Form 990

Return of Organization Exempt from Income Tax

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

OMB No 1545 0047

Open to Public

j	nte	nal Revenue Service	► The c	rganization may h	have to use	а сору	of this return to :	satisfy	state r	eporting r	equirem	ents	Inspect	าอบ
,	Α	For the 2001 calen	dar year, e	r tax year beginn	ing Jul	1	, 2001	, and	ending	Jun	30		, 2002	
	В	Check if applicable		C Name of organiza	tion	_	-	_			D Emp	loyer Ide	ntification Numbe	r
		Address change	Please use IRS label	ECOVENTURE							94	-333	5236	
		Name change	or print or type	Number street (or	PO box if m	vail es not d	elivered to street addr) Ro	om/suite		E Tele	phone nu	mber	
		Initial return	See specific	1904 FRANKI	IN STR	EET		9	10		l (5	10) 4	444-4078	
		Frnat return	instruc tions.	City Town or Cou	ntry		Sta	ste ZIP	code + 4	,	F Acc	ounting	Cash	Accrual
		Amended return		0AKLAND			C	A 9	4612		ľ	Other (st		
		Application pending	Section	on 501(c)(3) organ	izations ai	nd 49476	aY1) nonexempt			are not apoli	cable to S		7 organizations	
			chant	able trusts must a						Is this a grou				X No
			(Form	990 or 990-EZ)						If yes enter				٠٠٠ .٠-
	G_	Web site							1	Are all affilia			Yes	X No
	J	Organization type		(C)	_	_	, –	٦ .	(0)	(If no attac				٠.,
_		(check only one)	·	X 501(c)	3 ◀ (insert		4947(a)(1) or	527	н (Ф	is this a sepa	arate retur	n filed by	an	
- 1	K	Check here ► if								organization		-	_	∏ No
		\$25,000 The organ received a Form 99							1	Enter 4-d			- 1 (143	((NO
		Some states requi			ouid inc d		talout tinencial u	uta					ation is not requi	
7		Gross receipts Add	lines 6h	8h 9h and 10h t	aline 12 ▶	- 194	079	-), 990 EZ, or 990 I	
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Ľ	. u			ints, and similar a			iora or i unu i	<u> - 4141</u>		3CC 111311U	ciions)	П	 .	
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		b Indirect public	• •					11	+	1 32	, 000	1		
		c Government		ns (grante)				10	+-			1 1		
				192,00	Q	. •			<u> - </u>			1 d	102	ΛΛΘ
				ue including gover			ntracts (from Par) • \/d 1	.na 02)				132	<u>, 008</u> _
		1			illiera ices	anu cu	illiacis (iroin Fai	t VII, 1	1116 93)			3		
		•				_						4		
			_	temporary cash ii from securities	ING2flucius	•						5		
		6a Gross rents	u mieresi i	irom securites				l 68	.1			┝╾┼		
			vnantat					61	+	_		i i		
		b Less rental e	•	scs) (cubirant line	Eb fram lin	م ده ۱		01	<u> </u>		-			
		7 Other investor	-	ss) (subtract line	III IIIQII UO	ie oa)						6c 7		
	R E V	/ Other myesus	Henr micon	ie (describe		$\neg \neg$	(A) Securities	1	Т	(B) Othe	<u>/</u>	 		
	Ĕ	8a Gross amoun than inventor		es of assets other		<u> </u>	(A) Decartics	8 8	+	(B) Onc		1		
	E N U	·	•	s and sales exper		<u> </u>		81	+			1 1		
	E			•	1262	\vdash	<u> </u>	80	+		 -	1		
		c Gain or (loss) (at		e) bine line 8c, colun	one (A) and	4 (B)/		1 00	-1			84		
_	_	9 - Smith all older	le and act.	=		u (D))						84		
	F	SE CENTER		vides (attach sche uding \$	uule)		of contributions							
٦	_	reported on it	ຼ ຸທູ] ""ເ'				or continuations	92	J					
۲Ì		EB LESS GARCIE	TOPOGE A	ther than fundrais	ina evnens	24.		91						
21	1			om special events			om line 9a)		<u></u>			9c		
l		The Geese saled?	T Inventor	v less returns and	(subtract ii	יוו טכ אויו	om me 58)	10 a	d	2	,071	 "		
	(DGDEN	TOORS SOL	y, less returns and	anomanice	-3		101			, 580	1 1		
_	_		=	les of inventory (attach	cchodule\ (ei	ubtract line	10h from line 10a)	101	491		, 500	10c		491
			•	art VII, line 103)	actioning) (2)	COU OUT IIIR	- 100 HOM THE TOO		771			11		471
			-	s ld 2 3 4, 5, 60	7 8d 0a	100 00	nd 11)					12	102	, 499
-				line 44, column (, IUC, al	10 117					13		, 455 , 869
	E			al (from line 44 c		,						14		, 373
	EXPENSES	_	_	ai (iroin line 44 c I4 column (D))	Juni (C))	,						15		0
	Ñ			attach schedule)								16		
	Ĕ	-	•	•	umo (A))							17	100	, 242
-	_			ies 16 and 44 col		line 12	·	_				18		, 257
	, A			ne year (subtract l nces at beginning								19		, 200
į	E E											20		, 200
	'Ť	_		ssets or fund balar								21		57
	-	21 Net assets or	านาน มลาลเ	nces at end of yea	אוועוווסט) וו	antes li	o, 19, and 20)				1	4		21

