Form       990-EZ       Petutin Of Organization Exempt From Income tax (except private foundaments)       2016         Inder section 2016, 527, or 4374 (c)10 of the intermal Revenue Code (except private foundaments)       - Do not enter a cold is eacinfy numbers on this form set may be made public.       - Do not enter a cold is eacinfy numbers on this form set on year beginning       - Question form set on the form set on year beginning       - Question form set on the form set on year beginning       - Question form set on the form set on year beginning       - Question form		~		Short Form Return of Organization Exempt From Ir	ncome Tax		OMB No. 1545-1150
Processer         Information about Form 990-EZ and its instructions is at www.irs.gov/form990.         Open to Public Impection           A         For the 2016 calendar year, or tax year beginning Deat and process and process. Sustainable Princeton Inc.         2016, and ending           B         Chark and spin-structure Deat and process and process. Transformer and process and process. Transformer and process and process. Process and process and process. Transformer and process. Tra	For	m 93	90-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal R (except private foundations)	Revenue Code		2016
A Crock legiting       , 2016, and ending         Crock legiting       Sust at lable P inceton Inc       45-4743353         Have drags       Sust at lable P inceton Inc       45-4743353         Have drags       Crock legiting       Fundamental P inceton Inc       45-4743353         Have drags       Crock legiting       Fundamental P inceton Inc       45-4743353         Have drags       Marke and street (# 20 L Rx, fmall and delawed street addres)       Parentsatic       E Elaptoce number         Austication ensured       Princeton       NJ<08540       Fundamental P inceton       NJ<08540         Image: Street at an bit per inceton       Crops tends in addres       Street at an bit per inceton       Crops tends in addres       Fundamental P inceton       Street at a bit per inceton       Street at a bit per inceton       Crops tends in addres       Form 900, 900-EZ       Street at a bit per inceton       Street at a bit per	Depa	artment	of the Treasury				
Bit of the charge         C Fame of agentation         Description         Description           Marker charge         Statistical bit of the charge of agentation         Description         Experimentation number           Marker charge         Statistical methods         Nonument Dirice         Experimentation number           Marker charge         Monument Dirice         Reserve (Got Dirice)         Reserve (Got Dirice)         Experimentation number           Annotation ender         Monument Dirice         Monument Dirice         (Got Dirice)         Experimentation         Reserve (Got Dirice)           Other Charge         Monument Dirice         Monument Dirice         Monument Dirice         Reserve (Got Dirice)         <	-			Inder year or tax year beginning 2016 and o	nding		
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Invalue       1       Monument Drive       (609)       454-4757         Fired maximmedia dual       Dig or bown, status province, county, and 2P or bring postal code       F       Group Exemption         Auditation previous       Princeton       NJ       0.8540       F       Group Exemption         Auditation previous       Sign Constructions       Constructions       H       Check L       If the organization is not constructions in an organization is not constructions         I       Taxecempt status (check only one)       Sign Constructions       Constructions       Constructions       Constructions       Constructions       F       Constructions       Constructions       Constructions       Sign Constructions       Sign Constructions       Constructions       Constructions       Constructions       Sign Constructions       Constructions       Sign Constructions       Constructions       Sign Constructions       Constructions       Constructions       Constructions       Constructions       Sign Constructions       Constostons	_		change		oom/suite		
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■ antication sends       Princeton       NJ       08540       Princeton         G       Accounting Method:       [X] Cash       Accrual Other (specify) •       If       Check *       If the organization is not required to Statich Schedule B         J       Toxecentry statis (tock crity one) = [X] S010(01)       S010(01)       static at an anti- Schedule B       If Check *       If the organization is not required to Statich Schedule B         K       Form of organization:       [X] Corporation       [T tust]       Association       Other         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$200,000 or more, mile Form 990 instead of Form 990-EZ.       115, 927.         Part       Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II)       1         Check If the organization used Schedule O to respond to any question in this Part I       2       14, 101, 514.         2       Program service revenue including government fees and contracts.       5a       5b       5c         3       Meetime incore       4       4       4       4         4       4       5a       5b       5b       5c       5c       5c       5c       5c       5c       5c       5c       5c       5c <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>/</td>							/
G       Accounting Method:       Image: Sustainablep: Inceton.org       H       H check + inthe organization is not required battach Schedule B.         Image: Provide the intervent status (drex dry cre) - [X] 501(c)       501(c)       + intervent status (drex dry cre) - [X] 501(c)       501(c)       + intervent status (drex dry cre) - [X] 501(c)       501(c)       + intervent status (drex dry cre) - [X] 501(c)       501(c)       + intervent status (drex dry cre) - [X] 501(c)       + intervent status (drex dry cre) - [X] 501(c)       + intervent status (drex dry cre) - [X] 501(c)       + intervent status (drex dry cre) - [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (drex dry cre) + [X] 501(c)       + intervent status (d				rinceton NJ 08	8540		
Website: *       sustainablep:inceton.org	G						
J       Taxeeempt status (zhock only one) - [X] 501(q)(3       [201(q)(1)]       - (Form 900, 990-EZ, or 990-PF).         K       Form of organization:       [X] Corporation       True       Association       Other         L       Add lines 50, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, oolumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       - * \$ 115,827.         Part1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       [X]         1       Contributions, gifts, grants, and similar amounts received.       1       101,514.         2       Program service revenue including goverment fees and contracts.       3       3         4       Investment income       5 a       -         5 a	I		•				-
K       Form of organization:       Image: Corporation       Trust       Association       Other         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$2500,000 or more, line form 990 instead of Form 990 FZ.       **       115,827.         Part1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Image: Im	J	Tax-ex			527 (Form	990, 990-E	Z, or 990-PF).
