

Excess Contributions
Schedule A, Part II, Line 5

Name	2004	2005	2006	2007	2008	Total	2% Amt	Excess
G. E. P. I	\$ 80,827.	\$ 0.	\$ 50,000.	\$ 0.	\$ 0.	\$ 130827.	\$ 55,985.	\$ 74,842.
Friends of the Earth	5,685.	0.	0.	0.	0.	5,685.	0.	0.
Compton Foundation	8,883.	0.	20,000.	25,000.	0.	53,883.	0.	0.
Energy Foundation	20,000.	0.	0.	0.	200000.	220000.	55,985.	164,015.
Hewlett Foundation	11,500.	0.	0.	0.	0.	11,500.	0.	0.
Kendeda Foundation	0.	0.	230000.	0.	315000.	545000.	55,985.	489,015.
Hochschild Fdn.	0.	0.	50,000.	0.	0.	50,000.	0.	0.
11th Hour Project	0.	0.	94,750.	0.	250000.	344750.	55,985.	288,765.
William Bowes Fdn	0.	0.	0.	50,000.	0.	50,000.	0.	0.
Surdna Foundation	0.	0.	0.	100000.	100000.	200000.	55,985.	144,015.
Marisla Foundation	0.	0.	0.	30,000.	35,000.	65,000.	55,985.	9,015.
Integrated Archive	0.	0.	0.	20,000.	0.	20,000.	0.	0.
Threshold Fdn	0.	0.	0.	25,000.	0.	25,000.	0.	0.
Sam Wyly Property	0.	0.	0.	20,000.	0.	20,000.	0.	0.
Mental Insight	0.	0.	0.	0.	40,000.	40,000.	0.	0.
Oak Foundation	0.	0.	0.	0.	75,000.	75,000.	55,985.	19,015.
Turner Foundation	0.	0.	0.	0.	45,000.	45,000.	0.	0.
Total	<u>\$ 126895.</u>	<u>\$ 0.</u>	<u>\$ 444750.</u>	<u>\$ 270000.</u>	<u>\$ 1060000.</u>	<u>\$ 1901645.</u>	<u>\$ 391895.</u>	<u>\$ 1188682.</u>

Return of Organization Exempt From Income Tax

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

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	The Regeneration Project 220 Montgomery Street #450 San Francisco, CA 94104	D Employer Identification Number 94-3335236 E Telephone number 415-561-4891 G Gross receipts \$ 1,345,300.
F Name and address of principal officer: Rev. Sally Bingham Same As C Above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) H (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number G	
J Website: G www.theregenerationproject.org		L Year of formation: 2000 M State of legal domicile: CA	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other G			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Helping congregations to reduce greenhouse gas emissions</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	7	
	5 Total number of employees (Part V, line 2a).....	5	10	
	6 Total number of volunteers (estimate if necessary).....	6	50	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C).....			
7b Net unrelated business taxable income from Form 990-T, line 34.....				
Revenue			7a	0.
			7b	0.
	8 Contributions and grants (Part VIII, line 1h).....		Prior Year 502,530.	Current Year 1,328,730.
	9 Program service revenue (Part VIII, line 2g).....			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		9,400.	16,478.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....			92.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		511,930.	1,345,300.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		14,000.	230,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		203,752.	443,453.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) G 85,472.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....		115,818.	411,766.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		333,570.	1,085,719.
19 Revenue less expenses. Subtract line 18 from line 12.....		178,360.	259,581.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20 Total assets (Part X, line 16).....		705,688.	998,459.
	21 Total liabilities (Part X, line 26).....		4,001.	37,191.
	22 Net assets or fund balances. Subtract line 21 from line 20.....		701,687.	961,268.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	G Signature of officer	Date		
	G Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature G	Date	Check if self-employed <input type="checkbox"/> G	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 G Crosby & Kaneda, CPAs 1611 Telegraph Ave Ste 318 Oakland, CA 94612-2151		EIN G 94-3243888 Phone no. G (510) 835-2727	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

Helping congregations to reduce greenhouse gas emissions2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ☐) (Expenses \$ 422,287. including grants of \$) (Revenue \$)See Schedule O4b (Code: ☐) (Expenses \$ 134,771. including grants of \$) (Revenue \$)Sponsored California IPL Programs:The California IPL lobbied in their state capitol, campaigned to stop new coal-fired power plants, petitioned for a strong regional climate plan in the West, and advocated for renewable energy incentives, fuel economy standards, and caps on greenhouse gas emissions.4c (Code: ☐) (Expenses \$ 81,154. including grants of \$) (Revenue \$)Sponsored Alaska IPL Programs:The Alaska IPL lobbied in their state capitol, campaigned to stop new coal-fired power plants, petitioned for a strong regional climate plan in the West, and advocated for renewable energy incentives, fuel economy standards, and caps on greenhouse gas emissions.