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

Form 990 (2001)

TEEA0101 01/16/02

Part II | Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line	<u> </u>	(A) Total	(B) Program	(C) Management	(0) 5
6b 8b, 9b, 10b, or 16 of Part I	ــــــ	(A) Iolai	services	and general	(D) Fundraising
22 Grants and allocations (att sch)	}				
(cash \$10,000 non cash \$)	22	10,000	10,000		
23 Specific assistance to individuals (att sch)	23	10,000	10,000		
24 Benefits paid to or for members (att sch)	24				[.
25 Compensation of officers, directors, etc	25_	3,619	3,619	0	0
26 Other salaries and wages	26	81,360	71,638	9,722	0
27 Pension plan contributions	27_				
28 Other employee benefits	28	4,709	4,565	144	0
29 Payroll taxes	29_	7,201	6,151	1,050	0
30 Professional fundraising fees	30	2,133		0	2,133
31 Accounting fees	31_	1,148	0	1,148	
32 Legal fees	32				
33 Supplies	33_	2 962	2 572	300	
34 Telephone	34_	2,862	2,573	289	0
35 Postage and shipping	35_	7,696	7,679	17	0
36 Occupancy	36	19,803	16,924	2,879	0_
37 Equipment rental and maintenance	37_	2 207	3 307		
38 Printing and publications		3,287	3,287	0	0
39 Travel	39	1,237	1,237	0	0
40 Conferences, conventions, and meetings	40				
41 Interest	41				<u></u>
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)	43.	75 202	75 202	•	(
a CONSULTANTS	43a	25,383	25,383	<u>0</u> 63	
b PUBLIC EDUCATION	43b	16,852	16,789		0
c OFFICE EXPENSE	43c	2,877 75	1,841 50	1,036 25	0
d ORGANIZING EXPENSES	43d 43e				ļ - -
Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 15	44	190,242	171,736	16,373	2,133
oint Costs Check If you are following					
re any joint costs from a combined education			licitation reported in (B)	Program services?	► Yes X No
'Yes,' enter (i) the aggregate amount of these	joint e	costs \$, (ii) the ai	mount allocated to prog	ram services
	ocated	to management and ger	neral \$, and (iv) th	e amount allocated
fundraising \$					
art III Statement of Program Serv			TT 4 5115 2		
hat is the organization's primary exempt purp	ose? '	STATEMENT A	TTACHED		Program Service Expenses (Required for 501(c)(3) and
Il organizations must describe their exempt pi lents served, publications issued, etc. Discus- ations & section 4947(a)(1) nonexempt charit	urpose s achie	acnievements in a clear vements that are not me	and concise manner S asurable (Section 501)	tate the number of c)(3) & (4) organ	(4) organizations and 4947(a)(1) trusts but optional for others)
ations & section 4947(a)(1) nonexempt charit	able tr	usts must also enter the	amount of grants & allo	cations to others)	optional for others)
a STATEMENT ATTACHED	- - -				
					171 726
		(Grants and	anocauons >	10,000	171,736
b					
			allocations \$		
		(Grants and	allocations 3		
·	-				
				~	
	- 	Grante and	allocations \$	~	
4		(Grants and	anocarons 1		<u> </u>
d				~	
	-	(Grants and	allocations \$		
e Other program services			allocations \$		
(Total of Program Service Expenses (sho	uld ea			·	171,736