L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are 5200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       Ist 2,827.         Part II, Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Image: Column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       Image: Column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.         I       Contributions, gifts, grants, and similar amounts received.       1       101,514.         2       Porgram service revenue including government fees and contracts.       2       14,313.         3       Membership dues and assessments.       3       3         4       Investment income       5a         5 a Gross amount from sale of assets other than inventory.       5a       5c         6 Gaining and fundrasing events       5b       5c         6 Gaining and fundrasing events (not including S       of contributions       for for fundrasing events (not including S       of contributions         6 d Net income or (loss) from gaming and fundrasing events (add lines 6a and 6b and subtract line 6c)       6d       6d         7 a Gross sales of inventory, less returns and allowances       7a       7b       7c         9       115,827.       115,827.       112       82,760.         10	ĸ						
assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			-		www.ewe.ewiftetetel		
Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1)         Check if the organization used Schedule O to respond to any question in this Part 1       I         1       Contributions, gifts, grants, and similar amounts received.       1       101, 1514.         2       Program service revenue including government fees and contracts.       3       1       14, 313.         3       Membership dues and assessments.       3       4       1       2       14, 313.         4       Investment income       4       5a       5a       5c       6         5       a Gross amount from sale of assets other than inventory.       5a       5a       5c       6         6       Garning and fundraising events       5c       6       6a       6a       6         b Cross income from gaming (attach Schedule G if greater than \$15,000)       6a       6c       6d       6d         7       Gross sales of inventory, less returns and allowances       7a       7a       6d       6d         7       Gross sales of inventory, less returns and allowances       7a       7c       7c       7c         8       Other revenue (describe in Schedule O)       10       115, 827.       11       12, 25, 0.00       10       11	L					<b>⊳</b> \$	115 827
Check if the organization used Schedule 0 to respond to any question in this Part I       I	Pa						115/02/•
1       Contributions, gifts, grants, and similar amounts received.       1       101.514.         2       Program service revenue including government fees and contracts       2       14,313.         3       Membership dues and assessments       3       4         4       investment income       4         5       a Gross amount from sale of assets other than inventory       5a         c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).       5c         6       Garning and fundraising events       5b         a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b Less: cost or other om gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c Less: direct expenses from gaming and fundraising events       6b         c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       7c         8       Cher revenue (describe in Schedule O)       8         10       Grans and similar amounts paid (its in Schedule O)       10         11       Sales, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13			Check if the	organization used Schedule O to respond to any question in this Part I			X
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3       Membership dues and assessments       3         4       Investment income       3         5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain of (oss) from sale of assets other than inventory (Subtrad line 5b from line 5a).       6a         6       Gaming and fundraising events       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from gaming (attach Schedule G if the sum of such gross income and conthibutions exceeds \$15,000)       6b         c       Less: circet expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6c         7       a       Tb       7c         8       Other revenue (describe in Schedule O)       7c         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.       9         11       Benefits paid to rof members       11         12       B2, 760.       13         13       Coupancy, rent, utilities, and maintenance.       14         14       Occupancy, rent, utilities, and maintenance.       15         14       Occupancy, rent, utilities, and maintenance.       15         15 <td></td> <td>2</td> <td>Program ser</td> <td>vice revenue including government fees and contracts</td> <td></td> <td> 2</td> <td></td>		2	Program ser	vice revenue including government fees and contracts		2	
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B       account backter in both and the point of the strength of the strength of such gross income and contributions exceeds \$15,000)       6 b         c       Less: direct expenses from gaming and fundraising events       6 c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6 d         7 a       Gross sales of inventory, less returns and allowances       7 a         b       Less: cost of goods sold       7 b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7 c         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       82,760         13       Professional fees and other payments to independent contractors       13       1,250         14       5       11       11       11         15       16       Other expenses (describe in Schedule O)       15       16         14       15       17       101,662       14       17,652         1	R	а	Gross incom	he from gaming (attach Schedule G if greater than \$15,000) 6 a			
Note       from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c Less: direct expenses from gaming and fundraising events       6c         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a Gross sales of inventory, less returns and allowances       7a         b Less: cost of goods sold       7b         c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8 Other revenue (describe in Schedule O)       8         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10 Grants and similar amounts paid (list in Schedule O)       10         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12         13 Professional fees and other payments to independent contractors       13         14 Occupancy, rent, utilities, not amintenance.       14         15       15         16 Other expenses (describe in Schedule O)       15         17 Total expenses. Add lines 10 through 16       17         18 Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19 Net assets or fund balances at beginning of year. (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's re	V E	b	Gross incom	he from fundraising events (not including \$ of c	contributions		
