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

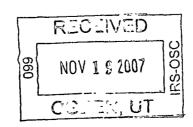
Interna	l Revenu	e Service	7	he orga	nization may ha	ve to use a	copy of this return	to satisfy s	tate repo	rting re	quireme	nts.	Inspection
AF	or the	2006 calenda	ar year, o		ar beginning			, an	d ending				
<u>8</u> C	heck if	applicable	Please	C Name	e of organization						D Emplo	yer identific	ation number
	ddress	change	use IRS	Cente	r for Ecoliterac	ev.				9	4-2911	417	
	lame ch	ange	label or print or	Num	ber and street (or F	O box if ma	il is not delivered to st	reet address) Room			one numbe	ıř
=	nitial reti	•	type	2520 (San Pablo Ave				1	ے ا	40.045	4505	
Ħ			See Specific			nue	Ctata as as		710 . 4		10-845		
닏	inal retu	ım	Instruc-	City	or town		State or co	untry	ZIP + 4	- 1	F Accou	inting metho	od: Cash X Accrua
<u></u> _^	mended	d return	tions.	Berke	ley		CA		94702			her (specify)	•
A	pplication	on pending					(1) nonexempt charit		H and	i are not	applicabl	e to section 5	27 organizations
			trusts	must at	tach a completed	Schedule A	(Form 990 or 990-EZ).	H(a)	Is this	a group re	turn for affilia	ates? Yes X No
G W	ebsite:	► www	ecolitera	cy.org					H(b)	If "Yes	," enter n	umber of affili	ates ► N/A
									H(c)	Are all	affiliates	included?	Yes No
JO	rganiza	tion type (chec	k only one)	, >	X 501(c) (3) 🔻 (inse	rt no)4947(a)(1)	or527		(If "No	," attach a	list See inst	ructions)
K C	heck he	re 🕨	If the org	anization	is not a 509(a)(3)	supporting or	ganization and its gro	38	H(d)	ls this	a separat	e return filed l	by an organization
							he organization choos		''(-'			oup ruling?	Yes X N
to	file a re	sturn, be sure to	file a comp	plete retu	m							n Number	<u> </u>
													-leader to a decrease of
		counte Add I	nec Sh R	h Oh a	nd 10b to line 12			4 477 0	M la	Check			nization is not required 990-EZ, or 990-PF)
								1,177,92				·	30-62, 01 330-77)
Par	11						ssets or Fund	Balance	s (500	tne in:	structio	ons.)	
	1	Contribution	ns, gifts,	grants	, and similar a	mounts re	ceived.						
					ised funds			1a			O		
	Ь	Direct publi	ic suppoi	rt (not i	ncluded on line	e 1a) . .		1b		1,136	3,141		
	С	Indirect put	olic supp	ort (not	l included on li	ne 1a) . .		1c			0		
	d	Governmen	nt contrib	utions	(grants) (not in	ncluded or	ı line 1a)	1d			0		
	e	Total (add	lines 1a	through	h 1d) (cash \$	_ 1,	136,141 noncast	\$		0)	. 7	le	1,136,141
	2	Program se	ervice rev	venue i	ncluding gover	mment fee	s and contracts	from Part	VII, line	93)	. Г	2	16,885
	3										Г	3	(
	4	Interest on	savings	and ter	mporary cash i	nvestmen	ts				. 「	4	21,344
	5		•		n securities .							5	
	1 -	Gross rents						6a		•	W	23200	 -
								6b					
					. Subtract line							BC	(
_	7	Other inves		•			ile da					7	
1 0 2007	1 '			•		. г	(A) Convelled	TT-	/D) /	Other		(22)X	<u></u>
25	o a				of assets other	7	(A) Secunties	8a	(8)	Other	<u>\</u>		
é	Ι.	than invent	•								0		
	ł				ind sales expe	r		0 8b					
					dule)) 8c			<u>O</u>		
ے	Г.				e line 8c, colui					٠. ٦		Bd	
DEC	9	•) If any am	ount is from gamir	g, check h	ere	▶ [<u></u> <u> </u>		
	j a	Gross reve					<u>0</u> of						
1 3		contribution						9a			0		
REC					er than fundrai:			9b			0		
=							line 9b from line					9c	
<i>=</i>	10 a	Gross sale	s of inve	ntory, l	ess returns an	d allowand	ces	10a			0		
7	b	Less cost	of goods	sold				10b					
*	C	Gross profit	or (loss) f	rom sale	es of inventory (attach sche	dule). Subtract line	10b from I	ine 10a			0c	<u> </u>
SCAN	11											11	3,55
נט	12	Total reve	nue. Ado	l lines	1e, 2, 3, 4, 5, 6	Sc, 7, 8d, 9	c, 10c, and 11		<u> </u>			12	1,177,92
	13	Program se	ervices (1	from lin	e 44, column ((B))					[13	900,42
Expenses	14	Manageme	nt and a	eneral	(from line 44.	column (C))				Γ	14	99,53
5	15	Fundraism	g (from li	ne 44.	column (D)))) 				. 「	15	44,23
Ř	16	Payments	to affiliat	es (atts	ch schedule)						٢	16	
ш	17	Total even	ngae A	dd line	s 16 and 44	olumn (A)	· · · · · · · · · · · · · · · · · · ·					17	1,044,20
		- Cuar expe	ALCON A	on the	Cubirant	line 17 fra	m line 12						133,72
ğ	18	Excess or	(deficit) f	or the y	year. Subtract	1118 1/ 110	m line 12	(A\\		• •	· -	18	
Assets	19	Net assets	or rund	palance	es at peginning	or year (from line 73, colu	mn (A))			· -	19	360,23
	170	(\4b a a ab a a	ace in -	01 0000	te or flind hold	incee (otto	ICD AVNISHSHAM					201 1	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Net assets or fund balances at end of year Combine lines 18, 19, and 20