Part IV Balance Sheets (See instructions)

Note	: Wh	nere required, attached schedules and amounts within lumn should be for end of year amounts only	the de	escription	(A) Beginning of year		(B) End of year
	45	Cash – non interest bearing	44,673	45	48,792		
	46	Savings and temporary cash investments		46			
							-
	47 a	Accounts receivable	47 a	2,391			
	t	Less allowance for doubtful accounts	47 b			47 c	2,391
- 1							· · · · · · · · · · · · · · · · · · ·
ĺ	48 a	a Pledges receivable	48a				
	t	Less allowance for doubtful accounts	48Ь			48 c	
	49	Grants receivable				49	•
A S	50	Receivables from officers, directors, trustees, and keepployees (attach schedule)	Э у			50	
A S E T S	51 a	a Other notes & loans receivable (attach sch)	51 a			144	•
T S	t	Less allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use			<u> </u>	52	1,685
ļ	53	Prepaid expenses and deferred charges			1,821	53	
Ì	54	Investments – securities (attach schedule)		► Cost FMV		54	
	55 a	Investments - land, buildings, & equipment basis	55 a				
		Less accumulated depreciation					
		(attach schedule)	55 Ь			55 c	
	56	Investments – other (attach schedule)				56	
	57 a	Land, buildings, and equipment basis	57 a			*	
- 1	b	Less accumulated depreciation				7	
1		(attach schedule)	57 b			57 c	
	58	Other assets (describe >)		58	
	59	Total assets (add lines 45 through 58) (must equal l	46,494	59	52,868		
	60	Accounts payable and accrued expenses		1	2,074	60	1,760
ᅡ	61	Grants payable		61			
À	62	Deferred revenue		_	37,982	62	42,413
Į.	63	Loans from officers, directors, trustees, and key employees (attach	ı schedu	le)	<u>8,63</u> 8	63	8,638
LIABILITIES	64 a	Tax exempt bond liabilities (attach schedule)		Ļ		64 a	
Ė		o Mortgages and other notes payable (attach schedule)		\ <u></u>		64 b	
š		Other liabilities (describe >)		65	
\rightarrow		Total liabilities (add lines 60 through 65)			48,69 <u>4</u>	66	52,811
	Organ		nd con	nplete lines 67		2	
Ĕ		through 69 and lines 73 and 74					
Ą	67	Unrestricted				67	
€SSIETS	68	Temporarily restricted				68	
- 1	69	Permanently restricted	and complete lines		69		
Ř	Organ	izations that do not follow SFAS 117, check here					
		70 through 74					
UZC		Capital stock, trust principal, or current funds		70			
	71	Paid in or capital surplus, or land, building, and equi	5 55	71			
Ç	72	Retained earnings, endowment, accumulated income	e, or ot	ner tunds	-2, <u>20</u> 0	72	57_
BALAZCES	73	Total net assets or fund balances (add lines 67 thro 72, column (A) must equal line 19 and column (B) n	ıust ed	qual line 21)	-2,200	73	57
	74	Total liabilities and net assets/fund balances (add li	nes 66	and 73)	<u>46,494</u>	74	52,868

