I	Professional fundraising fees (Part IX, column (A), I	ıne 11e)	0.	0.				
ŽŽ	b <sup>-</sup>	Fotal fundraising expenses (Part IX, column (D), line	e 25) 🕨	0.					
уш.	17 (	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		968,484.	<u>563,867.</u>			
,	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)		4,163,276.	3,960,587.			
	19	Revenue less expenses Subtract line 18 from line	12		23,363.	<114,446.>			
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year			
SSE	20	Total assets (Part X, line 16)			435,517.	326,750.			
let A	21	Total liabilities (Part X, line 26)			0.	0.			
	<u>22  </u> 	Net assets or fund balances Subtract line 21 from Signature Block	line 20		435,517.	326,750.			
		ties of perjury, I declare that I have examined this return,	including accompanying schodule	ac and statem	ants and to the best of m	v knowledge and helief it is			
		and complete Declaration of preparer (other than office				y knowledge and belief, it is			
11 00,	COITCC	, and complete beginning of prepares (other than office	Shuk	la.	it as any knowledge.	12010			
Sıgr	,	Signature of officer	The state of		Date	>/ -4/13			
Her		▶ JAGADISH SHUKLA, PRESI	DENT C			•			
1101		Type or print name and title	2211						
		Print/Type preparer's name	Preparer's signature		ate Check	□ PP01329561			
Paid	- 1	Dans W. Nass	1/21Han		S/33/15 If self-employ	ed   101329301			
Prep	arer	Firm's name GELMAN, ROSENBER			Firm's EIN	52-1392008			
Use	Only	Firm's address 4550 MONTGOMERY							
			14-2930		Phone no. ( 3	01) 951-9090			
May	the IR	S discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No			

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

Form **990** (2014)

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$

4e Total program service expenses ► 2,649,130.

Form **990** (2014)

Form 990 (2014) Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u>X</u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u> </u>
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, 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		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			₹.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1		<b>.</b>
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Δ.	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ <del></del> -
	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		Х
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 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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	
		Earm	990	(2014)

Pa	TIV   Checklist of Required Schedules (continued)			
	N .		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III			
		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	04-		
		24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
07		20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		1
30		00		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ŀ		l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		338		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2014)
				, · · /

52-1761388

Page 5

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	110						
b	Enter the number of Forms W 2G included in line 1a Enter -0- if not applicable  1b  0									
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
•	(gambling) winnings to prize winners?	1c	х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 45	'								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
b	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 Accounts (FBAR)									
5a										
b										
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		X						
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?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?									
7	7 Organizations that may receive deductible contributions under section 170(c).									
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A									
	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?  N/A	_9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b								
10	Section 501(c)(7) organizations. Enter									
a	Initiation fees and capital contributions included on Part VIII, line 12  N/A  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  Gross income from members or shareholders  N/A 11a									
a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against		,							
120	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100								
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a								
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a								
а	Note. See the instructions for additional information the organization must report on Schedule O	108								
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
IJ	organization is licensed to issue qualified health plans  13b									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

# INSTITUTE OF GLOBAL ENVIRONMENT AND

SOCIETY, INC. Form 990 (2014) 52-1761388

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$						
Sec	tion A. Governing Body and Management			<u> </u>						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 4		103	110						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent  1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
2	officer, director, trustee, or key employee?	2	х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		-^							
3	of officers, directors, or trustees, or key employees to a management company or other person?	_		v						
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3_		<u>X</u>						
4		5		X						
_	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	_6		_X_						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		37						
	more members of the governing body?	7a		<u> </u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77						
_	persons other than the governing body?	7b		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>						
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
40-	Did the eventuation have local charters broughts average of	40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?									
11a		11a	Х	<del></del>						
_	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	· · · · · · · · · · · · · · · · · · ·									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₹.							
40	In Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?	45.	v							
a	The organization's CEO, Executive Director, or top management official	15a	Х	- <del>-</del>						
Ø	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		<u>X</u>						
16-	,									
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v						
L	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		_ <u>X</u> _						
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
		405								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b								
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►MD , VA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only);	availah	le							
.0	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial							
	statements available to the public during the tax year.	ail	- 141							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JAGADISH SHUKLA - 240-833-8195									
	11300 ROCKVILLE PIKE, ROCKVILLE, MD 20852-3042									
122004		Form	990	(2014)						

## Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and 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 organization	nor any related	d organization compensat					nsat	sated any current officer, director, or trustee				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(do		Position one than one			one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week	-	Cer an	iu a u	recu	or/trus	itee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	0.0	e e			sated		organization	(W-2/1099-MISC)	from the		
	organizations	leste.	l tr		, a	преп		(W-2/1099-MISC)		organization and related		
	below	dualt	tiona		1 gr	stcor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			organizations		
(1) JAGADISH SHUKLA	28.00											
PRESIDENT		X		X				292,688.	0.	40,360.		
(2) ANTONIO MOURA	0.20											
BOARD MEMBER		X	_					440.	0.	0.		
(3) PATRICIA PECK	0.20											
BOARD MEMBER		X	<u></u>			<u> </u>	ļ	440.	0.	0.		
(4) NORA ROSENBAUM	0.20	l							_	_		
BOARD MEMBER	40.00	X				_		440.	0.	0.		
(5) ANNE SHUKLA	40.00	-						146 045		00 050		
BUSINESS MANAGER	30.00	-		Х		$\vdash$	<u> </u>	146,045.	0.	20,052.		
(6) JAMES KINTER	30.00	$\cdot$			٠,			152.060		26.060		
DIRECTOR/COLA	40.00	├			X	-		153,969.	0.	26,069.		
(7) DANIEL PAOLINO	40.00	1				77		115 100		14 016		
RESEARCH SCIENTIST	40.00		-		_	X	_	115,109.	0.	14,816.		
(8) V. KRISHNAMURTHY	40.00	┨				x		114,619.	0.	14 620		
RESEARCH SCIENTIST	40.00				-	┲		114,019.	<u> </u>	14,639.		
(9) LAWRENCE MARX	40.00	1				x	-	112,157.	0.	14,377.		
RESEARCH SCIENTIST				-		^	<del> </del>	112,137.	0.	14,3//.		
		1										
						L		,				
		<u> </u>			ļ	_						
		$\cdot$										
					-	<del>                                     </del>						
		1										
					_	_			<del></del>			
		-										
						$\vdash$		-				
										Form <b>990</b> (2014)		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hı	ghe	st C	Compensated Employe	es (continued)				
	· (A) · Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot or/trus	one h an tee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	(F) able Estimated amount of other tions compensation			of tion
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	5)	orga and	om the anizati I relate nizatio	on ed
										,				
	· · · · · · · · · · · · · · · · · · ·										_			
							<u> </u>						<del></del>	
	Sub total						<u></u>		935,907.		0.	131	0,3	1 2
	Sub-total  Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to th	ose	liste	ed at	bove	e) wł	no re	935,907. eceived more than \$100		0.	130	0,3	13.
	compensation from the organization								<del></del>		<u>-</u>		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ıste	e, ke	y en	nplo	yee	or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab								the organization		4	х	
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	uni			dual for services				
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors										ļ	5	1	<u>X</u>
1	Complete this table for your five highest co the organization_Report compensation for										ens	ation fi	om	_
	(A) Name and business	address	NO	ONE	2				<b>(B)</b> Description of s	ervices	С	(C omper		า
											_			
		<del></del> ,										-		
		·											·	
										·				
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(	0					Form \$	990 tz	2014)

