

**Return of Organization Exempt From Income Tax****2009**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

**Open to Public Inspection****For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</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.	<b>C</b> The Regeneration Project 220 Montgomery Street #450 San Francisco, CA 94104	<b>D</b> Employer identification number 94-3335236 <b>E</b> Telephone number 415-561-4891 <b>G</b> Gross receipts \$ 1,566,011.
<b>F</b> Name and address of principal officer: Susan Stephenson Same As C Above		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ www.theregenerationproject.org			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: 2000 <b>M</b> State of legal domicile: CA	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Helping congregations to reduce greenhouse gas emissions</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	8
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
<b>5</b>	Total number of employees (Part V, line 2a)	5	9
<b>6</b>	Total number of volunteers (estimate if necessary)	6	40
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	1,328,730.	1,556,493.
<b>9</b>	Program service revenue (Part VIII, line 2g)		
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,478.	6,414.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92.	3,104.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,345,300.	1,566,011.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	230,500.	357,994.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	443,453.	496,067.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,723.		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	411,766.	413,976.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,085,719.	1,268,037.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	259,581.	297,974.
<b>20</b>	Total assets (Part X, line 16)	1,043,359.	1,383,861.
<b>21</b>	Total liabilities (Part X, line 26)	37,191.	79,719.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,006,168.	1,304,142.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ Date _____ Type or print name and title. _____	
------------------	---	--

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>Crosby &amp; Kaneda</u> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Crosby & Kaneda, CPAs 1611 Telegraph Ave Ste 318 Oakland, CA 94612-2151	Date 11/4/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A EIN ▶ N/A Phone no. ▶ (510) 835-2727
---------------------------------	--	--------------	---	---

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number  94-3335236  For IRS use only
	The Regeneration Project	
	Number, street, and room or suite number. If a P.O. box, see instructions Crosby & Kaneda, CPAs 1611 Telegraph Ave Ste 318	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Oakland, CA 94612-2151	

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of Monet Monaghan

Telephone No. 415-561-4891 FAX No. 415-561-4891

- If the organization does not have an office or place of business in the United States, check this box ☐

• 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 ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2010.

5 For calendar year 2009, or other tax year beginning       , 20  , and ending       , 20  .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a 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 . . . . .	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . .	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. 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 instrs . . . . .	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Crosby + Kaneda Title CPAs Date 8/10/10

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **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 ☒ **X**
- 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. ☐*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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  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 Monet Monaghan

Telephone No. 415-561-4891 FAX No. 415-561-4891

- If the organization does not have an office or place of business in the United States, check this box ☐
- 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 ☐. If it is for part of the group, check this box ☐ 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 8/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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	\$	0.
<b>b</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	\$	0.
<b>c Balance Due.</b> 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	\$	0.

**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.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)

**Part III** Statement of Program Service Accomplishments

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 \$ 508,843. including grants of \$                     ) (Revenue \$                     )National Program:Program accomplishments for the national program included funding our 6 person national staff, online resources, and stepped up policy advocacy. Implementation of the 5 year strategic plan occurred this year. This plan identified public policy as a major focus for 2009. 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.4b (Code: ☐) (Expenses \$ 357,994. including grants of \$ 357,994.) (Revenue \$                     )Re-grants to state affiliatesThe next largest portion was distributed in support grants to 24 state affiliates. State IPLs educated their congregations about global warming and advocated for clean energy alternatives to coal, advocated for renewable energy incentives, fuel standards, and caps on greenhouse gas emission. We added three new state affiliates this year: Oklahoma, Arizona, and Arkansas.4c (Code: ☐) (Expenses \$ 144,152. including grants of \$                     ) (Revenue \$                     )California IPLCalifornia Interfaith Power and Light educated their congregations about global warming and advocated for clean energy alternatives to coal, advocated for renewable energy incentives, fuel standards, and caps on greenhouse gas emission.