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

See Schedule O(Expenses \$ 230,500. including grants of \$ 230,500.) (Revenue \$)4e Total program service expenses **G** \$ 868,712. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
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? <i>If 'Yes,' complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No			
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a				X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				X
b	If 'Yes,' enter the name of the foreign country: G See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c				
6a	Did the organization solicit any contributions that were not tax deductible?	6a				X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a				X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g				X
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from other members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b				

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

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a Enter the number of voting members of the governing body	1a	8	
b Enter the number of voting members that are independent	1b	7	
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?	2		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?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O.	10	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	11		X

Section B. Policies

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed G CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

G Monet Monaghan 220 Montgomery Street, #450 San Francisco CA 94104 415- 561- 4891

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

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

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	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	1,328,730.			
	g Noncash contribns included in lns 1a-1f: \$.....					
	h Total. Add lines 1a-1f.....	G	1,328,730.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.....					
	g Total. Add lines 2a-2f.....	G				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....	G	16,478.			16,478.
	4 Income from investment of tax-exempt bond proceeds.....	G				
	5 Royalties.....	G				
		(i) Real	(ii) Personal			
	6a Gross Rents.....					
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....	G				
	7a Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses.....					
	c Gain or (loss).....					
	d Net gain or (loss).....	G				
	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.....	G				
	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.....	G				
	10a Gross sales of inventory, less returns and allowances.....	a				
	b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....	G					
Miscellaneous Revenue		Business Code				
11a Miscellaneous.....		92.			92.	
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....	G	92.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.....	G	1,345,300.	0.	0.	16,570.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	230,500.	230,500.		
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	198,750.	137,530.	22,690.	38,530.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	181,159.	124,379.	27,704.	29,076.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,304.	2,254.		50.
9 Other employee benefits	27,952.	21,243.	3,969.	2,740.
10 Payroll taxes	33,288.	22,968.	4,328.	5,992.
11 Fees for services (non-employees)				
a Management				
b Legal	645.	645.		
c Accounting	38,838.		38,838.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	159,415.	153,159.		6,256.
12 Advertising and promotion	1,136.	1,136.		
13 Office expenses	26,658.	25,630.	1,028.	
14 Information technology	17,464.	17,464.		
15 Royalties				
16 Occupancy	44,391.	13,113.	31,278.	
17 Travel	13,893.	12,643.		1,250.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,584.	42,584.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,240.	1,240.		
23 Insurance	2,844.	1,144.	1,700.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Printing and Publications	62,658.	61,080.		1,578.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,085,719.	868,712.	131,535.	85,472.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash - non-interest-bearing	198, 419.	1	206, 662.
	2 Savings and temporary cash investments	457, 269.	2	744, 744.
	3 Pledges and grants receivable, net	50, 000.	3	23, 951.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ..		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	11, 711.
	10a Land, buildings, and equipment: cost basis	10a 7, 441.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1, 240.	10c	6, 201.
	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	5, 190.
16 Total assets. Add lines 1 through 15 (must equal line 34)	705, 688.	16	998, 459.	
LIABILITIES	17 Accounts payable and accrued expenses	4, 001.	17	37, 191.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4, 001.	26	37, 191.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	474, 050.	27	523, 155.
	28 Temporarily restricted net assets	227, 637.	28	438, 113.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	701, 687.	33	961, 268.
	34 Total liabilities and net assets/fund balances	705, 688.	34	998, 459.

Part XI Financial Statements and Reporting

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

BAA

Form 990 (2008)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

2008

Open to Public
Inspection

Name of the organization

Employer identification number

The Regeneration Project

94- 3335236

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: (Please check only one organization.)

- 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
 - 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). (see instructions)
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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' Other
 - 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 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?

		Yes	No
(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?.....	11 g (i)	
(ii)	a family member of a person described in (i) above?.....	11 g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

h Provide the following information about the organizations the organization supports.