		Gheck if Schedule O cont	tains a response	or note to any li	ne in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
irar		Membership dues	1b		]			
S, G		Fundraising events	1c					
a it	d	Related organizations	1d					
s, C	е		tions) 1e 3,	832,383.	]			
E S	f	A11 - A12			]			
the		similar amounts not included abo	1 1					
E O	g	Noncash contributions included in lines	s 1a-1f \$		]			
Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	3,832,383.			
				Business Code				
9	2 a	PUBLICATIONS		900099	13,646.	13,646.		
E S	b			}				
Program Service Revenue	С							
ley Sev	d							
ē.	е							
<u> </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			13,646.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>.</b>	112.		-	112.
	4	Income from investment of ta	x-exempt bond p	proceeds			<del>_</del>	
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal	-			
	6 a	Gross rents						
	b	•			-			
	С	` '			-			
		Net rental income or (loss)	F., 2	<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other	1			
		assets other than inventory	-	<del> </del>				
	b	Less cost or other basis			1			
		and sales expenses			-			
		Gain or (loss)			-			
		Net gain or (loss)		<b>_</b>				
ine	ва	Gross income from fundraisin including \$	•					
Other Reven		contributions reported on line	of					
Re		Part IV, line 18	•			1		
her	h	Less direct expenses	a b		1			
ō		Net income or (loss) from fund		<b></b>	1			
		Gross income from gaming a	•					
	<i>5</i> a	Part IV, line 19	а			İ		
	h	Less direct expenses	b		1			
		Net income or (loss) from gan			1			
		Gross sales of inventory, less					"-	
		and allowances	а					
	b	Less cost of goods sold	b		1			
		Net income or (loss) from sale		<b>•</b>	1			
	<u>_</u>	Miscellaneous Revenu		Business Code				<del></del>
	11 a		·-		1			
	b						···	
	c							
	d						· · · · · · · · · · · · · · · · · · ·	
	е	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue See instructions.			3,846,141.	13,646.	0.	112.
43200 11-07	9 · 14							Form <b>990</b> (2014)

# Form 990 (2014) SOCIETY, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	400 000			
	and domestic governments. See Part IV, line 21	100,000.	100,000.		<del></del>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C00 F02	FF 010	604 601	
_	trustees, and key employees	680,503.	55,812.	624,691.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	2 010 522	1 740 015	260 717	
7	Other salaries and wages	2,018,532.	1,748,815.	269,717.	····
8	Pension plan accruais and contributions (include	142 272	121 010	11 460	
_	section 401(k) and 403(b) employer contributions)	143,372. 266,459.	131,910.	11,462.	
9	Other employee benefits	187,854.	183,837.	82,622.	<del></del>
10	Payroll taxes	187,854.	132,056.	55,798.	<del></del>
11	Fees for services (non-employees)				
a	Management	300		200	
b	Legal	300. 21,623.		300.	,
C	Accounting	41,043.		21,623.	
d	Lobbying  Professional fundament common Con Bart IV, has 47				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		· ·		<del> </del>
g	Other (If line 11g amount exceeds 10% of line 25,	4 250	125.	4 105	
40	column (A) amount, list line 11g expenses on Sch O.)	4,250.	123.	4,125.	<del></del>
12	Advertising and promotion	52,588.	24 527	10 051	
13	Office expenses	186,357.	34,537. 178,548.	18,051.	
14	Information technology	100,357.	1/8,548.	7,809.	
15	Royalties	140,623.	-	140 602	*** ** **
16	Occupancy Travel	74,525.	74,525.	140,623.	
17		14,343.	/4,525.		-
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	35,692.		35 602	
19 20	Interest	33,034.		35,692.	
20 21	Payments to affiliates				-
21 22	Depreciation, depletion, and amortization				
23	Insurance	3,945.		3,945.	
23 24	Other expenses. Itemize expenses not covered	J,34J•	<del></del>	3,343.	
24	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 0.)				
а	UNALLOWED COSTS	17,767.		17,767.	<del></del>
b	PAYROLL SERVICES	8,851.		8,851.	=
c	VISITOR PROGRAM	8,258.	8,258.		<del></del>
d	EMPLOYEE MORALE/SOCIAL	4,040.	-,2000	4,040.	
	All other expenses	5,048.	707.	4,341.	
25	Total functional expenses Add lines 1 through 24e	3,960,587.	2,649,130.	1,311,457.	0
26	Joint costs Complete this line only if the organization	, , , , , , , ,		_,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