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6b and subtract line 6c)       6d         7 a Gross sales of inventory, less returns and allowances       7a         b Less: cost of goods sold       7c         8 Other revenue (describe in Schedule O)       8         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.       9         10 Grants and similar amounts paid (list in Schedule O)       10         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12         13 Professional fees and other payments to independent contractors       13         14 Occupancy, rent, utilities, and maintenance.       14         15 Printing, publications, postage, and shipping       15         16 Other expenses (describe in Schedule O)       5e Fom 990-FZ, Part  , Line 16, Other Expenses         17 Total expenses. Add lines 10 through 16       17         18 Excess or (deficit) for the year (Subtract line 17 from line 9).       18         19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19         20 Other changes in net assets or fund balances (explain in Schedule O)       20         21 Sa, 378.       21		C	Less: direct	expenses from gaming and fundraising events 6 c			
b Less: cost of goods sold       7b         c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8 Other revenue (describe in Schedule O)       8         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       115, 827.         10 Grants and similar amounts paid (list in Schedule O)       10         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12       82, 760.         13 Professional fees and other payments to independent contractors       14       14         15 Printing, publications, postage, and shipping       15       16       17, 652.         16 Other expenses (describe in Schedule O)       See Form 990-EZ, Part   Line 16, Other Expenses       16       17, 7, 652.         18 Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14, 165.       19       39, 213.         20 Other changes in net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       20       20         21 Net assets or fund balances at end of year. Combine lines 18 through 20.       20       21       53, 378.		d				6d	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8 Other revenue (describe in Schedule O)       8         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10 Grants and similar amounts paid (list in Schedule O)       10         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12         13 Professional fees and other payments to independent contractors       13         14 Occupancy, rent, utilities, and maintenance.       14         15 Printing, publications, postage, and shipping       15         16 Other expenses (describe in Schedule O)       See Form 990-EZ, Part I, Line 16, Other Expenses         17 Total expenses. Add lines 10 through 16       17         18 Excess or (deficit) for the year (Subtract line 17 from line 9).       18         18 Excess or (und balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19         20 Other changes in net assets or fund balances (explain in Schedule O)       20         21       53, 378.		7 a	Gross sales	of inventory, less returns and allowances 7 a			
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11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       82,760.         13       Professional fees and other payments to independent contractors       13       1,250.         14       Occupancy, rent, utilities, and maintenance.       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part  , Line 16, Other Expenses       16       17, 652.         17       Total expenses. Add lines 10 through 16       17       101, 662.       18       14         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14, 165.       19         19       39, 213.       20       20       20         21       53, 378.       53, 378.		9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ► 9	115,827.
I2       Salaries, other compensation, and employee benefits       I2       82,760.         I3       Professional fees and other payments to independent contractors       I3       1,250.         I4       Occupancy, rent, utilities, and maintenance.       I4         I5       Printing, publications, postage, and shipping       I5         I6       Other expenses (describe in Schedule O)       See Form 990-EZ, Part Line 16.0ther Expenses         I7       Total expenses. Add lines 10 through 16       I7         I8       Excess or (deficit) for the year (Subtract line 17 from line 9).       I8         I9       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       I9       39,213.         20       Other changes in net assets or fund balances (explain in Schedule O)       20         21       S3,378.		10		,			
Professional fees and other payments to independent contractors       13       1,250.         14       Occupancy, rent, utilities, and maintenance.       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part I, Line 16 Other Expenses         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19         20       20         21       53,378.		11	•				
16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part Line 16.0ther Expenses       16       17, 652.         17       Total expenses. Add lines 10 through 16       101, 662.         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14, 165.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       39, 213.         20       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.       20       21	E X	12					82,760.
16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part Line 16.0ther Expenses       16       17, 652.         17       Total expenses. Add lines 10 through 16       101, 662.         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14, 165.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       39, 213.         20       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.       20       21	PE						1,250.
16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part Line 16.0ther Expenses       16       17, 652.         17       Total expenses. Add lines 10 through 16       101, 662.         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14, 165.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       39, 213.         20       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.       20       21	N S	14					
17       Total expenses. Add lines 10 through 16       17       101,662.         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14,165.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       39,213.         20       20       20       20         21       53,378.	E S	15					
18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       14,165.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       39,213.         20       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.       20       20		_					
A NS E T T S       19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       39,213.         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       53,378.		-					
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Α	18	Excess or (c	leticit) for the year (Subtract line 17 from line 9)		18	14,165.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	NS	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree	with end-of-year		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ŦĘ						39,213.
	S		-				
	P.4					- 21	

