

Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SCHUMACHER CENTER FOR A NEW ECONOMICS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 140 JUG END ROAD City or town, state or province, country, and ZIP or foreign postal code GREAT BARRINGTON MA 01230	D Employer identification number 46-1421645 E Telephone number 413-528-1737 G Gross receipts \$ 774,097
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ HTTP://CENTERFORNEWECONOMICS.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2012 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATION - TO EDUCATE THE PUBLIC ABOUT AN ECONOMICS THAT SUPPORTS BOTH PEOPLE AND THE PLANET.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,000	Current Year 759,201
	9 Program service revenue (Part VIII, line 2g)		13,308
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		609
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		184
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,000	773,302
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		161,147
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,486		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	936	218,170
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	936	379,317	
19 Revenue less expenses. Subtract line 18 from line 12	64	393,985	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 64	End of Year 588,763
	21 Total liabilities (Part X, line 26)	0	194,714
	22 Net assets or fund balances. Subtract line 21 from line 20	64	394,049

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DAN LEVINSON	Date PRESIDENT		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ALAN S. GLACKMAN	Preparer's signature 	Date 	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ ALAN S. GLACKMAN, CPA, PC	Firm's EIN ▶		
	Firm's address ▶ 32 MAHAWE ST SUITE 2 GREAT BARRINGTON, MA 01230-1961	Phone no. 413-528-6804		

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

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

EDUCATION - TO EDUCATE THE PUBLIC ABOUT AN ECONOMICS THAT SUPPORTS BOTH PEOPLE AND THE PLANET.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 104,760 including grants of\$) (Revenue \$)

LOCAL CURRENCY PROJECT - THE SCHUMACHER CENTER FOR A NEW ECONOMICS PROVIDED RESEARCH ASSISTANCE, DEVELOPMENT AND ADMINISTRATIVE OVERSIGHT FOR BERKSHARES, A LOCAL CURRENCY DESIGNED TO EDUCATE CITIZENS ABOUT THE IMPORTANCE OF VIBRANT, SELF-SUFFICIENT, REGIONAL ECONOMIES. THE CENTER CREATED EDUCATIONAL MATERIAL FOR PRINT AND ONLINE, STRATEGIZED FUTURE DEVELOPMENT AND HOSTED REPRESENTATIVES OF COMMUNITIES IN OTHER REGIONS AND STUDYING THE PROGRAM. PBS, ALJAZEERA AMERICA, MSNBC AND REGIONAL TV STATIONS CARRIED STORIES ABOUT BERKSHARES AND THEIR ROLE IN BUILDING A SUSTAINABLE ECONOMY. THE BERKSHARES PROGRAM SERVES 10,000 PERSONS REGIONALLY AND THROUGH MEDIA AND INTERNET REACHES OVER 10 MILLION PERSONS NATIONALLY AND INTERNATIONALLY.

4b (Code:) (Expenses \$ 64,068 including grants of\$) (Revenue \$)

LECTURES & EDUCATIONAL EVENTS - THE THIRTY-THIRD ANNUAL SCHUMACHER LECTURES WERE HELD IN NEW YORK, NEW YORK IN COOPERATION WITH OTHER ORGANIZATIONS. THE AUDIENCE OF OVER 150 ATTENDEES HEARD ADDRESS ON "AMERICA EMERGING: CULTURE AND ECONOMICS" BY JUDY WICKS, FOUNDER OF WHITE DOG CAFE AND BUSINESS ALLIANCE FOR LOCAL LIVING ECONOMIES, BY VAN JONES, FOUNDER OF REBUILD THE DREAM AND BY OTTO SCHARMER, MIT PROFESSOR AND AUTHOR OF "THEORY U". VIDEOS OF THE TALKS WERE PLACED ON THE CENTER'S WEBSITE AND AT THE END OF 2013 HAD BEEN VIEWED BY OVER 1,500 PEOPLE. THE SCHUMACHER CENTER ALSO CO-SPONSORED A TALK BY GREG WATSON, COMMISSIONER OF AGRICULTURE FOR THE COMMONWEALTH OF MASSACHUSETTS WHICH DREW A CROWD OF 300. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 20,640 including grants of\$) (Revenue \$)