Par	t X	Balance Sheet			
	<del></del>	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash non-interest-bearing	19,642.	1	19,205
	2	Savings and temporary cash investments	312,977.		242,274
	3	Pledges and grants receivable, net	46,990.	3	8,627
	4	Accounts receivable, net	975.	4	25
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	L	5	
	6	Loans and other receivables from other disqualified persons (as defined und	ler		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
3		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	4,651
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a	0.		
	b	Less accumulated depreciation 10b	0. 0.	10c	(
	11	Investments - publicly traded securities		11	51,968
	12	Investments - other securities See Part IV, line 11	46,289.	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,644.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	435,517.	16	326,750
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
1	22	Loans and other payables to current and former officers, directors, trustees		1 1	
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
۱ ا	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
$\dashv$	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117 (ASC 958), check here	d	1 1	
Met Assets of Fully Dalaines		complete lines 27 through 29, and lines 33 and 34.	405 545		206 556
	27	Unrestricted net assets	435,517.		326,750
3	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets	<b>-</b>	29	
-		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
5		and complete lines 30 through 34.			
;	30	Capital stock or trust principal, or current funds	<del>-</del>	30	
}	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	425 545	32	206 55
-	33	Total net assets or fund balances	435,517		326,750
	34	Total liabilities and net assets/fund balances	435,517.	34	326,750 Form <b>990</b> (201

Form **990** (2014)

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

Х

Form 990 (2014)

За

Act and OMB Circular A-133?

# SCHEDULE A

(Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Open to Public Inspection

Department'of the Treasury Internal Revenue Service

Institute of Global Environment And Empl

Employer identification number

SOCIETY. 52-1761388 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(ıv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SOCIETY, INC.

52-1761388 Page 2

Dart II	Support School	ula for Organizations	Described in Sections	170/b\/1\/A\/ii/\ and	170(b)/1)/A)/yi
raitii	Support Scried	ule for Organizations	o Described III Sections	· I / U(U)( I)(A)(IV) allu	

(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)

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	4,554,365.	4,321,502.	4,120,378.	4.174.658.	3,832,383,	21,003,286.
2	Tax revenues levied for the organ-			•			
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		,				
	furnished by a governmental unit to			i			
	the organization without charge						
4	Total. Add lines 1 through 3	4.554.365.	4,321,502.	4,120,378.	4.174.658.	3,832,383.	21,003,286.
5	The portion of total contributions						22,000,200.
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						59,812.
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						20,943,474.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	4,554,365.	4,321,502.	4,120,378.	4,174,658.	3,832,383.	21 .003 .286.
8	Gross income from interest,	4,334,363.	4,321,302.	4,120,376.	4,174,050.	3,032,303.	21,003,286.
0	dividends, payments received on						
	' '						
	securities loans, rents, royalties	3,294.	1,648.	900.	144.	112.	6,098.
	and income from similar sources	3,434.	1,040.	900.	144.	112.	0,030.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<del></del>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )	1					<del></del>
_	Total support. Add lines 7 through 10		L	į		<u> </u>	21,009,384.
12	•	•	•			12	97,812.
13	First five years. If the Form 990 is for	_	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)	. —
50	organization, check this box and stop ction C. Computation of Publ		centage				
				I (6)			00 60 %
	Public support percentage for 2014 (I		<u>-</u>	olumn (t))		14	99.69 %
	Public support percentage from 2013				4 00 4 /00 /	15	99.70 %
168	33 1/3% support test - 2014. If the c	•		line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies			40 40 11	45 - 50 4 450		►X
t	33 1/3% support test - 2013. If the c	ŭ		·	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt VI how the organ	ızatıon
	meets the "facts-and-circumstances"	•			•		
t	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ			•			▶∐
18	Private foundation. If the organization	<u>n did not check a t</u>	oox on line 13, 16a,	16b, 17a, or 17b,	check this box a	ind see instructions	<u>▶</u>
					Sche	dule A (Form 990	or 990-FZ) 2014

432022 09-17-14

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support			·	_		
Calendar year (or fiscal year beginning ın) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			-			-
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					l	
Section B. Total Support				T	<del></del>	
Calendar year (or fiscal year beginning in) ► 📙	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 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>b</b> Unrelated business taxable income					-	
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)					1_	
14 First five years. If the Form 990 is for t	he organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2014 (lin	e 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2013 S					16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201	4 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from 20	113 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2014. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	e organization qual	lifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2013. If the o	rganization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anızatıon qualıfıes	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶□
432023 09-17-14					hedule A (Form 99	0 or 990-FZ) 201

Schedule A (Form 990 or 990 EZ) 2014 SOCIETY, INC.