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

(Expenses \$ 53,322. including grants of \$                     ) (Revenue \$                     )4e Total program service expenses ▶ 1,064,311.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	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? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		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? If 'Yes,' complete Schedule F, Part II		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? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	<b>21</b>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	<b>22</b>		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	<b>23</b>		X
<b>24a</b> 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	<b>25a</b>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	<b>25b</b>		X
<b>26</b> 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? If 'Yes,' complete Schedule L, Part II.	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	<b>34</b>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	<b>35</b>		X
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	<b>36</b>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<b>38</b>	X	

BAA

Form 990 (2009)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....	1 a	21
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	1 b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1 c	X
<b>2 a</b>	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. ....	2 a	9
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2 b	X
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	3 a	X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q .....	3 b	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4 a	X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5 a	X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5 b	X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....	5 c	
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....	6 a	X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....	6 b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7 a	X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	7 b	X
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7 c	X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	7 d	
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7 e	X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7 f	X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....	7 g	X
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....	7 h	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? .....	9 a	
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....	9 b	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. ....	10 a	
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	10 b	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>11 a</b>	Gross income from other members or shareholders. ....	11 a	
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11 b	
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12 a	
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	12 b	

BAA

Form 990 (2009)

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

**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body.....	1 a	8
b Enter the number of voting members that are independent.....	1 b	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
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....	7 a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?.....	8 a	X
b Each committee with authority to act on behalf of the governing body?.....	8 b	X
9 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.....	9	X

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

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?.....	10 a	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?.....	10 b	X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	11	X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.....		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	12 a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	12 b	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.....	12 c	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. See Schedule O.....	15 a	X
b Other officers of key employees of the organization. See Schedule O.....	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.).....		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....	16 a	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?.....	16 b	

**Section C. Disclosures**

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

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







**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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) ..	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,556,493.					
	<b>g</b> Noncash contribns included in lns 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		1,556,493.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>						
	<b>2a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue ..						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		6,414.			6,414.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6a</b> Gross Rents .....	(i) Real (ii) Personal					
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. ....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19. ....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
	<b>11a</b> Books Sales .....		2,708.			2,708.	
<b>b</b> Miscellaneous .....		396.			396.		
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		3,104.					
<b>12 Total revenue.</b> See instructions .....		1,566,011.	0.	0.	9,518.		

**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.	357,994.	357,994.		
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.	210,000.	153,300.	8,400.	48,300.
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.	211,952.	169,534.	30,729.	11,689.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	7,777.	6,590.	1,163.	24.
9 Other employee benefits.	32,354.	22,682.	7,009.	2,663.
10 Payroll taxes.	33,984.	25,018.	3,274.	5,692.
11 Fees for services (non-employees).				
a Management.				
b Legal.	4,773.	4,773.		
c Accounting.	52,678.		52,678.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.	95,710.	84,640.		11,070.
12 Advertising and promotion.	18,505.	18,505.		
13 Office expenses.	19,254.	18,463.	791.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	79,463.	61,783.	6,630.	11,050.
17 Travel.	9,357.	9,337.		20.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	64,189.	63,783.	191.	215.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,030.	1,812.	218.	
23 Insurance.	3,194.	1,494.	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 Website development.	32,996.	32,996.		
b Printing and Publications.	10,710.	10,710.		
c Video Production.	9,530.	9,530.		
d Postage and Shipping.	6,883.	6,863.	20.	
e Donated books.	3,260.	3,260.		
f All other expenses.	1,444.	1,244.	200.	
25 Total functional expenses. Add lines 1 through 24f.	1,268,037.	1,064,311.	113,003.	90,723.
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.				

BAA

Form 990 (2009)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	206,662.	1	100.
	2 Savings and temporary cash investments .....	744,744.	2	1,245,351.
	3 Pledges and grants receivable, net .....	23,951.	3	66,991.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 .....	44,900.	8	35,857.
	9 Prepaid expenses and deferred charges .....	11,711.	9	19,591.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,768.		
	b Less: accumulated depreciation .....	10b 3,270.	6,201.	10c 8,498.
	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 .....	5,190.	15	7,473.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,043,359.	16	1,383,861.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	37,191.	17	79,719.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 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 to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	37,191.	26	79,719.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	568,055.	27	697,580.
	28 Temporarily restricted net assets .....	438,113.	28	606,562.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 .....	1,006,168.	33	1,304,142.	
34 Total liabilities and net assets/fund balances .....	1,043,359.	34	1,383,861.	