THE AGRARIAN TRUST PROGRAM WAS DESIGNED TO DRAW ATTENTION TO THE NATIONAL PROBLEM OF AFFORDABLE ACCESS TO FARMLAND FOR A NEW GENERATION OF FARMERS. IT GREW OUT OF A JANUARY 2013 MEETING OF FARM ADVOCACY GROUPS, GOVERNMENT AGENCIES, SOCIAL INVESTORS AND FARMERS. ITS DYNAMIC WEBSITE HAS INFO FOR FARMERS ON LAND TRANSFER OPTIONS WITH STORIES AND RESOURCE MATERIAL. IN PLANNING ARE SEVERAL CONFERENCES FOR 2014.

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

(Expenses \$ 38,864 including grants of\$) (Revenue \$)

4e Total program service expenses 228,332

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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 (see instructions)		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		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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 so, complete Schedule L, Part II	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		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	X	

Part 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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ SUSAN INGERSOLL 140 JUG END ROAD GREAT BARRINGTON MA 01230-9724 413-528-4465**

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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN LEVINSON	2.00									
PRES OF BD OF DIR	0.00	X		X			0	0	0	
(2) GORDON THORNE	2.00									
TREASURER	0.00	X		X			0	0	0	
(3) HILDEGARDE HANNUM	10.00									
DIRECTOR	0.00	X					0	0	0	
(4) SEVERINE VON TSCARNER FLEMING	2.00									
CLERK OF BD OF DIR	0.00	X		X			0	0	0	
(5) PETER BARNES	0.50									
DIRECTOR	0.00	X					0	0	0	
(6) ANNE MACDONALD	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) JUDY WICKS	0.50									
DIRECTOR	0.00	X					0	0	0	
(8) JERRY MANDER	0.50									
DIRECTOR	0.00	X					0	0	0	
(9) GREG WATSON	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) MARY BERRY	0.50									
DIRECTOR	0.00	X					0	0	0	
(11) SUSAN WITT	40.00									
EXEC DIR & ASST TREAS	0.00			X			81,400	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							81,400			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							81,400			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 759,201				
	g Noncash contributions included in lines 1a-1f: \$	180,434				
	h Total. Add lines 1a-1f		759,201			
Program Service Revenue	2a EVENT FEES	Busn. Code 611600	8,058	8,058		
	b RENTS	611600	4,600	4,600		
	c SPEAKING FEES	611600	650	650		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		13,308			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9		9
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other	600			
b Less: cost or other basis & sales exps.						
c Gain or (loss)		600				
d Net gain or (loss)			600	600		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a 979					
	b Less: cost of goods sold	b 795				
c Net income or (loss) from sales of inventory		184	184			
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		773,302	14,092	0	9	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	81,400	54,450	16,168	10,782
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	66,688	58,146	8,088	454
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,059	9,932	2,135	992
11 Fees for services (non-employees):				
a Management				
b Legal	2,825	567	2,013	245
c Accounting	13,835	1,020	12,815	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,425	1,425		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,715	1,649	2,358	708
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,549	4,511	8,108	1,930
23 Insurance	8,120	199	7,833	88
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM FACILITIES / FOOD	42,033	42,033		
b TRAVEL	24,782	11,057	9,181	4,544
c CONSULTANT-WEB TECHNICION	11,113	6,981	4,132	
d CONFERENCES/EVENT ATTEND	9,477	705	8,725	47
e All other expenses	85,296	35,657	39,943	9,696
25 Total functional expenses. Add lines 1 through 24e	379,317	228,332	121,499	29,486
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	64	1	200,540	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8	24,198	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	539,530		
	b Less: accumulated depreciation	10b	175,505	10c	364,025
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		64	16	588,763	
Liabilities	17 Accounts payable and accrued expenses		17	1,243	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	193,471	
	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		
	26 Total liabilities. Add lines 17 through 25		0	26	194,714
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		64	27	240,429
	28 Temporarily restricted net assets			28	153,620
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		64	33	394,049	
34 Total liabilities and net assets/fund balances		64	34	588,763	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	773,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	379,317
3	Revenue less expenses. Subtract line 2 from line 1	3	393,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	394,049

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SCHUMACHER CENTER FOR A NEW ECONOMICS, INC.