Form 990-EZ (2016) Sustainable Pr	inceton Inc		45-	-474335	3 Page <b>2</b>
Part II Balance Sheets (see the ins	structions for Part II)	ian in this Dant II			x
Check if the organization used Sche	equie O to respond to any quest				
22 Cash, savings, and investments		(*	41,074.		, ,
<b>23</b> Land and buildings			41,074.		53,378.
24 Other assets (describe in Schedule O) .			0.		0.
25 Total assets			41,074.		53,378.
26 Total liabilities (describe in Schedule O			1,861.		
27 Net assets or fund balances (line 27 of			39,213.		<u> </u>
Part III Statement of Program Service			39,213		xpenses
Check if the organization used Sc	hedule O to respond to any que	stion in this Part III.	🗍		for section 501
What is the organization's primary exempt purpose? $\underline{F}$				(c)(3) and	
Describe the organization's program service a measured by expenses. In a clear and concise	ccomplishments for each of its th	nree largest program serv	rices, as		ons; optional
benefited, and other relevant information for ea	ach program title.	provided, the number of p	bersons	for others.)	1
28 Education_and_promotiona		nnection			
with area programs on er					
icquoc					
(Grants \$ 0, ) If t	this amount includes foreign gra	nts, check here		28 a	71,680.
29			I		/1/0001
(Grants \$) If t	this amount includes foreign gra	nts, check here		29 a	
30					
(Grants \$ ) If t	this amount includes foreign gra	nts, check here		30 a	
31 Other program services (describe in Sch	edule O)		<u></u>		
(Grants \$ ) If t	this amount includes foreign gra	nts, check here	► 🗍	31 a	
32 Total program service expenses (add	lines 28a through 31a)			32	71,680.
Part IV List of Officers, Directors	, Trustees, and Key Em	oloyees (list each one eve	n if not compensated —	see the instr	
Check if the organization used Sc					
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	red (e)	Estimated amount of ther compensation
	position	(in not paid, enter -o-)	compensation		
Diane_Landis					
Executive Director	40.00	31,760.		0.	0.
Christine_Symington	-				_
Program Director	40.00	51,000.		0.	0.
Matt_Wasserman					
Board Chair	1.00	0.		0.	0.
Annarie Lyles	-	_			^
Treasurer	1.00	0.		0.	0.
Mia Sacks		_		<u> </u>	^
Trustee	1.00	0.		0.	0.
Heidi Fichtenbaum		_		0	0
Secretary	1.00	0.		0.	0.
Tom Janick	0.50	_		0	0
<u>Trustee</u> Yamile Slebi	0.50	0.		0.	0.
Trustee	0.50	0.		0.	0.
Shana_S. Weber, PhD	0.30	0.		0.	0.
Trustee	0.50	0.		0.	0.
Wendy_Mager	0.50	0.		0.	<u> </u>
Trustee	0.50	0.		0.	0.
Penny_Thomas		0.			<u> </u>
Trustee	0.50	0.		0.	0.
Liz Lempert		0.			<u></u> • •
Trustee	0.50	0.		0.	0.
Eve Coulson		0.		· ·	<u>U •</u>
Trustee		1		0	0
Brian McDonald	10.50	Λ			()
TATE TRAIL PRODUCTION INT	0.50	0.		0.	0.
Trustee	0.50	0.		0.	0.