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)				Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return							
a	Total reve per audite	nue, gains, d financial :	and other supports	port -	а	NA	а	Total expenses and financial statements	losses per audited	a	N/A
b	Amounts	s included ne 12, Fo	d on line a t orm 990	out		υ	b	Amounts included on line 17, Form 99		[
(1)	Net unre gains or investme	1	\$				(1)	Donated serv ices and use of facilities	\$		-
(2)	Donated ices and of faciliti	luse	\$				(2)	Prior year adjust ments reported on line 20, Form 990	<u></u> \$_		
(3)	Recoveries year grants	of prior	\$	-	· !	P. Marie P. B.	(3)	Losses reported on line 20, Form 990	\$	- -	\
(4)	Other (s	pecify)			. 7 8		(4)	Other (specify)			· · · · · · · · · · · · · · · · · · ·
		 	\$						\$	ر. 	E THE STATE OF
С		nts on lines ninus line	(1) through (4 b	")	_ <u>b</u>		С	Add amounts on lines (1 Line a minus line b) through (4)	L b	
d	Amounts	s included	on line 12 on line a	,			d	Amounts included of Form 990 but not of		77.77	
(1)	Investment not include 6b, Form 9	ed on line	\$, ,		(1)	Investment expenses not included on line 6b, Form 990	\$		
(2)	Other (s	pecify)			ي. ر		(2)	Other (specify)		٠.	
			\$						S	_	
	Add amo	ounts on	lines (1) and	J (2)	d			Add amounts on lin	es (1) and (2)	d	
e		enue per	r line 12, Fo ine d)	orm 🕨	e		e	Total expenses per 990 (line c plus line		e e	
Part	V L	ıst of O	fficers, D	irectors,	$\overline{}$	ustees, and Key E	$\overline{}$				
	(A) Name a	and address	i		B) Title and average hoper week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	t	(E) Expense account and other allowances
2 B		BAY,	ALAMEDA	, CA	Р	RESIDENT	2	3,619		0	0
	ALD_NO 3 BERK		' <u>S</u> Ay, berk	ELEY, CA	٩c	F0	25	0		0	0
	UEL SO		TAKLAND,		М	EMBER	25	0		0	0
JAM	ES_WHE	ATON_		<u> </u>		<u> </u>		·			
	3 CHET REN LI		0AKLAN	υ, <u>ca</u>	>	<u>ECRETARY</u>	25	0	 	0	0
7899	ST HE	LENA S	T , SANTA	ROSA, C	A M	EMBER	25	0		0	0
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					+		+		<u> </u>		
					1						
75	than \$ \$10,00	100,000 f 0 was pr	director, tru rom your or ovided by th schedule —	ganization ne related o	and orga		ate cons, of	ompensation of more which more than		• [Yes X No
	,									_	

	bif 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		_	
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		X
	b Did the organization comply with the disclosure requirements relating to guid pro guo contributions?	83ь		X
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	bilf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	332		
	c Dues, assessments, and similar amounts from members 85c			
	d Section 162(e) lobbying and political expenditures 85 d	7		
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices 85e	1 /		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85 g		
	h if Section 6033(eX1XA) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
	line 12 86a			'
	b Gross receipts, included on line 12, for public use of club facilities 86 b	1		i ;
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a	1		;
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301 7701-2 and 301 7701 3? If 'Yes.' complete Part IX	88		X
89	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	Section 4911 ► 0 , Section 4912 ► 0 , Section 4955 ► 0			
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 ь		<u>x</u>
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		_	0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			0_
90	a List the states with which a copy of this return is filed ► CALIFORNIA		_	
	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90 ь		<u> </u>
91	The books are in care of ► JEREMY RAYNER Telephone number ► (510) 444-			
	Located at ► 1904 FRANKLIN STREET, OAKLAND CA ZIP + 4 ► 9461	2		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here			► 📙
	and enter the amount of tax exempt interest received or accrued during the tax year 92			
3A/		Form	990	(2001)
	TEEA0105 01/01/02			