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

2a X

b Were the organization's financial statements audited by an independent accountant? .....

2b X

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

2c X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

3a X

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

3b

BAA

Form 990 (2009)



**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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	4,630.	714,478.	502,530.	1,328,730.	1,556,493.	4,106,861.
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 <b>Total.</b> Add lines 1 through 3	4,630.	714,478.	502,530.	1,328,730.	1,556,493.	4,106,861.
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)						2,049,632.
6 <b>Public support.</b> Subtract line 5 from line 4						2,057,229.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,630.	714,478.	502,530.	1,328,730.	1,556,493.	4,106,861.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,328.	9,400.	16,478.	6,414.	33,620.
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.	3,104.	3,196.
11 <b>Total support.</b> Add lines 7 through 10						4,143,677.
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. ☐

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	49.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	56.6 %

16a **33-1/3 support test — 2009.** 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. ☒

b **33-1/3 support test — 2008.** 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. ☐

17a **10%-facts-and-circumstances test — 2009** 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. ☐

b **10%-facts-and-circumstances test — 2008.** 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. ☐

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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009



**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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**b 33-1/3 support tests – 2008.** 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. ☐

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of primary-ruled paper. It features multiple sets of horizontal dashed lines, each set consisting of three lines (top solid, middle dashed, bottom solid) which are typical for teaching handwriting to children. The lines are evenly spaced across the entire page.

2009

## Schedule A, Part IV - Supplemental Information

Page 5

Client TRP07

The Regeneration Project

94-3335236

11/04/10

12:32PM

## Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Book sales	2,708.				
Miscellaneous	396.	92.			
Total	<u>\$ 3,104.</u>	<u>\$ 92.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

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

**Special Rules –**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use **exclusively** for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use **exclusively** for religious, charitable, etc., purposes, but these contributions did not 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. . . . . ► \$ \_\_\_\_\_

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

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
1	William K. Bowes, Jr. Fdn. 2735 Sand Hill Road Menlo Park, CA 94025	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Surdna Foundation 330 Madison Avenue, 30th Floor New York, NY 10017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Marisla Foundation 412 North Coast Hwy. PMB 359 Laguna Beach, CA 92651	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Churches Center for Theology 4500 Massachusetts Ave., NW Washington, DC 20016	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Turner Foundation 133 Luckie St., NW 2nd Fl. Atlanta, GA 30303	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Energy Foundation 301 Battery St., 5th Fl. San Francisco, CA 94111	\$ 320,000.	Person <input checked="" 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 I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Kendeda Fund 501 Silverside Rd., Ste. 123 Wilmington, DE 19809	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	11th Hour Project 555 Bryant Street, Ste 370 Palo Alto, CA 94301	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Flora Family Foundation 2121 Sand Hill Rd, Ste. 123 Menlo Park, CA 94025	\$ 75,000.	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.)
			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) (2009)

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.) ▶ \$ 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**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures. ▶ \$
- 3 Volunteer hours.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ▶ \$ 0.
- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 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-.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		22,561.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		5,653.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		28,214.	0.												
<b>d</b> Other exempt purpose expenditures .....		1,242,480.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		1,270,694.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		202,069.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		50,517.	0.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	0.												
<b>j</b> 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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>															

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount .....	38,647.	61,607.	183,572.	202,069.	485,895.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					728,843.
<b>c</b> Total lobbying expenditures .....	1,159.	2,317.	9,222.	28,214.	40,912.
<b>d</b> Grassroots nontaxable amount .....	9,662.	15,402.	45,893.	50,517.	121,474.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					182,211.
<b>f</b> Grassroots lobbying expenditures .....		2,317.	1,798.	22,561.	26,676.

BAA

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(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 similar means?			
i Other activities? If 'Yes,' describe in Part IV.			
j Total. Add 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** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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** Complete if the organization is 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, line 3 is answered 'Yes.'

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 (see instructions).	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.