Employer identification number

46-1421645

Part I 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)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1,000	759,201	760,201
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3				1,000	759,201	760,201
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						760,201

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				1,000	759,201	760,201
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					9	9
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						760,210
12 Gross receipts from related activities, etc. (see instructions)					12	14,287
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization

**SCHUMACHER CENTER FOR A NEW
ECONOMICS, INC.**

Employer identification number

46-1421645

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SCHUMACHER CENTER FOR A NEW

Employer identification number

46-1421645**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 201,796	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 47,535	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,502	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SCHUMACHER CENTER FOR A NEW	Employer identification number 46-1421645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 52,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SCHUMACHER CENTER FOR A NEW	Employer identification number 46-1421645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 55,336	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

SCHUMACHER CENTER FOR A NEW ECONOMICS, INC.

Employer identification number

46-1421645

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, total acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		460,276	135,958	324,318
c Leasehold improvements		47,939	9,024	38,915
d Equipment		13,624	13,050	574
e Other		17,691	17,473	218
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				364,025

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization **SCHUMACHER CENTER FOR A NEW ECONOMICS, INC.** Employer identification number **46-1421645**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	GORDON THORNE PURCHASE OF GUILDER HOUSE			TREASURER		X		200,000	193,471
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$	193,471					

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**SCHUMACHER CENTER FOR A NEW
ECONOMICS, INC.**

Employer identification number

46-1421645

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	713	BOOK VALUE FROM DONOR
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	X	1	155,523	BOOK VALUE FROM DONOR
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (INVENTORY)	X	1	24,198	BOOK VALUE FROM DONOR
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

**SCHUMACHER CENTER FOR A NEW
ECONOMICS, INC.**

Employer identification number

46-1421645

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE VIDEO OF GREG WATSON'S TALK WAS VIEWED BY ANOTHER 250 PERSONS. GAR ALPEROVITZ, PROFESSOR OF POLITICAL ECONOMY AT THE UNIVERSITY OF MARYLAND AND A CO-FOUNDER OF THE COLLABORATIVE PROJECT PRESENTED A LECTURE AT SEARLES CASTLE IN GREAT BARRINGTON FOR THE SCHUMACHER CENTER IN OCTOBER TO A SOLD-OUT AUDIENCE OF 125. THE VIDEO OF THE LECTURE HAD BEEN WATCHED BY 1,200 PERSONS BY THE END OF 2013. THE DAY FOLLOWING HIS TALK, PROFESSOR ALPEROVITZ GAVE A SEMINAR TO 20 STUDENTS AND RECENT GRADUATES FROM HARVARD, MIDDLEBURY, PRATT, GEORGE WASHINGTON UNIVERSITY, BERKELEY, WESLEYAN, PRINCETON, MCGILL AND OTHER UNIVERSITIES AROUND THE COUNTRY AT THE SCHUMACHER CENTER'S LIBRARY. THE TOPIC WAS PRACTICAL STEPS FOR IMPLEMENTING AN ECONOMICS THAT WAS BOTH FAIR AND SUSTAINABLE. THAT DISCUSSION WAS VIDEOTAPED AND IS BEING EDITED FOR DISTRIBUTION. THE COMBINES REACH OF THESE PROGRAMS WAS TO 3,400 PERSONS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