Form 990 (2001) ECOVENTURE Part VII Analysis of Income-Produ	ıcına Activities	(See instructions)		94-333	5236 Page 6
Tank the paner of the onio 1 tout		usiness income		ection 512, 513, or 514	
Note Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D)	(E) Related or exempt function income
93 Program service revenue					1,000,000,000
a			 	 	<u> </u>
b			 	 	
d			 		
e	 	· 	 		
f Medicare/Medicaid payments					†-
g Fees & contracts from government agencies					
94 Membership dues and assessments	[-	<u> </u>	ļ
95 Interest on savings & temporary cash invinits	 		 -	 	}
96 Dividends & interest from securities 97 Net rental income or (loss) from real estate			 	 	
a debt financed property			 	 	
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	1		1	}	4
101 Net income or (loss) from special events			 	 	
102 Gross profit or (loss) from sales of inventory			1	 	491
103 Other revenue a					
b	<u> </u>		 	ļ	<u> </u>
<u>-</u>	 		 	 	
d				 	
e 104 Subtotal (add columns (B), (D), and (E))		 _	1	 	491
105 Total (add line 104, columns (B), (D),				<u> </u>	491
Note Line 105 plus line 1d, Part I, should equ	ual the amount on	line 12, Part I			
Part VIII Relationship of Activities	to the Accomp	lishment of Exe	empt Purpos	es (See instructions)	
Line No Explain how each activity for which of the organization's exempt purp	ch income is report	ed in column (E) of	Part VII contrib	uted importantly to the	accomplishment
102 Provided energy effic					
102/104/10cd Chergy CTF10	Tene tight	outos to pro	more energ	sy conservation	
					
Part IX Information Regarding Ta	xable Subsidia	ries and Disreg	arded Entitie	S (See instructions)	N/A
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation,	Percentage of	Nature of	activities	Total	End of-year
partnership, or disregarded entity	ownership interes	t		ілсоте	assets
		6	- 		
		6			
 _		6			
Part X Information Regarding Tra			nal Benefit (Contracts (See instri	uctions)
a Did the organization, during the year, receive any f					Yes X No
b Did the organization, during the year, pa	y premiums, direc	lly or indirectly, on a	a personal bene	fit contract?	Yes X No
Note If 'Yes' to (b) file Form 8870 and Fo	orm 4720 (see insti	uctions)			
Under penalties of perjury speciare that I he true correct and complete pecialization of p	ave examined this return reparer (other than office	including accompanying	schedules and stater	ments and to the best of my ki	nowledge and belief it is
Please > Wild le 2)	,		1 2-6	-03
				Date	
		510651			
					
			Date	Check if Prepa	rer's SSN or PTIN (see

Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

Supplementary Information — (see separate instructions)