Form 990 (2006)

493,957



Form 990 (2006) Center for Ecoliteracy 94-2911417 Page 2 Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general 22 a Grants paid from donor advised funds (attach schedule) See Stmt 1 (cash 10,000 noncash \$ 0) If this amount includes foreign grants, check here 22a 10.000 22 b Other grants and allocations (attach schedule) 5,000 noncash \$ (cash 0) If this amount includes foreign grants, check here 22b 5,000 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) . 24 0 25 a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) 25a 108,744 93.520 . . 10,874 4,350 **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) 25b 0 0 c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . 25c 0 Salaries and wages of employees not included 26 on lines 25a, b, and c . . . 26 292,143 278.266 11.099 2,778 27 Pension plan contributions not included on lines 25a, b, and c 27 Employee benefits not included on lines 28 25a - 27 28 93,761 86,954 5,138 1,669 29 Payroll taxes 29 32,201 29,863 1,765 573 Professional fundraising fees 30 30 0 31 Accounting fees 31 24,151 24,151 Legal fees 32 32 n 33 Supplies 33 7.732 7,215 431 86 6,766 Telephone 34 34 7,797 746 285 35 35 Postage and shipping 3,302 2,760 223 319 36 89,170 36 Occupancy 97,336 4,537 3,629 37 Equipment rental and maintenance 37 12,262 8,175 256 3,831 38 Printing and publications . 38 7,318 7,318 39 Travel 39 24,928 24,062 343 . . 40 Conferences, conventions, and meetings . 40 3,115 3,115 41 41 11,676 0 42 Depreciation, depletion, etc. (attach schedule) See Stmt 2 42 11,676 43 Other expenses not covered above (itemize) 29,487 Consultants 43a 284,862 245,109 10,266 43b 4,366 4,366 0 **b** Insurance Advertising 2,447 75 43c 2,522 0 d Fundraising, public relations 43d 1,470 1,000 93 377 e Miscellaneous 43e 6,465 1,953 4,500 12 Dues and subscriptions 43f 3,053 2,078 975 0 43g 0 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 44 1,044,204 900,427 99,538 13-15) 44,239

Joint Costs. Check ►X if you are following SOP 98-2	
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?	es XNo
If "Yes," enter (I) the aggregate amount of these joint costs \$	
(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$	

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

Nhat is the organization's primary exempt purpose? ►.	Educational	Program Service Expenses
All organizations must describe their exempt purpose achievement of clients served, publications issued, etc. Discuss achievements organizations and 4947(a)(1) nonexempt charitable trusts must a	s that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts; but optional for others)
	•••••	
(Grants and allocations \$) If this amount includes foreign grants, check here	900,427
, 	, while distribution to origin grante, or ook tool	900,427
	•	
(Grants and allocations \$) If this amount includes foreign grants, check here	<u> </u>
С		
(Grants and allocations \$) If this amount includes foreign grants, check here	7
. 1		
	•••••••••••••••••••••••••••••••••••••••	
(O		7
(Grants and allocations \$ e Other program services (attach schedule)) If this amount includes foreign grants, check here	<u> </u>
(Grants and allocations \$	0) If this amount includes foreign grants, check here	٥
f Total of Program Service Expenses (should equal lin		900,427
		Form 990 (2006)