THE SCHUMACHER CENTER MAINTAINS A PUBLICATION PROGRAM BOTH IN PRINT AND ONLINE. THE PUBLICATIONS INCLUDE SCHUMACHER LECTURES, BUT ALSO INCLUDE THE LEGAL AND OPERATIONAL DOCUMENTS FOR THE ORGANIZATIONS'S LOCAL CURRENCY, COMMUNITY LAND TRUST AND SHARE MICRO-CREDIT PROGRAMS, AS WELL AS BACKGROUND TEXTS TO THESE PROGRAMS. THE SCHUMACHER CENTER MAINTAINS A WEBSITE OF THE 40 YEARS PUBLICATION OF MANAS, A JOURNAL OF INDEPENDENT INQUIRY, CONCERNED WITH THE STUDY OF PRINCIPLES WHICH MOVE THE WORLD ON ITS PRESENT COURSE. THE SITE RECEIVES NEARLY 50,000 VISITS PER YEAR. THE SCHUMACHER CENTER DIGITALIZED ALL OF THE TAPES FROM THE LINDISFARNE

Name of the organization

SCHUMACHER CENTER FOR A NEW

Employer identification number

46-1421645

ASSOCIATION, A COLLECTION OF CONVERSATIONS ON CULTURE, SOCIETY, TECHNOLOGY AND CULTURE. THESE ARE ALL ONLINE AT THE CENTER'S ARCHIVE.ORG SITE. DOWNLOADS FROM ITS ARCHIVE.ORG AUDIO SITE OF LECTURE MATERIAL AND LINDISFARNE TAPES TOTALED OVER 6,500.

THE COMMUNITY LAND TRUST AND COMMONS PROGRAM IS PROVIDING INFORMATION ABOUT THE ROLE OF LAND AND NATURAL RESOURCES IN A NEW ECONOMIC SYSTEM. WORKING WITH THE COMMUNITY LAND TRUST IN THE SOUTHERN BERKSHIRES, THE SCHUMACHER CENTER IS MODELING NEW LEGAL DOCUMENTS TO ENSURE AFFORDABLE ACCESS TO LAND FOR HOMES, BUSINESSES AND FARMS. THESE DOCUMENTS ARE PART OF THE SCHUMACHER CENTER'S WEBSITE. THE PROGRAM SERVES 1,000 PERSONS REGIONALLY AND ANOTHER 3,000 IN VISITS TO MATERIAL ONLINE. CONFERENCES ARE IN PLANNING FOR 2014.

LIBRARY OPERATIONS - THE SCHUMACHER CENTER CONTINUED TO MAKE IMPROVEMENTS TO ITS LIBRARY BUILDING. INTERNS UNDER THE DIRECTION OF STAFF ADDED NEW MATERIAL TO THE COLLECTION AND CATALOGUE, WITH OUTSIDE RESEARCHERS CONTINUING TO ACCESS THE LIBRARY'S COMPUTER INDEX OF OVER 15,000 BOOKS AND THE ARCHIVES VIA THE INTERNET. STUDENTS FROM UNIVERSITIES THROUGHOUT THE NORTHEAST HAVE USED THE LIBRARY FOR RESEARCH, AS HAVE OTHER VISITORS TO THE BUILDING. IN ADDITION TO THE COMPUTER CATALOGUE, STAFF MAINTAIN A PHYSICAL CARD CATALOGUE FOR THE COLLECTION. THE LIBRARY OPERATIONS SERVE OVER 1,000 PERSONS ANNUALLY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF DIRECTORS AUTHORIZED THE AUDIT COMMITTEE TO REVIEW AND APPROVE FORM 990 PRIOR TO ITS FILING. A FORM 8879-EO WAS THEN SIGNED BY THE

Name of the organization

SCHUMACHER CENTER FOR A NEW

Employer identification number

46-1421645

PRESIDENT OF THE ORGANIZATION AUTHORIZING THE ELECTRONIC FILING OF THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND EXECUTIVE DIRECTOR AS TO THE EXISTANCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS AT AN ANNUAL BOARD MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS CAME ABOUT THROUGH ITS BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR AND IS REVIEWED ANNUALLY FOR IMPROVEMENTS AND REVISIONS. THIS IS THE SAME FOR THE CONFLICT OF INTEREST POLICY.
FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE STATE OF MASSACHUSETTS WEBSITE AND IS AVAILABLE TO ANYONE UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION	AMOUNT		
MEALS AND ENTERTAINMENT	\$ 1,802	\$ 1,577	\$ 4,771
PRINT / COPY / PHOTO	\$ 3,070	\$ 4,410	\$ 350
CONSULTANT-GRAPHICS	\$ 7,533	\$ 0	\$ 200