Form	990-EZ (2016) Sustainable Princeton Inc 45-474335	3	P	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
		33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		
	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		<u> </u>
, c	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
Ľ	If Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911  ; section 4912  ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	List the states with which a copy of this return is filed 🕨 <u>New Jersey</u>			
42 a	The organization's	600	2.00	
	books are in care of Molly JonesTelephone no. (609) Located at 1 Monument Hall Princeton NJ ZP+4 08540	088.	-209	<u> </u>
-		r	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country:			

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	Х
If 'Yes,' enter the name of the foreign country:		

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	· · · <sup>1</sup>		
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		х
	TEEA0812 12/22/16 Fe	orm <b>99(</b>	<b>)-EZ</b> (2	2016)

Form 990-	EZ (2016) Sus	stainable Princet	on Inc		45	5-474335	3	Р	age 4
								Yes	No
		engage, directly or indirectly							
		office? If 'Yes,' complete So				<u></u>	46		Х
Part VI		01(c)(3) organizations 501(c)(3) organization		stions 47-49b and	52. and comple	te the tabl	es		
	for lines 50	) and 51.			- , <b> </b>				
	Check if the c	organization used Schedule	O to respond to any que	stion in this Part VI .					. П
								Yes	No
	-	engage in lobbying activities					47		х
		school as described in secti					48		X
	0	make any transfers to an ex	()()()()				49 a		X
	0	ed organization a section 52	•	•			49 b		
		or the organization's five hig	-				<u> </u>		
emp	loyees) who eac	h received more than \$100,	000 of compensation fro	m the organization. If	there is none, enter	None.'			
	(a) Name and title	of each employee	(b) Average hours per week devoted to position	(c) Reportable compensati (Forms W-2/1099-MISC)	(d) Health benefit contributions to emp benefit plans, and de compensation	loyee (e) E ferred ot	Estimatec her comp		
None									
f Tota	I number of othe	r employees paid over \$100							
		or the organization's five hig		endent contractors w	ho each received mo	ore than \$100	000 0	f	
com	pensation from t	he organization. If there is n	one, enter 'None.'				,000 0		
	(a) Name and busine	ess address of each independent con	tractor	<b>(b)</b> Ty	pe of service	(	( <b>c)</b> Comp	ensatior	1
None									
_`									
									<u> </u>
d Toto	I number of othe	r independent contractors e	ach reaciving over \$100	000					
52 Did t	he organization	complete Schedule A? <b>Note</b>	a: All section 501(c)(3) o	rganizations must atta		· · · [	X Yes		No
Under penaltie	es of perjury, I declare	that I have examined this return, incl	luding accompanying schedules	and statements, and to the b	est of my knowledge and b			<u> </u>	
true, correct, a	and complete. Declara	tion of preparer (other than officer) is	based on all information of whic	h preparer has any knowledg					
0:	Signature of o	fficer			06/15/17 Date	/			
Sign Here									
nere	Annar1 Type or print r	e Lyles name and title			Treasurer				
	Print/Type prepare	r's name	Preparer's signature	Date		PTIN			
Date	Anne Skal	lka & Associates		07/11	/17 Check Self-employ	⊥ <sub>if</sub> yed P003!	5861	1	
Paid Preparer	Firm's name ►	Anne Skalka & As	ssociates	107711	<u>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</u>		2001	-	
Use Only	Firm's address ►	3836 Ouakerbrig			Firm's EIN	► 22-	3450	108	
		Hamilton		NJ 08619	Phone no.		671-3		
May the IF	RS discuss this re	eturn with the preparer show	n above? See instructio	ns			X Yes		No
-						L	orm 990		2016)