# Part IV 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)

ec	tion A. All Supporting Organizations		··	
		-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	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	1		
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)	2_		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		
	(b) and (c) below	<u>3a</u>		
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	3b		
C	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	3с		
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	4a		
b	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	ĺ		
	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ļ		
	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	ļ		
	was accomplished (such as by amendment to the organizing document)	_5a		
b	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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	ì		
	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	İ		
	Part VI.	6	ļ	
7	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		1	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ļ		
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	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.	<u>9a</u>	<b></b>	
b	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.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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	10a		
b	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 )	10h	1 1	I

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

### INSTITUTE OF GLOBAL ENVIRONMENT AND

Sche	edule A (Form 990 or 990 EZ) 2014 SOCIETY, INC.		. !	52-1761388 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	non A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		-
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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,			
	see 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		
Sect	ion 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			
	emergency temporary reduction (see instructions)	6	<del></del>	
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

# INSTITUTE OF GLOBAL ENVIRONMENT AND

	dule A (Form 990 or 990 EZ) 2014 SOCIETY, INC.			<u>2-1761388 Page 7</u>
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			<u>.</u> .
6_	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	1	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(iiı)
C4	on F. Distribution Allessations (see instructions)	Excess Distributions	Underdistributions	Distributable
Ject	on E - Distribution Allocations (see instructions)		Pre-2014	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)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			***
	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)	i l		
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
_ <u>-</u>				
				·
c	1999,000		, , - , , , , , ,	
	Excess from 2013			· <u></u>
	Evenes from 2014			

Schedule A (Form 990 or 990-EZ) 2014

		INSTITUTE	OF	GLOBAL	ENVIRON	MENT A	ND		
Schedule A	(Form 990 or 990 EZ) 2014 Supplemental Inforr	SOCIETY,	INC.	•				<u>52-1761</u>	388 Page 8
Part VI					ired by Part II, li	ine 10, Part I	I, line 17a or	17b, and Part	III, line 12
	Also complete this part for	any additional info	rmation	n (See instruc	tions)				
•									
									-
	<del></del>								<del></del>
	- <u>-</u> ,							<del></del>	
					-				·
								···	
									···
				····-		· · · · · ·			
						_			
									· -
<del></del>									
						<del></del>			
								•	
	<del> </del>								
					•			<del></del>	
							-11		
		-			_ <del>-</del> -				
		·					****		
						<del></del> _	<del>.</del>	<del></del>	·
								<del></del>	
					•				
				_		_			
						<del>.</del> -		<del></del>	
							,		
								<u>.</u>	

### 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.

➤ 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

INSTITUTE OF GLOBAL ENVIRONMENT AND SOCIETY, INC.

Employer identification number 52-1761388

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 1 2 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 Preservation of a certified historic structure Protection of natural habitat 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 tax 3 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 6 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) Yes 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) Revenue 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 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014

# INSTITUTE OF GLOBAL ENVIRONMENT AND

	dule D (Form 990) 2014 SOCIETY									Page 2
Par	t III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, checi	k any of the	following that a	are a sigr	nıfıcant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange program	าร				
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organization	ı's exem <sub>l</sub>	pt purpe	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other	sımılar a	ssets			
-	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nızatıon's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered "Y	es" to Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other asse	ets not in	cluded		_	
	on Form 990, Part X?								Yes	L. No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial accour	nt liability	17	L	Yes	No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	on has been	provided in Pa	art XIII				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part IV	/, line 10			··	
		(a) Current year	(b) P	rior year	(c) Two years	back (d	) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance									
b	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		Ĺ <u></u>		1					
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administere	d for the	organi	zation	_	
	by								\	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Sched	dule R?					_3b	
_4_	Describe in Part XIII the intended uses of the	organization's endo	wment	funds						<u>.</u>
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a S	ee Form 990, F	Part X, lin	e 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	( <b>c</b> ) Acc	umulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	eciation			
1a	Land	,								
b	Buildings									
c	Leasehold improvements									
d	Equipment									
e	Other									
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	(Oc)			<b>&gt;</b>		0.