2001

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization Employer Identification Number **ECOVENTURE** 94-3335236 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None') (d) Contributions to employee benefit plans & deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid None over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990 EZ) 2001	ECOVENTURE	94-3335236	_	F	age 2
Pai	t III	Statements About Act	vities (See instructions)			Yes	No
1	Duri to in	ng the year, has the organization a fluence public opinion on a legisla	attempted to influence national, state, or local legislation, including tive matter or referendum? If 'Yes,' enter the total expenses paid	any attempt			
	or in	curred in connection with the lobb	ying activities \$				1
	(Mu	st equal amounts on line 38, Part	VI-A, or line i of Part VI-B)	Ļ	1		_ X
	orga	anizations that made an election u nizations checking 'Yes,' must cor ying activities	nder section 501(h) by filing Form 5768 must complete Part VI A nplete Part VI B and attach a statement giving a detailed descripti	Other on of the			
2	subs taxa	tantial contributors, trustees, directly ble organization with which any su	either directly or indirectly, engaged in any of the following acts waters, officers, creators, key employees, or members of their familiated here person is affiliated as an officer, director, trustee, majority own stron is 'Yes,' attach a detailed statement explaining the transaction	es, or with any er, or principal		1	<u>.</u>
a	Sale	, exchange, or leasing of property	7		2a	X	
t	Lend	ling of money or other extension o	f credit?	-	2Ь	Х	
	: Furn	ishing of goods, services, or facili	ues?		2c	х	
			See Pt V, Fm 990				
c	i Payı	ment of compensation (or paymen	t or reimbursement of expenses if more than \$1,000)?		2d	Х	1
	•	, , , , ,					
e	Tran	sfer of any part of its income or a	ssets?		2e		х
				Γ			
3	Does	the organization make grants for	scholarships, fellowships, student loans, etc? (See Note below)	Ĺ	3		X
4	Do y	ou have a section 403(b) annuity	plan for your employees?		4		_X_
			organization determines that individuals or organizations receiving haritable programs 'qualify' to receive payments	,			۱ ۰٫
Par	t IV	Reason for Non-Private	Foundation Status (See instructions)				
The		ration is not a private foundation	because it is (please check only One applicable box)				
ine (~	•	or association of churches Section 170(b)(1)(A)(i)				
6	$\boldsymbol{\vdash}$	A school Section 170(b)(1)(A)(ii)	***************************************				
7	-	,,,,,,	Il service organization Section 170(b)(1)(A)(III)				
8	\blacksquare		ent or governmental unit Section 170(b)(1)(A)(v)				
9	\blacksquare	• •	perated in conjunction with a hospital Section 170(b)(1)(A)(iii) En	ter the hospital's na	.ma	uhu	
7	_	and state ►	perated in conjunction with a nospital Section 170(b)(1)(A)(iii) En	ter the hospital s ha	me, c	,ıty,	
10	\Box		enefit of a college or university owned or operated by a governmentule in Part IV-A)	ntal unit Section 170)(b)(1)(A)(v)
11 a		An organization that normally rece Section 170(b)(1)(A)(vi) (Also cor	ives a substantial part of its support from a governmental unit or finplete the Support Schedule in Part IV A)	rom the general publ	lıc		
11 b		A community trust Section 170(b)	(1)(A)(vi) (Also complete the Support Schedule in Part IV A)				
12	_ :	from activities related to its charitation gross investment income and	ives (1) more than 33-1/3% of its support from contributions, men- ible etc, functions — subject to certain exceptions, and (2) no more unrelated business taxable income (less section 511 tax) from business exciton 509(a)(2) (Also complete the Support Schedule in Pa	re than 33-1/3% of its isinesses acquired by	s supr	eceip oort	ts
13		An organization that is not controll described in (1) lines 5 through 12 section 509(a)(3))	ed by any disqualified persons (other than foundation managers) at above or (2) section 501(c)(4), (5), or (6), if they meet the test of	ind supports organiza f section 509(a)(2) (ations (See	3	
	-	Provide	the following information about the supported organizations (See	instructions)			
			(a) Name(s) of supported organization(s)	(b) Line from	e nun abov	nber ⁄e
	-						
	-				<u>-</u>		
	-				_		
	_				_		
14		An organization organized and one	erated to test for public safety Section 509(a)(4) (See instructions	,)			
<u> </u>				A /Form 000 or Form	- 004	\ C 3\	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2000 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 61,200 125,000 186,200 16 Membership fees received Gross receipts from admissions. merchandise sold or services performed. or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organ ization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 125,000 61,200 186,200 Total of lines 15 through 22 125,000 61,200 186,200 24 Line 23 minus line 17 1,250 612 Enter 1% of line 23 26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 26 a 3.724 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your 125,380 return. Enter the total of all these excess amounts 26 b c Total support for Section 509(a)(1) test. Enter line 24, column (e) 26 c 186,200 d Add Amounts from column (e) for lines 18 125,380 26 d 60,820 26 e e Public support (line 26c minus line 26d total) 32 66 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of, and total amounts received in each year from, each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year (2000) _____(1999) _ _ _ _ _ (1998) _ _ _ _ _ (1998) _ _ _ _ _ (1997) _ _ _ _ _ _ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons') prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) _ _ _ _ _ (1999) _ _ _ _ 15 16 ___ c Add Amounts from column (e) for lines 27 c 27 d and line 27b total d Add Line 27a total 27 e e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

ų.	(To be completed Only by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
2 9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ある。	3
32	Does the organization maintain the following		1	<u>'</u>
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
I	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	, 	-
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	,		,
		₩ ,	₹ J.	
33	Does the organization discriminate by race in any way with respect to	`;		
;	a Students rights or privileges?	33 a		
1	b Admissions policies?	33b		
,	c Employment of faculty or administrative staff?	33 c		
4	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33f		
,	g Athletic programs?	33 g		
١	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	•		í
34 :	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	h Has the organization's right to such aid ever been revoked or suspended?	34 b		
ı	b Has the organization's right to such aid ever been revoked or suspended? If you answered Yes to either 34a or b, please explain using an attached statement	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75.50, 1975.2 C.B. 587, covering racial nondiscrimination? If No. attach an explanation	35		_