Name of the organization

Employer identification number

SCHUMACHER CENTER FOR A NEW

46-1421645

BOARD EXPENSES

\$	5,401	\$	711	\$	0
----	-------	----	-----	----	---

LEASE FEES AND TX

\$	1,750	\$	2,500	\$	750
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TELEPHONE AND INTERNET

\$	566	\$	4,150	\$	134
----	-----	----	-------	----	-----

CONSULTANT-GROUNDS/DRIVEW

\$	1,471	\$	2,102	\$	631
----	-------	----	-------	----	-----

SUPPLIES - OFFICE

\$	621	\$	3,274	\$	114
----	-----	----	-------	----	-----

GROUNDS / WALK /

\$	1,343	\$	1,917	\$	573
----	-------	----	-------	----	-----

BUILDING MAINT

\$	1,281	\$	1,820	\$	546
----	-------	----	-------	----	-----

VEHICLE LEASE

\$	0	\$	3,170	\$	0
----	---	----	-------	----	---

CONSULTANT-MAINTENANCE

\$	1,046	\$	1,492	\$	446
----	-------	----	-------	----	-----

SOFTWARE / TECHNOLOGY

\$	0	\$	2,799	\$	0
----	---	----	-------	----	---

POSTAGE AND DELIVERY

\$	1,018	\$	1,478	\$	189
----	-------	----	-------	----	-----

UTILITIES

\$	914	\$	1,309	\$	394
----	-----	----	-------	----	-----

INTERNET HOSTING

\$	415	\$	2,031	\$	0
----	-----	----	-------	----	---

DRIVEWAY MAINT

Name of the organization

Employer identification number

SCHUMACHER CENTER FOR A NEW

46-1421645

\$	717	\$	1,025	\$	308
----	-----	----	-------	----	-----

EQUIPMENT REPAIR / RENTAL

\$	102	\$	1,829	\$	43
----	-----	----	-------	----	----

MEMBERSHIPS / DONATIONS

\$	1,509	\$	395	\$	50
----	-------	----	-----	----	----

CONSULTANT-FUNDRAISING

\$	1,500	\$	0	\$	0
----	-------	----	---	----	---

INTERN STIPEND

\$	1,265	\$	183	\$	0
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GOVERNMENT FILING FEES

\$	159	\$	1,176	\$	68
----	-----	----	-------	----	----

HONORARIUMS

\$	1,000	\$	0	\$	0
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BANK AND CREDIT CARD FEES

\$	0	\$	882	\$	0
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CONSULTANT-ENGINEER/ARCHI

\$	308	\$	438	\$	129
----	-----	----	-----	----	-----

BOOKS FOR LIBRARY

\$	646	\$	0	\$	0
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CONSULTANT-INTERN

\$	0	\$	610	\$	0
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MISCELLANEOUS

\$	130	\$	10	\$	0
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CONSULTANT-OFFICE

\$	90	\$	0	\$	0
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LOCAL CURRENCY DISCOUNT

\$	0	\$	-1,345	\$	0
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Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **SCHUMACHER CENTER FOR A NEW ECONOMICS, INC.**

Identifying number
46-1421645

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	873
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	8,959
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		637	5.0	HY	S/L	63
c 7-year property		235	7.0	HY	S/L	17
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	09/09/13	20,594	27.5 yrs.	MM	S/L	150
i Nonresidential real property	02/15/13	200,000	39 yrs.	MM	S/L	4,487