			Public Chari	OMB No. 1545-0047							
	IEDULE A n 990 or 990-EZ)	Com	plete if the organizat 4947(a ► Atta	2016							
Depart Interna	ment of the Treasury I Revenue Service	► Infe	ormation about Sche	on about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name	of the organization		Employer ident					ation number			
	tainable Pr			·	<u> </u>		45-4743353				
Par				ganizations must c			art.) See Instruction	1S.			
1 ne c	<u> </u>	•	,	lines 1 through 12, chec churches described in <b>se</b>	-	,	<b>A</b> \/;)				
2				ch Schedule E (Form 99			4)(1).				
3				tion described in <b>sectio</b>		, ,	).				
4	A medical res	earch organizatio	on operated in conjunc	tion with a hospital desc	ribed in s	section	170(b)(1)(A)(iii). Enter t	he hospital's			
	name, city, an	d state:									
5	An organization section 170(b	on operated for the point of th	ne benefit of a college mplete Part II.)	or university owned or o	perated I	oy a gov	ernmental unit describe	d in			
6	A federal, stat	e, or local gover	nment or governmenta	al unit described in <b>secti</b>	on 170(b	)(1)(A)(\	/).				
7	in section 170	)(b)(1)(A)(vi). ((	Complete Part II.)	part of its support from a	a governn	nental ur	nit or from the general p	ublic described			
8				(vi). (Complete Part II.)							
9	U U	•		ection 170(b)(1)(A)(ix) o e (see instructions). Ente	•		•	•			
10	·										
11				to test for public safety.	See <b>sec</b> t	ion 509	(a)(4).				
12 a	or more public lines 12a throu <b>Type I.</b> A support	ly supported org ugh 12d that des porting organizat ) the power to re	anizations described in cribes the type of supp ion operated, supervis gularly appoint or elec	for the benefit of, to perf n <b>section 509(a)(1)</b> or <b>s</b> porting organization and sed, or controlled by its s a majority of the direct	complete	<b>09(a)(2).</b> e lines 12   organiz	See <b>section 509(a)(3)</b> 2e, 12f, and 12g. ation(s), typically by givi	Check the box in ng the supported			
b	<b>Type II.</b> A sup	of the supporting	tion supervised or con organization vested ir	trolled in connection with n the same persons that	h its supp control c	orted or or manag	ganization(s), by having le the supported organiz	control or cation(s). <b>You</b>			
С	Type III funct	te Part IV, Secti ionally integrat	ed. A supporting organ	nization operated in conr ete Part IV, Sections A,	nection w	ith, and	functionally integrated w	vith, its supported			
d	<b>Type III non-f</b> functionally in	unctionally inte egrated. The org	grated. A supporting of ganization generally m	organization operated in ust satisfy a distribution <b>A and D, and Part V.</b>	connect	on with i	ts supported organization an attentiveness require	on(s) that is not ement (see			
е	Check this bo	, if the organizat Type III non-fund	ion received a written optionally integrated sup	determination from the l				ctionally			
f			ganizations	$\cdots$							
<u> </u>	(i) Name of supported o	0	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docur	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
<u>(D)</u>											
<u>(E)</u>											
Total	l										