Schedule A (Form 990 or 990 EZ) 2001 **ECOVENTURE** 94-3335236 Page 5 Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed Only by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group Check ► b if you checked 'a' and limited control provisions apply Check ► (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed for all electing totals (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 38 Other exempt purpose expenditures 39 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -20% of the amount on line 40 Not over \$500,000 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 41 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 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38 44 Caution If there is an amount on either line 43 or line 44, you must file Form 4720 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 45 through 50) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (d) (e) (c) (or fiscal year 2001 2000 1999 1998 Total beginning in) 🟲 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots non taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI A) (See instructions) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of Χ X b Paid staff or management (include compensation in expenses reported on lines c through h) Χ c Media advertisements X d Mailings to members, legislators, or the public Х e Publications, or published or broadcast statements X f Grants to other organizations for lobbying purposes Χ g Direct contact with legislators, their staffs, government officials, or a legislative body

Х

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (add lines c through h)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	ne reporting organization of Code (other than section	directly or in	directly engage in any of the following organizations) or in section 527, relati	g with any other organization described	in section	501(0	:)
	•	• -	o a noncharitable exempt organization	•	1	Yes	No
(i)C		51 a (i)	103	X			
(ii) O		a (iı)		X			
b Other				- 			
(i) S	ales or exchanges of asse	ets with a no	oncharitable exempt organization		60		Х
(ir)P	urchases of assets from a	noncharita	ble exempt organization		b (ii)		X
(iii)R	ental of facilities, equipme	ent, or other	assets		b (in)		X
(iv)R	eimbursement arrangeme	ents			b (iv)		X
(v)Lo	oans or loan guarantees				b (v)		X
(vi)P	erformance of services or	membershi	p or fundraising solicitations		b (vi)		X
			ts, other assets, or paid employees		С		X
d If the the go any tr	answer to any of the abor oods, other assets, or serv ransaction or sharing arra	ve is 'Yes,' o vices given l ngement, sh	complete the following schedule. Coluby the reporting organization. If the or now in column (d) the value of the good	mn (b) should always show the fair mar rganization received less than fair mark ods, other assets, or services received	rket value et value in	of I	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			
			-				
		}		 			
		 -		 			
	 	 -		 			
 _				 			
				 -			
	<u> </u>	 		 			
				 			
				 			
							
							
				 			
							
descri	organization directly or in bed in section 501(c) of t s,' complete the following	he Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 5277	► [] Ye	s 🛛	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	Iship		
				<u> </u>			
	- 						
						<u>, </u>	
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			<u> </u>	<u> </u>			
			 				
			 -	<u> </u>			

Eco Venture EIN #94-3335236 6/30/02

Form 990, Part II, line 22 Grants and allocations:

<u>Donee</u>	Amount	Relationship
California Council of Churches 2715 K Street, Suite D	\$10,000	none
Sacramento, CA		

Form 990, Part III Statement of Program Services

In 2001/2002, EcoVenture's activity was focused on two projects: Green Capitol and California Interfaith Power and Light. Green Capitol worked with environmental and taxpayer groups to produce educational materials on opportunities for environmentally beneficial tax-shifting. California Interfaith Power and Light worked to educate congregations on opportunities to promote energy conservation and renewable energy.

EcoVenture EIN #94-3335236 6/30/02

RRF-1, Part B, Question #1:

Ecoventure has rental-sharing, office-space sharing and employee-sharing agreements with Douglas Linney, dba The Next Generation, who is also an officer of Ecoventure These agreements are established in such a way as to prevent any (net) transfer of resources, financial or otherwise, from Ecoventure to Douglas Linney, dba The Next Generation

No loans have been made by Ecoventure to Douglas Linney or any other officer of the corporation

Ecoventure had one loan outstanding to Douglas Linney during the course of this reporting period in the amount of \$8,638 48 No interest has been or will be charged on this loan

In addition to this loan, there were several occasions when Douglas Linney, dba The Next Generation, advanced payment on routine business expenses for Ecoventure These expenses were reimbursed without commission or interest

RRF-I, Part B, Question #5:

During the course of this reporting period Ecoventure engaged the services of the following as a fundraising consultant

Judith Kunofsky Dba JMJ Consulting 1728 Allston Way Berkeley, CA 94703 510/848-2732