---



---



---



---



---



---



---



---



---



---

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	--

[illegible]

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

The Regeneration Project

Employer identification number

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 for any other purpose conferring 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the 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 tax year ▶

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

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.

1a 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

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

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Term endowment ☐ %

3a 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) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		11,768.	3,270.	8,498.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,498.

BAA

Schedule D (Form 990) 2009

<b>Part VII</b>	<b>Investments—Other Securities</b> See Form 990, Part X, line 12.	N/A
-----------------	--	-----

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

<b>Part VIII Investments—Program Related</b> (See Form 990, Part X, line 13)	N/A
--	-----

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

<b>Part IX</b>	<b>Other Assets</b> (See Form 990, Part X, line 15)	<b>N/A</b>
----------------	---	------------

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), line 15)	

<b>Part X</b>	<b>Other Liabilities</b> (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

<b>Part XI</b>	<b>Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>
----------------	---

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 through 8   |  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 |  |

<b>Part XII</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	<b>N/A</b>
-----------------	---	------------

- |   |    |    |  |
|---|----|----|--|
| 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 must equal Form 990, Part I, line 12.) |    | 5  |  |

<b>Part XIII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	<b>N/A</b>
------------------	---	------------

- |   |    |    |  |
|---|----|----|--|
| 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 Other losses  | 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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**BAA**



**Part XIV** Supplemental Information (continued)

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**The Regeneration Project**

**Part I General Information on Grants and Assistance**

Employer identification number

94-3335236

- 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' to 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. ▶ ☐

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	501 (c) (3)	12,500.	0.			Regrant Program
Conserved - Colorado IPL 2805 Wilderness Place, Ste. 120 Boulder, CO 80301	20-5014522	501 (c) (3)	15,000.	0.			Regrant, Senate, EERS
Ecumenical Ministries of Oregon 245 Bancroft St., Ste. B Portland, OR 97239	93-0625354	501 (c) (3)	10,000.	0.			Regrant Program
Faith in Place-Illinois 70 East Lake St., Ste. B Portland, OR 97239	93-0625354	501 (c) (3)	11,000.	0.			Regrant Program, Cool Congregations
Georgia Interfaith Power and Lig P.O. Box 5866 Atlanta, GA 31107	26-3446212	501 (c) (3)	14,000.	0.			Southeast Work
Green Heart Institute P.O. Box 46017 Denver, CO 80201	20-5014522	501 (c) (3)	10,000.	0.			Regrant Program
Iowa Interfaith Power and Light 505 5th Ave., Ste. 333 Des Moines, IA 50309	26-4677966	501 (c) (3)	17,500.	0.			Regrant Program
Kentucky Interfaith Power and Li 317 Wendover Ave. Louisville, KY 40207	26-1098830	501 (c) (3)	10,000.	0.			Regrant Program

- 2 Enter total number of section 501(c)(3) and government organizations. 19
- 3 Enter total number of other organizations. 0

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and 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
<b>Part IV</b> 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.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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 United States (Schedule I (Form 990), Part I.)							
(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
Maine Interfaith Power and Light P.O. Box 4834 Portland, ME 04112	01-0536581	501 (c) (3)	24,994.				Regrant, Rapid Respons Progs
New York Interfaith Power and Li 401 Parsons Dr. Syracuse, NY 12319	20-0475519	501 (c) (3)	22,000.				Regrant Program
North Carolina Council of Church 27 Horne Street Raleigh, NC 27607	56-0619364	501 (c) (3)	40,000.				Climate/Energ y, Regrant
Ohio Council of Churches 141 N. Front St. Columbus, OH 43226	31-4379526	501 (c) (3)	31,000.				Cool Congregations , Regrant
Partnership for Earth Spiritual Box 27162 Albuquerque, NM 87125	52-239338	501 (c) (3)	15,000.				Regrant Program
Salt Lake Interfaith Round Table Box 112016 Salt Lake City, UT 84147	20-0849438	501 (c) (3)	20,000.				Climate/Energ y, Challenge Grant
So. Alliance for Clean Energy P.O. Box 1842 Knoxville, TN 37901	58-1620669	501 (c) (3)	15,000.				Climate/Energ y, Rapid Response
Texas Impact Education Fund 221 East Ninth St., Ste. 403 Austin, TX 78701	74-2989021	501 (c) (3)	20,000.				Regrant, Climate/Energ y
The Climate and Energy Project 941 Kentucky Ave., Ste. 1 Lawrence, KS 66044	48-0842156	501 (c) (3)	15,000.				Regrant Program
VA Interfaith Center for Public P.O. Box 12516 Richmond, VA 23241	54-1362857	501 (c) (3)	22,500.				Regrant Program