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

# Section A. Public Support

Jec	tion A. Fublic Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	15,250.	76,314.	88,572.	88,138.	101,514.	369,788.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,000.	6,000.	6,000.	6,000.	8,000.	32,000.
4	Total. Add lines 1 through 3	21,250.	82,314.	94,572.	94,138.	109,514.	401,788.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		02/011	51/5/21	51/1001	107/311	249,500.
6	Public support. Subtract line 5 from line 4						152,288.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
7	Amounts from line 4	21,250.	82,314.	94,572.	94,138.	109,514.	401,788.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,068.	7,237.	21,696.	49,191.	14,313.	93,505.
	Total support. Add lines 7 through 10						495,293.
12	Gross receipts from related activiti	ies, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	► X
Sec	tion C. Computation of Pu						
14	Public support percentage for 201	6 (line 6, column (f	) divided by line 11	, column (f))		••••• 14	%
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14			15	%
16a	33-1/3% support test-2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box	on line 13, and line	e 14 is 33-1/3% or	more, check this b	ox ►
b	<b>33-1/3% support test-2015.</b> If th and <b>stop here.</b> The organization of	e organization did qualifies as a public	not check a box or cly supported orga	n line 13 or 16a, and nization	d line 15 is 33-1/3	% or more, check t	his box · · · · · ► 🗍
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	plain in Part VI how	
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	plain in Part VI how	the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ►

Schedule A (Form 990 or 990-EZ) 2016

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

45-4743353

	(Complete only if you check fails to qualify under the test	ed the box on line	10 of Part I or if th	e organization faile		Part II. If the	organiza	ation
Sec	tion A. Public Support							
-	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
4	or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support		•					
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 201	6	<b>(f)</b> Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is organization, check this box and s	s for the organizat	on's first, second,	third, fourth, or fifth	n tax year as a sect	ion 501(c)(3	)	
Sec	tion C. Computation of Pu							
15	Public support percentage for 201			3, column (f))			15	8
16	Public support percentage from 20						16	Ş
	tion D. Computation of Inv						1	
17	Investment income percentage for				f))		17	9
18	Investment income percentage fro		.,				18	୍ର ଚ
	33-1/3% support tests-2016. If t						d line 17	·
	is not more than 33-1/3%, check the 33-1/3% support tests-2015. If the support tests-2015.	nis box and <b>stop I</b>	nere. The organiza	tion qualifies as a	publicly supported	organization		· · · · · · ►
~	line 18 is not more than 33-1/3%, o							

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

20 BAA Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in <b>Part VI</b>.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b 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.)

10b

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
1		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	<b>b</b> A fam	nily member of a person described in (a) above?	11b		
	<b>c</b> A 35%	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		1

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#### Section B. Type I Supporting Organizations

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No Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint 1 or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the 2 supporting organization.

#### Section C. Type II Supporting Organizations

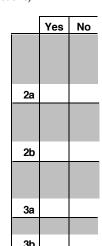
 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

## Section D. All Type III Supporting Organizations

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

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
    - The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c [] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.



b

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No

Schedule A (Form 990 or 990-EZ) 2016 Sustainable Princeton Inc Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. 1 (B) Current Year Section A – Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) Add lines 1 through 3. 4 4 5 5 Depreciation and depletion 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 Other expenses (see instructions) 7 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). (B) Current Year Section B – Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a b Average monthly cash balances 1 b c Fair market value of other non-exempt-use assets 1 c

#### 1 d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 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 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions). 6

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

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D – Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (ii) Underdistributions (iii) Distributable (i) Excess Section E – Distribution Allocations (see instructions) Pre-2016 Distributions Amount for 2016 Distributable amount for 2016 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: а b **d** From 2014 . . . . . . . . . e From 2015 . . . . . . . . f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, 4 line 7: Ś a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b 6 from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2017. Add lines 3j and 4c. 8 Breakdown of line 7: а **b** Excess from 2013 . . . . **c** Excess from 2014 . . . d Excess from 2015 . . . e Excess from 2016 . . .

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