Pa	rt IV -	Balance Sheets (See the instructions.)					1 age 4
`	Note:	Where required, attached schedules and amounts with	ın the d	escription	(A)		(B)
		column should be for end-of-year amounts only.			Beginning of year		End of year
	45	Cash—non-interest-bearing			17,702	45	18,840
	46	Savings and temporary cash investments .	408,323		512,841		
				高温			
		Accounts receivable		K 33.3			
	b	Less. allowance for doubtful accounts	47b	0	1,164	47c	4,189
						Seattle of	
		Pledges receivable	48a	0		120	
	b	Less: allowance for doubtful accounts	48b		0	48c	0
	49	Grants receivable			49	_	
	50 a	Receivables from current and former officers, dire	ectors,	trustees, and			
		key employees (attach schedule)			0	50a	O
	b	Receivables from other disqualified persons (as defined	d under	section			
s	J	4958(f)(1)) and persons described in section 4958(c)(3)	(B) (att	ach schedule)		50b	
Assets	51 a	Other notes and loans receivable (attach		·			
S		schedule)	51a	o		-terathanian	
	b		51b	0	0	51c	0
	52	Inventories for sale or use			1,029		0
	53	Prepaid expenses and deferred charges				53	10,750
	54 a	Investments—publicly-traded securities.		Cost FMV	0	54a	0
	Ь	Investments—other securities (attach schedule).		Cost FMV	0		0
		Investments—land, buildings, and		ш [,] ,,,,,,,,,,		1305000	
	** "	equipment basis	55a				
	l h	Less: accumulated depreciation (attach	1000			A A	
	-	schedule)	55b	o	0	55c	0
	56	Investments—other (attach schedule)	000		0		0
		Land, buildings, and equipment: basis	57a	73,609	<u>U</u>	15 A 15 A	
		Less: accumulated depreciation (attach	U.u	70,003			
		schedule) See Statement 2	57b	65,140	16,929	570	8,469
	58	Other assets, including program-related investme		00,140	6,330		10,830
	00	(describe ► Deposits	, F	0,330	36	10,630	
	59	Total assets (must equal line 74). Add lines 45 ti	hrough	58	451,477	59	565,919
	60	Accounts payable and accrued expenses			10,169		8,083
	61	Grants payable			81,075		44,629
	62	Deferred revenue	•	· · · -	01,073	62	19,250
"	63	Loans from officers, directors, trustees, and key				15. 18. T	19,230
Ę.	""	schedule)			0		0
Liabili ties	64 a	Tax-exempt bond liabilities (attach schedule)		` · · ·		64a	0
Ë		Mortgages and other notes payable (attach sched				64b	0
	65		-		0		0
	"			······ /	<u> </u>	-05	<u>.</u>
	66	Total liabilities. Add lines 60 through 65			91,244	66	71,962
	Orga	nizations that follow SFAS 117, check here ▶			<u> </u>		7 1,1002
	Orga	67 through 69 and lines 73 and 74.	انه لکا	d complete intes			
10	67	Unrestricted			102,071	67	222,548
ŭ	68	Temporarily restricted		· · · · · · ·	258,162		271,409
ą	69	Permanently restricted			200,102	69	271,400
ä	1	inizations that do not follow SFAS 117, check h				17 X 20 17 17 17 17 17 17 17 17 17 17 17 17 17	
몯	0.5-	complete lines 70 through 74.					
Ţ	70	Capital stock, trust principal, or current funds		70			
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and e	 	71			
as s	72	Retained earnings, endowment, accumulated inc		72			
Ş	73	Total net assets or fund balances. Add lines 67					
ਲ	' '	70 through 72. (Column (A) must equal line 19 a				7 PAN	
Z		equal line 21)			250 000		402 0E7
	74	Total liabilities and net assets/fund balances.		es 66 and 73	360,233 451,477	74	493,957 565,919
		, Jan. Hability o alla liet abbelbildila balallets.	· www III		401.477	, I	303.318

Form **990** (2006)

Part I	V-A Reconciliation of Re instructions)	evenue per	Audited Financial	Statements Wit	h Revenue per Ret	urn	See the
a	Total revenue, gains, and oth	er support pe	r audited financial stat	ements		T a	N/A
ь `	Amounts included on line a b				-	137.7	
1	Net unrealized gains on inves	stments .			b1		
2	Donated services and use of				b2		
3	Recoveries of prior year gran				b3		
4	Other (specify)					Sale W	
					b4 0		
	Add lines b1 through b4					b	0
C	Subtract line b from line a .					C	0
ď	Amounts included on Part I, Ii			ı	1		1
1	Investment expenses not incl			<u></u>	d1		
2	Other (specify):						
	Add lines all and all	• • • • • • • • • • • • • • • • • • • •			d2 0		_
•	Add lines d1 and d2 Total revenue (Part I, line 12					d	0
e Part I	V-B. Peconciliation of Ex	PARCOC PO	Audited Financial	Statemente W	ith Everyone year	е	0
							