Schedule D (Form 990) 2014

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
The Month of the second forms on the second forms of the second fo	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)
Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

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

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

Schedule D (Form 990) 2014

432053 10-01-14

INSTITUTE OF GLOBAL ENVIRONMENT AND Schedule D (Form 990) 2014 SOCIETY, INC. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 3,851,820. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 5,679 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII ) 5,679. Add lines 2a through 2d 2e 3,846,141. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 846 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 3,960,587. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 3,960,587 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: FOR THE YEAR ENDED DECEMBER 31, 2014, IGES HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR

432054 10-01-14

Schedule D (Form 990) 2014

THREE YEARS AFTER IT IS FILED.

	INSTITUTE	OF GLOBAL	ENVIRONMENT	' AND	FA 4 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Schedule D (Form 990) 2014  Part XIII   Supplemental Infor	SUCIETY, I	NC.			52-1761388	Page 5
	mation (continued)			<del></del>		
•						
		•				
		•				_
			_			
	<del></del>	· <del>-</del> · · · · · · · · · · · · · · · · · · ·				
		-	11.0			
	<del></del> -					-
			<del></del>			
			-^			
				****		
		<del></del> -				
				<del></del>	<del></del> .	
			· · · · · ·			
		- <del>-</del>				
			<del></del>			
	<del>-</del>					
					Schedule D (Form 9	90) 2014

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2014 Open to Public

Inspection

Attach to Form 990.

° E Schedule I (Form 990) (2014) Employer identification number FRAINING OF POOR STUDENTS 52-1761388 O HELP IN EDUCATION AND (h) Purpose of grant or assistance X Yes IN RURAL INDIA, Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 000 001 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INSTITUTE OF GLOBAL ENVIRONMENT AND (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 55-0610012 Part 1 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Z 1 (a) Name and address of organization PROSPERITY, INC. - 11125 SHOWSHOE SOCIETY INSTITUTE FOR GLOBAL EDUCATION EQUALITY OF OPPORTUNITY AND LANE - ROCKVILLE, MD 20852 or government Name of the organization

432101 10-15-14

52-1761388

Page 2

Schedule | (Form 990) (2014)
| Part III | Grants and Other

(Form 990) (2014) SOCIETY, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:					
THE ORGANIZATION MADE A CONTRIBUTION TO A CHARITABLE ORGANIZATION.	ON TO A (	CHARITABLE	ORGANIZAT	ION. THE	

AMOUNT IS SUBSTANTIATED PER THE BOOKS AND RECORDS OF THE ORGANIZATION

31

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. INSTITUTE OF GLOBAL ENVIRONMENT AND

Employer identification number 52-1761388

SOCIETY, INC. Part I Questions Regarding Compensation

ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items    First-class or charter travel	<u>_No</u>
First-class or charter travel  Travel for companions  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Discretionary spending account  Begin are the cked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Independent compensation consultant  Tompensation survey or study  Form 990 of other organizations  Tompensation A, line 1a, with respect to the filing organization or a related organization	
Travel for companions Travel for companions Tax indemnification and gross-up payments Discretionary spending account  By Health or social club dues or initiation fees Discretionary spending account  By Health or social club dues or initiation fees Discretionary spending account  By Health or social club dues or initiation fees Discretionary spending account  By Health or social club dues or initiation fees Discretionary spending account  By Health or social club dues or initiation fees Discretionary spending account  By Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)  by If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Judicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Written employment contract Written employment contract Compensation committee Written employment contract Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
Tax indemnification and gross-up payments Discretionary spending account  Health or social club dues or initiation fees Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee  Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations  X Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 X  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 X  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 X  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  X Independent compensation consultant Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
Compensation committee  Written employment contract  X Independent compensation consultant  Form 990 of other organizations  X Compensation survey or study  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
X Independent compensation consultant	
Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	
organization or a related organization	
organization or a related organization	
	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of	
a The organization? 5a	_X_
b Any related organization? 5b	_X_
If "Yes" to line 5a or 5b, describe in Part III	
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of	
a The organization? 6a	<u>X</u>
b Any related organization? 6b	<u>X</u>
If "Yes" to line 6a or 6b, describe in Part III	
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	
not described in lines 5 and 6? If "Yes," describe in Part III	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	<u>X</u> _
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53 4958-6(c)?	