[illegible]

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	221,603.	4,630.	714,478.	502,530.	1,328,730.	2,771,971.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	221,603.	4,630.	714,478.	502,530.	1,328,730.	2,771,971.
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).						1,188,682.
6 Public support. Subtract line 5 from line 4.						1,583,289.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	221,603.	4,630.	714,478.	502,530.	1,328,730.	2,771,971.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			1,328.	9,400.	16,478.	27,206.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.					92.	92.
11 Total support. Add lines 7 through 10.						2,799,269.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

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. ☐ **G**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	56.6 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	56.0 %

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

b 33-1/3 support test * 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐ **G**

17a 10%-facts-and-circumstances test * 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐ **G**

b 10%-facts-and-circumstances test * 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐ **G**

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. ☐ **G**

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
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 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 lns 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.

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

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3 support tests * 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

G ☐

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

G ☐

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

G ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

2008

Schedule A, Part IV - Supplemental Information

Page 5

Client TRP07

The Regeneration Project

94-3335236

8/12/09

01:31PM

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Miscellaneous					
Total	\$ <u>92.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

Schedule of Contributors

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

2008

Name of the organization

The Regeneration Project

Employer identification number

94-3335236

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Special Rules ' ☒

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

Employer identification number

The Regeneration Project**94-3335236****Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>Surdna Foundation</u> <u>330 Madison Avenue, 30th Floor</u> <u>New York, NY 10017</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>Marisla Foundation</u> <u>412 North Coast Hwy. PMB 359</u> <u>Laguna Beach, CA 92651</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>Mental Insight</u> <u>283 Second Street, E</u> <u>Sonoma, CA 95476</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>Oak Foundation</u> <u>511 Congress St., Ste 800</u> <u>Portland, ME 04101</u>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>Churches Center for Theology</u> <u>4500 Massachusetts Ave., NW</u> <u>Washington, DC 20016</u>	\$ <u>32,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>Turner Foundation</u> <u>133 Luckie St., NW 2nd Fl.</u> <u>Atlanta, GA 30303</u>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number	
--------------------------------	--

94- 3335236

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Energy Foundation 301 Battery St., 5th Fl. San Francisco, CA 94111	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Kendeda Fund 501 Silverside Rd., Ste. 123 Wilmington, DE 19809	\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Environmental Defense 257 Park Ave., South New York, NY 10010	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	11th Hour Project 555 Bryant Street, Ste 370 Palo Alto, CA 94301	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

The Regeneration Project**94-3335236****Part II** Noncash Property (see instructions.)

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

BAA

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

Name of organization

Employer identification number

The Regeneration Project**94-3335236**

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

G To be completed by organizations described below.

G Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public
Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

? Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

? Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.

? Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

? Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

? Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

? Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

The Regeneration Project

Employer identification number

94-3335236

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures. G\$

3 Volunteer hours.

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955. G\$

2 Enter the amount of any excise tax incurred by organization managers under section 4955. G\$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☒ No

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. G\$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. G\$

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b. G\$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check **G** ☐ if the filing organization belongs to an affiliated group.
 B Check **G** ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures *		(a) Filing organization's totals	(b) Affiliated group totals
(The term 'expenditures' means amounts paid or incurred.)			
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,798.	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	7,424.	
c	Total lobbying expenditures (add lines 1a and 1b)	9,222.	0.
d	Other exempt purpose expenditures	1,076,497.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,085,719.	0.
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	183,572.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000.			
g	Grassroots nontaxable amount (enter 25% of line 1f)	45,893.	0.
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.	0.
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.	0.
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount		38,647.	61,607.	183,572.	283,826.
b Lobbying ceiling amount (150% of line 2a, column (e))					425,739.
c Total lobbying expenditures		1,159.	2,317.	9,222.	12,698.
d Grassroots non-taxable amount		9,662.	15,402.	45,893.	70,957.
e Grassroots ceiling amount (150% of line 2d, column (e))					106,436.
f Grassroots lobbying expenditures			2,317.	1,798.	4,115.

BAA

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If 'Yes,' describe in Part IV.			
j Total lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

TEEA3204L 10/06/08

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

The Regeneration Project

94-3335236

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year.		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements.	2a
b Total acreage restricted by conservation easements.	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06.	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year G _____

4 Number of states where property subject to conservation easement is located G _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year G \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1. G\$ _____

(ii) Assets included in Form 990, Part X. G\$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1. G\$ _____

b Assets included in Form 990, Part X. G\$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment G _____ %

b Permanent endowment G _____ %

c Term endowment G _____ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		7,441.	1,240.	6,201.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			G	6,201.