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

## Open to Public Inspection

Name of the organization

Employer Identification number

## The Regeneration Project

The Regeneration Project		94-3335236
<b>Part I</b>	<b>Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)</b>	

[illegible]

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

The Regeneration Project

94-3335236

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

Alaska Interfaith Power and Light educated their congregations about global warming  
and advocated for clean energy alternatives to coal, advocated for renewable energy  
incentives, fuel standards, and caps on greenhouse gas emission.

**Form 990, Part VI, Line 11 - 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.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment**

There were no changes in executive management from last year. Annual salary  
increases for Executive Director and President are approved by the Board.

**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

2009

California Exempt Organization  
Annual Information Return

199

Calendar year 2009 or fiscal year beginning month		day	year	and ending month	day	year
<b>A</b> First Return Filed?	<input type="checkbox"/> Yes	<b>B</b> Type of organization		Exempt under Section 23701. . . <b>D</b> (insert letter)	CORP #	
	<input checked="" type="checkbox"/> No			IRC Section 4947(a)(1) trust. <input type="checkbox"/>	2180946	
Corporation/Organization Name					FEIN	
THE REGENERATION PROJECT					94-3335236	

Address

220 MONTGOMERY STREET #450

City

State ZIP Code

SAN FRANCISCO, CA 94104

<p><b>C</b> Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>a</b> Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If 'Yes,' enter the number of affiliates</p> <p><b>c</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See instructions.)</p> <p><b>d</b> 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><b>e</b> Federal Group Exemption Number</p> <p><b>f</b> Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>E</b> Final return?</p> <p><input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn)</p> <p><input type="checkbox"/> Merged/Reorganized (attach explanation)</p> <p>If a box is checked, enter date</p> <p><b>F</b> Check the box if the organization filed the following federal forms or schedule:</p> <p>1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990PF 3 <input type="checkbox"/> (Schedule H) 990</p> <p><b>G</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public</p>	<p>contributions, check box. See General Instruction F.</p> <p>No filing fee is required. <input checked="" type="checkbox"/></p> <p><b>H</b> Accounting method used 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p><b>I</b> If exempt under R&amp;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&amp;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><b>J</b> 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><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter amount of gross receipts from nonmember sources \$</p> <p><b>L</b> 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><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> 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.

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	9,518.
	2 Gross dues and assessments from members and affiliates	2	
	3 Gross contributions, gifts, grants, and similar amounts received SEE SCH. B	3	1,556,493.
	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	1,566,011.
	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	1,566,011.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,268,037.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	297,974.
<b>Filing Fee</b>	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	
<b>Sign Here</b>	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	Title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		
	CROSBY & KANEDA, CPAS		
	1611 TELEGRAPH AVE STE 318		
	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			

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	
	2	Interest	•	2	6,414.
	3	Dividends	•	3	
	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	3,104.
	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	9,518.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	357,994.
	10	Disbursements to or for members	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	•	11	210,000.
	12	Other salaries and wages	•	12	211,952.
	13	Interest	•	13	
	14	Taxes	•	14	33,984.
	15	Rents	•	15	79,463.
	16	Depreciation and depletion (See Instructions)	•	16	2,030.
	17	Other. Attach schedule SEE STATEMENT 3	•	17	372,614.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	1,268,037.