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

Schedule J (Form 990) 2014

52-1761388

Page 2

SOCIETY, INC.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii) Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(n) Nontaxable	(E) Total of columns	(F) Compensation
		(a) created (b)	7 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	o compandado	other deferred		(B)(i)-(D)	in column (B)
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
(1) JAGADISH SHUKLA	3	273.488.	19,200.	0	39,348.	1,012.	333,048.	
PRESIDENT	<u> </u>	0	0	0			4	0
(2) ANNE SHUKLA	Ξ	139,24	6,80		18,861	1,191.	166,097.	
BUSINESS MANAGER	Ξ		0.	0		0.	0.	
(3) JAMES KINTER	Ξ	140,96	13,000	• 0	24,682.	1,387.	180,038.	0.
DIRECTOR/COLA	∷			0	0	0	0	0
	Ξ							; · · · · · · · · · · · · · · · · · · ·
	Ξ							
	Ξ							
	Ξ							
	€							
	Ξ							
	€							
	(ii)							
	Ξ							
	€							
	Ξ							
to the state of th	Ξ	;						
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	3							
	Ξ							
	Ξ							
	Ξ							
	▣	_						
	Ξ							
	▣							
	Ξ							
	3							

Schedule J (Form 990) 2014

# INSTITUTE OF GLOBAL ENVIRONMENT AND

Schedule J (Form 990) 2014	SOCIETY, INC.	52-1761388	Page 3
Part III Supplemental Information			
Provide the information, explanation,	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	part for any additional information	

34

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

Name of the organization

INSTITUTE OF GLOBAL ENVIRONMENT AND SOCIETY, INC

**Employer identification number** 52-1761388

PART VI, SECTION A, LINE 2: FORM 990,

JAGADISH SHUKLA, PRESIDENT, AND ANNE SHUKLA, BUSINESS MANAGER, FAMILY RELATIONSHIP

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE FORM 990 WAS THEN REVIEWED BY THE PRESIDENT AND BUSINESS MANAGER. THE FORM 990 WAS SENT TO THE BOARD FOR REVIEW AND COMMENT BEFORE IT WAS FILED WITH THE IRS.

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

THE ORGANIZATION REQUIRES OFFICERS, TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO A CONFLICT. IF A CONFLICT OF INTEREST ARISES, THE OFFICER OR DIRECTOR IS REQUIRED TO DISCLOSE THE CONFLICT OF INTEREST TO THE ENTIRE BOARD OF DIRECTORS. THE OFFICER OR DIRECTOR RECUSES HIMSELF OR HERSELF FROM DELIBERATION OR VOTING ON THE MATTER RELATED TO THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE PRESIDENT AND THE BUSINESS MANAGER IS DETERMINED BY THE BOARD OF DIRECTORS. SEVERAL YEARS AGO, ON THE ADVICE OF THE INDEPENDENT AUDITING FIRM, AN INDEPENDENT OUTSIDE LAW FIRM WAS ENGAGED TO RECOMMEND A COMPENSATION LEVEL FOR THE PRESIDENT, WHICH WAS APPROVED BY THE BOARD OF DIRECTORS. AFTER THAT, EVERY YEAR THE ANNUAL RAISE FOR THE PRESIDENT AND THE BUSINESS MANAGER IS APPROVED BY THE BOARD OF DIRECTORS. THE LAST REVIEW TOOK PLACE IN DECEMBER 2014. COMPENSATION FOR ALL OTHER SENIOR MANAGEMENT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization INSTITUTE OF GLOBAL ENVIRONMENT AND SOCIETY, INC.		Page 2 entification number 761388
IS DETERMINED BY THE PRESIDENT. COMPENSATION OF ALL THE S	<del>_                                    </del>	
BY THE DIRECTOR OF THE RESPECTIVE DEPARTMENT.		<del></del>
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTE	REST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REC	QUEST.
	<del> </del>	
	<del></del>	
		No.
		<u></u>