BAA

Schedule D (Form 990) 2008

N/A

N/A

N/A

Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15)..... G

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements **N/A**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return **N/A**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return **N/A**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

G Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
G Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

The Regeneration Project

Employer identification number

94-3335236

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐ G ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Churches Center for Theology 4500 Massachusetts Ave. NW Washington, DC 20016	52-1067260		12,000.	0.			Rapid Response Grant
Ecumenical Ministries of Oregon 245 SW Bancroft St., Ste. B Portland, OR 97239	93-0625354		12,000.	0.			Challenge Grant
Faith in Place-Illinois 2532 W. Warren Blvd. Chicago, IL 60612	36-4540756		15,000.	0.			Regrant Program
National Catholic Rural Life Conference 4625 Beaver Ave. Des Moines, IA 50310	42-0752630		12,000.	0.			Regrant program
North Carolina Council of Churches 1307 Glenwood Ave. Ste. 156 Raleigh, NC 27605	56-0619364		15,000.	0.			Regrant Program
Salt Lake Interfaith Round Table P.O. Box 112016 Salt Lake City, UT 84147	20-0849438		10,000.	0.			Challenge Grant
Southern Alliance for Clean Energy P.O. Box 1842 Knoxville, TN 37901	58-1620669		12,500.	0.			Rapid Response Grant
Southern Heart Institute P.O. Box 1842 Knoxville, TN 37901	58-1620669		12,500.	0.			Regrant Program

2 Enter total number of section 501(c)(3) and government organizations. ☐ G 25

3 Enter total number of other organizations. ☐ G 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Part I, Line 2 - Grantmaker's Description of How Grants are Used

As part of the grant approval process, all Regeneration grantees are required to either be a 501c3 or have a fiscal agent that is a 501c3. A copy of the 501c3 letter is submitted as part of the grant application process.

Name of the organization

Employer identification number

The Regeneration Project

94- 3335236

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

[illegible]

2	Enter total number of Section 501(c)(3) and government organizations	G
3	Enter total number of other organizations	G

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

G Attach to Form 990 or Form 990-EZ.
G To be completed by organizations that 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

The Regeneration Project

Employer identification number

94-3335236

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

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. **G \$**

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. **G \$**

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
William F. Bowes Book production cost		X	9,000.	9,000.		X	X			X
Total			G \$	9,000.						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

The Regeneration Project

Employer identification number

94-3335236

Form 990, Part III, Line 4a - Program Service Accomplishments

National Program:

This included the completion of five-year strategic plan, a new staff person to work with state affiliates, online resources, and stepped up policy advocacy. Our five-year strategic plan was produced in a nine-month collaborative process that included all of TRP's board members and staff, major funders, and state IPL leaders. With a time horizon of 2013, the plan both crystallizes our vision for the future and provides us with a roadmap to get there.

The plan identified public policy as a major area of focus for 2008. In order to build a clean energy future, we need policy change at a local, state and national level. IPL aims to ensure that our shared values of caring for creation are reflected in our public policies.

Form 990, Part III, Line 4d - Other Program Services Description

Re-Grants to State Affiliates:

Grants were distributed in support grants to 23 state affiliates. We added three new state affiliates: Alabama, Kansas, and Nebraska which have each brought their unique spirit and perspective to our growing movement.

Form 990, Part VI, Line 10 - Form 990 Review Process

The 990 tax return is reviewed and approved by the Board President, Treasurer and the Executive Director before it is filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are asked to complete and sign a conflict of interest disclosure statement annually.

Name of the organization

Employer identification number

The Regeneration Project

94-3335236

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The Board determined salary ranges based on a compensation survey of area nonprofits
and documented these deliberations in the meeting minutes.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. G ☒

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only. G ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	The Regeneration Project	94-3335236
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	220 Montgomery Street #450	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	San Francisco, CA 94104	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

? The books are in the care of G Monet MonaghanTelephone No. G 415-561-4891 FAX No. G 415-561-4891? If the organization does not have an office or place of business in the United States, check this box. G ☐? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . G ☐ . If it is for part of the group, check this box. . G ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>8/15</u> , 20 <u>09</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: G <input checked="" type="checkbox"/> calendar year 20 <u>08</u> or G <input type="checkbox"/> tax year beginning _____, 20 _____, and ending _____, 20 _____.	
2 If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>0.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>0.</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>0.</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAXABLE YEAR **2008** **California Exempt Organization**
Annual Information Return

FORM

199

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

A First Return Filed? ☐ Yes ☒ No B Type of organization Exempt under Section 23701 **D** (insert letter)
IRC Section 4947(a)(1) trust ☐