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,549
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
83	MACBOOK AIR	7/23/13	1,275			X	637	5 HY S/L	0	701
			<u>1,275</u>				<u>637</u>		<u>0</u>	<u>701</u>
7-year GDS Property:										
82	OFFICE FURNITURE	8/01/13	470			X	235	7 HY S/L	0	252
			<u>470</u>				<u>235</u>		<u>0</u>	<u>252</u>
Residential Real Property:										
81	GUILDER HOUSE IMPROVEMENTS	9/09/13	20,594				20,594	27 MMS/L	0	150
			<u>20,594</u>				<u>20,594</u>		<u>0</u>	<u>150</u>
Non-Residential Real Property:										
57	GUILDER HOUSE	2/15/13	200,000				200,000	39 MMS/L	0	4,487
			<u>200,000</u>				<u>200,000</u>		<u>0</u>	<u>4,487</u>
Prior MACRS:										
1	BUILDING	1/01/92	142,500				142,500	31 HY S/L	95,581	4,597
2	BUILDING IMPROVEMENTS	6/01/93	9,500				9,500	39 HY S/L	4,789	243
3	BUILDING IMPROVEMENTS	7/01/96	3,030				3,030	39 HY S/L	1,290	78
4	BLDG IMPROVEMENTS	1/02/97	500				500	39 HY S/L	205	13
5	BUILDING IMPROVEMENTS 2002	6/30/02	29,819				29,819	39 HY S/L	8,124	765
6	BUILDING IMPROVEMENTS- ELECTRI	6/10/03	1,326				1,326	39 HY S/L	327	34
7	DECK	12/29/04	6,578				6,578	39 HY S/L	1,455	169
8	UPGRADE ELECTRIC AND LIGHTING	6/07/04	826				826	39 HY S/L	183	21
9	SCREEN DOORS AND STORM WINDOV	7/10/04	1,045				1,045	39 HY S/L	231	27
10	INSULATION	10/02/04	464				464	39 HY S/L	103	12
11	DECK FOR LIBRARY	6/07/05	6,622				6,622	7 HY S/L	6,622	0
12	NEW ROOF SYSTEM	12/31/09	47,929				47,929	39 HY S/L	4,455	1,229
16	MINI DISC RECORDING EQUIPMENT	8/21/01	693				693	5 HY S/L	693	0
18	CD RECORDING EQUIP FOR RAD	8/23/01	627				627	5 HY S/L	627	0
19	TAPE RECORDER	11/23/01	154			X	108	5 HY S/L	154	0
24	LADDER	10/13/04	273			X	136	7 HY S/L	273	0
25	ELECTRIC DRILL	11/04/04	72			X	36	7 HY S/L	72	0
34	DVD RECORDER	2/27/08	200			X	100	5 HY S/L	200	0
35	500BTU AIRCONDITIONER	6/24/08	105			X	52	5 HY S/L	105	0
40	PANASONIC CAMCORDER PV-G	11/10/09	400			X	200	5 HY S/L	400	0
43	BRUSHHOG	10/01/09	1,900			X	950	7 HY S/L	1,900	0
44	LIBRARY FURNISHINGS	6/30/95	2,860				2,860	7 HY S/L	2,860	0
45	OFFICE FURNISHINGS	1/01/92	1,500				1,500	7 HY S/L	1,500	0
46	LIBRARY BOOKS	1/01/92	2,000				2,000	7 HY S/L	2,000	0
47	LIBRARY FURNISHINGS	1/01/94	2,706				2,706	7 HY S/L	2,706	0
48	LIBRARY FURNISHINGS	7/09/96	1,486				1,486	7 HY S/L	1,486	0
49	FURNISHINGS	7/16/96	345				345	7 HY S/L	345	0
50	LIGHTING FIXTURES	4/01/00	1,685				1,685	7 HY S/L	1,685	0
51	FOLDING CHAIRS	8/21/01	319				319	7 HY S/L	319	0
52	SHELVING	7/27/04	698			X	349	7 HY S/L	698	0
53	TABLES	8/23/04	603			X	301	7 HY S/L	603	0
54	SHELVING & BOOKCASES	7/05/05	1,339				1,339	7 HY S/L	1,339	0
55	CHAIRS	4/29/05	1,150				1,150	7 HY S/L	1,150	0
56	CHAIRS	10/19/05	530				530	7 HY S/L	530	0
63	SEPTIC SYSTEM	11/16/01	20,040				20,040	39 MMS/L	5,781	514
64	SITE IMPROVEMENTS 2002	11/26/02	450			X	315	15 HY S/L	319	21
65	TREES & PLANTS	6/10/03	2,134				2,134	15 HY S/L	1,370	143
66	NEW WATER LINE	2/05/08	4,721				4,721	39 MMS/L	605	121
67	1993 MERCURY VAN	10/27/08	2,000				2,000	5 HY S/L	1,850	150
		Sold/Scrapped: 11/05/13								
68	1999 LAND ROVER DISCOVERY	11/05/08	7,500				7,500	5 HY S/L	6,938	562
		Sold/Scrapped: 11/13/13								
71	NEW ROOF SYSTEM	8/06/10	8,380				8,380	39 HY S/L	564	215
72	XEROX 7335 DIGITAL COPIER	3/04/10	2,275			X	1,137	5 HY S/L	2,275	0
73	IMAC 27/2.8/2X2GB W/HP PHOTOSMAF	6/09/10	2,542			X	1,271	5 HY S/L	2,542	0
74	MACBOOK PRO 15.4/2.53/2X2GB W/HP	7/12/10	1,965			X	982	5 HY S/L	1,965	0
79	ELECTRICAL HEATERS	1/17/11	1,757				1,757	39 MMS/L	94	45