**Schedule L Balance Sheets****Beginning of taxable year****End of taxable year**

Assets	(a)	(b)	(c)	(d)
1 Cash		951,406.	•	1,245,451.
2 Net accounts receivable		23,951.	•	66,463.
3 Net notes receivable. Attach schedule			•	
4 Inventories		44,900.	•	35,409.
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.		11,768.	
b Less accumulated depreciation	1,240.	6,201.	3,270.	8,498.
11 Land			•	
12 Other assets. Attach schedule STM. 4		16,901.	•	27,064.
13 Total assets		1,043,359.		1,382,885.
<b>Liabilities and net worth</b>				
14 Accounts payable		37,191.	•	79,719.
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		1,006,168.	•	1,303,166.
22 Total liabilities and net worth		1,043,359.		1,382,885.

**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	•	297,974.	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		297,974.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		297,974.			



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

Department of the Treasury  
Internal Revenue Service

California Copy  
**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

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

**Special Rules –**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not 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. ► \$ \_\_\_\_\_

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

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
1	William K. Bowes, Jr. Fdn. 2735 Sand Hill Road Menlo Park, CA 94025	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Surdna Foundation 330 Madison Avenue, 30th Floor New York, NY 10017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Marisla Foundation 412 North Coast Hwy. PMB 359 Laguna Beach, CA 92651	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Churches Center for Theology 4500 Massachusetts Ave., NW Washington, DC 20016	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Turner Foundation 133 Luckie St., NW 2nd Fl. Atlanta, GA 30303	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Energy Foundation 301 Battery St., 5th Fl. San Francisco, CA 94111	\$ 320,000.	Person <input checked="" 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 I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Kendeda Fund 501 Silverside Rd., Ste. 123 Wilmington, DE 19809	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	11th Hour Project 555 Bryant Street, Ste 370 Palo Alto, CA 94301	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Flora Family Foundation 2121 Sand Hill Rd, Ste. 123 Menlo Park, CA 94025	\$ 75,000.	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.)
			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) (2009)



Client TRP07

The Regeneration Project

94-3335236

11/04/10

12:32PM

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

Books Sales.....	\$	2,708.
Miscellaneous.....		396.
<b>Total</b>	<b>\$</b>	<b>3,104.</b>

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

**Current Officers:**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Rev. Canon Sally G. Bingham 220 Montgomery Street, #450 San Francisco, CA 94104	President 40.00	\$ 110,000.	\$ 0.	\$ 0.
Susan Stephenson 220 Montgomery Street, #450 San Francisco, CA 94104	Executive Dir. 40.00	100,000.	0.	0.
Amy Rao 220 Montgomery Street, #450 San Francisco, CA 94104	Board Chair 1.50	0.	0.	0.
Rev. Woody Barlett 220 Montgomery Street, #450 San Francisco, CA 94101	Board Member 1.00	0.	0.	0.
Will Parish 220 Montgomery Street, #450 San Francisco, CA 94104	Secretary 1.00	0.	0.	0.
Joe Sciortino 220 Montgomery Street, #450 San Francisco, CA 94104	Treasurer 1.50	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.
<b>Total</b>		<b>\$ 210,000.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

Client TRP07

The Regeneration Project

94-3335236

11/04/10

12:32PM

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

Accounting Fees.....	\$ 52,678.
Advertising and Promotion.....	18,505.
Bank fees.....	50.
Conferences, Conventions, and Meetings.....	64,189.
Donated books.....	3,260.
Dues, license and service fees.....	773.
Insurance.....	3,194.
Legal Fees.....	4,773.
Office Expenses.....	19,254.
Other Employee Benefit.....	32,354.
Other fees.....	95,710.
Pension Plan Contributions.....	7,777.
Postage and Shipping.....	6,883.
Printing and Publications.....	10,710.
Sales Tax.....	621.
Travel.....	9,357.
Video Production.....	9,530.
Website development.....	32,996.
Total	<u>\$ 372,614.</u>

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

Deposits.....	7,473.
Prepaid Expenses and Deferred Charges.....	19,591.
Total	<u>\$ 27,064.</u>

STATE OF CALIFORNIA  
 EXEMPT ORGANIZATIONS SECTION  
**FRANCHISE TAX BOARD**  
 PO BOX 1286  
 RANCHO CORDOVA CA 95741-1286  
 TELEPHONE: (916) 845-4171