Corporation/Organization Name **THE REGENERATION PROJECT** FEIN **2180946**
94-3335236

Address **220 MONTGOMERY STREET #450**

City **SAN FRANCISCO, CA** State ZIP Code **94104**

<p>C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>a Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If 'Yes,' enter the number of affiliates. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c Are all affiliates included? (If 'No,' attach a list. See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>e Federal Group Exemption Number</p> <p>f Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation)</p> <p>If a box is checked, enter date @</p> <p>F Check the box if the organization filed: 1 @ <input type="checkbox"/> 990T 2 @ <input type="checkbox"/> 990PF 3 @ <input type="checkbox"/> 990H</p> <p>G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required @ <input checked="" type="checkbox"/></p>	<p>H Accounting method used. 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. @ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. @ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? If 'Yes,' enter amount of gross receipts from nonmember sources. @ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$</p> <p>L Is the organization under audit by the IRS or has the IRS audited in a prior year? @ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Corporation? @ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? @ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	@ 1	16,570.
	2	Gross dues and assessments from members and affiliates	@ 2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B	@ 3	1,328,730.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	@ 4	1,345,300.
	5	Cost of goods sold	@ 5	
	6	Cost or other basis, and sales expenses of assets sold	@ 6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	@ 8	1,345,300.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	@ 9	1,085,719.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	@ 10	259,581.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	@ 14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer G	Title	Date	@ Telephone 415-561-4891
Paid Preparer's Use Only	Preparer's signature G	Date	Check if self-employed G <input type="checkbox"/>	@ Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address CROSBY & KANEDA, CPAS			@ FEIN 94-3243888
	G 1611 TELEGRAPH AVE STE 318			@ Telephone (510) 835-2727
	OAKLAND, CA 94612-2151			
	May the FTB discuss this return with the preparer shown above? See instructions	@ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

THE REGENERATION PROJECT
94-3335236

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	@ 1	
	2	Interest	@ 2	
	3	Dividends.	@ 3	16,478.
	4	Gross rents	@ 4	
	5	Gross royalties	@ 5	
	6	Gross amount received from sale of assets (See Instructions).	@ 6	
	7	Other income. Attach schedule. SEE STATEMENT 1	@ 7	92.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	16,570.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	@ 9	230,500.
	10	Disbursements to or for members	@ 10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	@ 11	198,750.
	12	Other salaries and wages	@ 12	181,159.
	13	Interest	@ 13	
	14	Taxes	@ 14	33,288.
	15	Rents	@ 15	44,391.
	16	Depreciation and depletion (See Instructions).	@ 16	1,240.
	17	Other. Attach schedule. SEE STATEMENT 3	@ 17	396,391.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,085,719.

Schedule L Balance Sheets

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		655,688.	@	951,406.
2	Net accounts receivable		50,000.	@	23,951.
3	Net notes receivable. Attach schedule.			@	
4	Inventories			@	
5	Federal and state government obligations.			@	
6	Investments in other bonds. Attach sch			@	
7	Investments in stock. Attach schedule			@	
8	Mortgage loans (number of loans _____)			@	
9	Other investments. Attach schedule			@	
10a	Depreciable assets.			7,441.	
b	Less accumulated depreciation			1,240.	6,201.
11	Land			@	
12	Other assets. Attach schedule STM 4			@	16,901.
13	Total assets		705,688.		998,459.
Liabilities and net worth					
14	Accounts payable.		4,001.	@	37,191.
15	Contributions, gifts, or grants payable			@	
16	Bonds and notes payable. Attach schedule			@	
17	Mortgages payable.			@	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund			@	
20	Paid-in or capital surplus. Attach reconciliation			@	
21	Retained earnings or income fund		701,687.	@	961,268.
22	Total liabilities and net worth		705,688.		998,459.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	@ 259,581.	7	Income recorded on books this year not included in this return. Attach schedule.	@
2	Federal income tax	@	8	Deductions in this return not charged against book income this year. Attach schedule.	@
3	Excess of capital losses over capital gains	@	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule.	@	10	Net income per return. Subtract line 9 from line 6	259,581.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	@			
6	Total. Add line 1 through line 5	259,581.			