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
80	MAC AIR LAPTOP	1/17/11	1,143			X	0	5 MQ200DB	1,143	0
			<u>326,691</u>				<u>319,848</u>		<u>170,456</u>	<u>8,959</u>
	Grand Totals		549,030				541,314		170,456	14,549
	Less: Dispositions and Transfers		9,500				9,500		8,788	712
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>539,530</u>				<u>531,814</u>		<u>161,668</u>	<u>13,837</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
19	TAPE RECORDER	11/23/01	154	100	0	0	46	108
24	LADDER	10/13/04	273	100	0	0	137	136
25	ELECTRIC DRILL	11/04/04	72	100	0	0	36	36
34	DVD RECORDER	2/27/08	200	100	0	0	100	100
35	5000BTU AIRCONDITIONER	6/24/08	105	100	0	0	53	52
40	PANASONIC CAMCORDER PV-G	11/10/09	400	100	0	0	200	200
43	BRUSHHOG	10/01/09	1,900	100	0	0	950	950
52	SHELVING	7/27/04	698	100	0	0	349	349
53	TABLES	8/23/04	603	100	0	0	302	301
64	SITE IMPROVEMENTS 2002	11/26/02	450	100	0	0	135	315
72	XEROX 7335 DIGITAL COPIER	3/04/10	2,275	100	0	0	1,138	1,137
73	IMAC 27/2.8/2X2GB W/HP PHOTOSMART	6/09/10	2,542	100	0	0	1,271	1,271
74	MACBOOK PRO 15.4/2.53/2X2GB W/HP P	7/12/10	1,965	100	0	0	983	982
80	MAC AIR LAPTOP	1/17/11	1,143	100	0	0	1,143	0
82	OFFICE FURNITURE	8/01/13	470		0	235	0	235
83	MACBOOK AIR	7/23/13	1,275		0	638	0	637
	Form 990, Page 1		<u>14,525</u>		<u>0</u>	<u>873</u>	<u>6,843</u>	<u>6,809</u>
	Grand Total		<u>14,525</u>		<u>0</u>	<u>873</u>	<u>6,843</u>	<u>6,809</u>

**IRS e-file Signature Authorization
for an Exempt Organization**

Department of the Treasury
Internal Revenue Service

For calendar year 2013, or fiscal year beginning 2013, and ending 20

2013

Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization **SCHUMACHER CENTER FOR A NEW ECONOMICS, INC.** Employer identification number **46-1421645**

Name and title of officer **DAN LEVINSON
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>773,302</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize ALAN S. GLACKMAN, CPA, PC to enter my PIN 21645 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature _____ Date _____

Part III Certification and Authentication

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

04636824680
do not enter all zeros

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

ERO's signature _____ Date _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**