## Political or Legislative Activities By Section 23701d Organizations

Name <b>The Regeneration Project</b>		Corporate Number <b>2320922</b>
Number and Street <b>222 Montgomery Street, Suite 450</b>		Federal Identification Number <b>94-3335236</b>
City or Town <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94104</b>

- I (a) Have you participated or intervened in any political campaign on behalf of any elective public office candidate? If you have, attach a detailed activity description and copies of any published material relating to the activity.
- (b) Have you contributed funds to support or oppose any individual public office candidate or any organizations formed to support or oppose a public office candidate? If you have, attach a detailed activity description and a schedule including the name of the individual or organization you contributed to, the amount you paid, and date you paid them.
- II (a) Have you attempted to influence any national, state or local legislation or ballot measure? If you have, attach a detailed activities description, copies of any published materials relating to the activities and a schedule of expenditures.
- III **Public Charities - Election to make expenditures to influence legislation**
- (a) Have you filed a federal election to make expenditures to influence legislation? If you have, furnish a copy of Form 5768 you filed with the IRS if you have not previously furnished it. This fulfills your need to file an election for state purposes.

Please Check (✓)	
YES	NO
	X
	X
X	
X	

**NOTE:** You cannot make this election if you are a church, an integrated auxiliary of a church, or a private foundation. State and federal law are the same with regard to this election, except state law does not provide for an excise tax on excess lobbying expenditures.

- (b) Organizations that elected to make expenditures to influence legislation must furnish the following financial information for the taxable year:
- EXEMPT PURPOSE EXPENDITURES**  
 (The total amount you paid or incurred to accomplish the charitable, educational, religious, etc. purpose.)
  - LOBBYING EXPENDITURES**  
 (The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.)
  - GRASS ROOTS EXPENDITURES**  
 (The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.)

	\$ 1,270,694.
	\$ 5,653.
	\$ 22,561.



**The Regeneration Project**

**94-3335236**

**Year Ended December 31, 2009**

**Franchise Tax Board**

**Form 3509**

**Political or Legislative Activities**

**Lobbying Description:**

The organization worked on legislation related to energy and climate change. Several state and federal bills were supported, letters of support were sent, and in the case of a House bill newspaper ads were published.



*The American Clean Energy & Security Act of 2009.*

A VOTE IN CONGRESS



A TEST OF FAITH?

*Representative Bono Mack: Use your power to protect Creation and the people of California.*

God makes it very clear that we should be good stewards of the Earth. And God also commands to love thy neighbor as thyself. But volatile fuel prices, pollution and global warming harm the most vulnerable among us—particularly the poor, the elderly, minorities, and the farmers who provide food for our families.

Right now Representative Bono Mack has the chance to set things right in the eyes of God. She can vote for the American Clean Energy & Security Act. This law will spur innovation and investment in clean energy in California—meaning more jobs, more stable utility bills and clean air. And that should please both God and man.

Please Call 202.225.5330 and urge Representative Mary Bono Mack to  
vote YES on the American Clean Energy and Security Act of 2009.

PAID FOR BY: INTERFAITH POWER & LIGHT

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 <u>C2180946</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
THE REGENERATION PROJECT <small>Name of Organization</small>		Corporate or Organization No. <u>2180946</u>	
220 MONTGOMERY STREET #450 <small>Address (Number and Street)</small>		Federal Employer ID No. <u>94-3335236</u>	
SAN FRANCISCO, CA 94104 <small>City or Town</small>			
		<small>State ZIP Code</small>	
<b>ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)</b> <b>Make Check Payable to Attorney General's Registry of Charitable Trusts</b>			
<b>Gross Annual Revenue</b>	<b>Fee</b>	<b>Gross Annual Revenue</b>	<b>Fee</b>
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
<b>PART A – ACTIVITIES</b>			
For your most recent full accounting period (beginning <u>1/01/09</u> ending <u>12/31/09</u> ) list: Gross annual revenue \$ <u>1,566,011.</u> Total assets \$ <u>1,383,861.</u>			
<b>PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b>			
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Organization's area code and telephone number <u>415-561-4891</u>			
Organization's e-mail address <u>INFO@THEREGENERATIONPROJECT.ORG</u>			
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