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

Department of the Treasury
Internal Revenue Service

California Copy
Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

The Regeneration Project

Employer identification number

94-3335236

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Special Rules *

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

Employer identification number

The Regeneration Project**94-3335236****Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>Surdna Foundation</u> <u>330 Madison Avenue, 30th Floor</u> <u>New York, NY 10017</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>Marisla Foundation</u> <u>412 North Coast Hwy. PMB 359</u> <u>Laguna Beach, CA 92651</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>Mental Insight</u> <u>283 Second Street, E</u> <u>Sonoma, CA 95476</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>Oak Foundation</u> <u>511 Congress St., Ste 800</u> <u>Portland, ME 04101</u>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>Churches Center for Theology</u> <u>4500 Massachusetts Ave., NW</u> <u>Washington, DC 20016</u>	\$ <u>32,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>Turner Foundation</u> <u>133 Luckie St., NW 2nd Fl.</u> <u>Atlanta, GA 30303</u>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number	
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94- 3335236

Part I

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Energy Foundation 301 Battery St., 5th Fl. San Francisco, CA 94111	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Kendeda Fund 501 Silverside Rd., Ste. 123 Wilmington, DE 19809	\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Environmental Defense 257 Park Ave., South New York, NY 10010	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	11th Hour Project 555 Bryant Street, Ste 370 Palo Alto, CA 94301	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

The Regeneration Project**94-3335236****Part II** Noncash Property (see instructions.)

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

BAA

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

Name of organization

Employer identification number

The Regeneration Project**94-3335236**

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Client TRP07

The Regeneration Project

94-3335236

8/12/09

01:31PM

Statement 1
Form 199, Part II, Line 7
Other Income

Miscellaneous \$ 92.
Total \$ 92.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Rev. Sally Bingham 220 Montgomery Street, #450 San Francisco, CA 94104	President 40.00	\$ 102,500.	\$ 0.	\$ 0.
Susan Stephenson 220 Montgomery Street, #450 San Francisco, CA 94104	Executive Dir. 40.00	96,250.	0.	0.
Amy Rao 220 Montgomery Street, #450 San Francisco, CA 94104	Board Chair 1.50	0.	0.	0.
Tom Huntington 220 Montgomery Street, #450 San Francisco, CA 94104	Sec. /Treasurer 1.50	0.	0.	0.
Rev. Clare Butterfield 220 Montgomery Street, #450 San Francisco, CA 94104	Board Member 1.00	0.	0.	0.
Will Parish 220 Montgomery Street, #450 San Francisco, CA 94104	Board Member 1.00	0.	0.	0.
Joe Sciortino 220 Montgomery Street, #450 San Francisco, CA 94104	Board Member 1.00	0.	0.	0.
Jenefer Stowell 220 Montgomery Street, #450 San Francisco, CA 94104	Board Member 1.00	0.	0.	0.
Hunter Lovins 220 Montgomery Street, #450 San Francisco, CA 94104	Board Member 1.00	0.	0.	0.
Total		\$ 198,750.	\$ 0.	\$ 0.

2008

California Statements

Page 2

Client TRP07

The Regeneration Project

94-3335236

8/12/09

01:31PM

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees	\$	38,838.
Advertising and Promotion		1,136.
Conferences, Conventions, and Meetings		42,584.
Information Technology		17,464.
Insurance		2,844.
Legal Fees		645.
Officer Expenses		26,658.
Other Employee Benefit		27,952.
Other fees		159,415.
Pension Plan Contributions		2,304.
Printing and Publications		62,658.
Travel		13,893.
Total	\$	<u><u>396,391.</u></u>

Statement 4
Form 199, Schedule L, Line 12
Other Assets

Deposits		5,190.
Prepaid Expenses and Deferred Charges		11,711.
Total	\$	<u><u>16,901.</u></u>

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Charity Registration Number C2180946		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
THE REGENERATION PROJECT Name of Organization		Corporate or Organization No. 2180946	
220 MONTGOMERY STREET #450 Address (Number and Street)		Federal Employer ID No. 94-3335236	
SAN FRANCISCO, CA 94104 City or Town		State ZIP Code	
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts			
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75
		Between \$1,000,001 and \$10 million	\$150
		Between \$10,000,001 and \$50 million	\$225
		Greater than \$50 million	\$300
PART A ' ACTIVITIES			
For your most recent full accounting period (beginning <u>1/01/08</u> ending <u>12/31/08</u>) list: Gross annual revenue \$ <u>1,345,300.</u> Total assets \$ <u>998,459.</u>			
PART B ' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT			
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.			
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	Yes	No	
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?			
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.			
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.			
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.			
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.			
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.			
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?			
Organization's area code and telephone number 415-561-4891			
Organization's e-mail address INFO@THEREGENERATIONPROJECT.ORG			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.			
Signature of authorized officer	Printed Name	Title	Date