a	Total expenses and losses pe					a	N/A
b	Amounts included on line a br			1.	اما		
1	Donated services and use of				b1		}
2	Prior year adjustments report						
3	Losses reported on Part I, line			I	b3		
4	Other (specify):					200	
				L		E.M	
	_					<u>b</u>	0
C	Subtract line b from line a .					C Walley	0
d	Amounts included on Part I, Ii			1	ايد		
1	Investment expenses not incl				d1	1	
2					d2 0		
						4	
_	Add lines d1 and d2		andd			<u>d</u>	0
e	Total expenses (Part I, line 1	7). Add lines	calluu		<u> </u>	<u>e</u>	0
Part V							
	trustee, or key employe	e at any time			compensated.) (See the ins		uctions.)
	(A) Name and address		(B) Title and average hours pe	(C) Compensation (If not paid,	(D) Contributions to employee benefit plans & deferre		(E) Expense account
	(A) Haine and dadress	ļ	week devoted to position enter -0)		compensation plans		and other allowances
Name	Zenobia Barlow str 2528 S	an Pablo Ave	Title Executive Dir.				
	Berkeley ST_CA_z			0 108,744	1	0,874	o
	Board of Directors Str		Title	•			
	_	<u>u</u> P	Hr/WK	١ ,		0	0
Name			Title				
City		<u>tip</u>	HrMK		İ		ļ
Name			Title	<u> </u>			
City		IP	HrMK		İ		ļ
Name			Title				
		!IP	Hr/WK	Į	-		[
City		ir					
Name			Title		1		
City		ZIP	HrMK	 	 		
Name			Title	1	1		[
City		ZIP	HrMK	 	 		
Name			Title	1			
City		ZIP	HrMK	 	 		
Name			Title				
City	y ST 2	ZIP	Hr/WK	 	 		ļ
Name	N/A str		Title	1	1 '		1
City	, ST 2	ZIP	Hr/WK		<u> </u>		<u> </u>

Form 9	90 (2006) Center for Ecoliteracy			94-2911417			Dana 6
Part		stees, and Kev Em	plovees (continu			Yes	Page 6
75 a	Enter the total number of officers, directors, an						
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or higher contractors listed in Schedule A, Part II-A or II-	est compensated profe B, related to each othe	essional and other er through family o	nighest compensated independent business See Stmt 4			
c	relationships? If "Yes," attach a statement that Do any officers, directors, trustees, or key emp compensated employees listed in Schedule A, independent contractors listed in Schedule A, independent contra	ployees listed in Form to Part I, or highest com Part II-A or II-B, receive that are related to the incompart II-A or II-B or	990, Part V-A, or hipensated professione compensation froorganization? See	ighest onal and other om any other the instructions for	75b 75c 75d		X
	V-B Former Officers, Directors, Trustees,	and Key Employees	That Received Co	mpensation or Other Bon		X	
	officer, director, trustee, or key employee person below and enter the amount of co	e received compensati	ion or other benefit benefits in the appr	s (described below) during	the year	r, list tl	nat
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension and colored	ther
City							
City						, -	
Name City							
Name City							
Name City	ST ZIP		· · · · · · · · · · · · · · · · · · ·				
Name City	ST ZIP						
City							
City		· · · · · · · · · · · · · · · · · · ·					
Name City							
Name	67 7ID						
Part \		ions I				Yes	No
76	Did the organization make a change in its activ	ities or methods of co					in it
77	detailed statement of each change Were any changes made in the organizing or g				76	 	X
	If "Yes," attach a conformed copy of the change Did the organization have unrelated business g	es.	·				
	this return?				78a	217223	X X
	If "Yes," has it filed a tax return on Form 990-T				78b	N/A	SAME OF
79	Was there a liquidation, dissolution, termination a statement				79		Х
80 a	Is the organization related (other than by association membership, governing bodies, truster		_	•			

b If "Yes," enter the name of the organization ► The David Brower Center

81 a Enter direct and indirect political expenditures (See line 81 instructions.) . .

and check whether it is X exempt or nonexempt

Form 91	0 (2006)	Center for Ecoliteracy	94-2911417			Page 7			
Part	VI-	Other Information (continued)			Yes	No			
82 a	Did th	e organization receive donated services or the us	se of materials, equipment, or facilities at no charge						
		substantially less than fair rental value?		82a		x			
b		s," you may indicate the value of these items here			AVA CA	F. WHA			
		venue in Part I or as an expense in Part II.							
		· · · · · · · · · · · · · · · · · · ·	82b N/A		第				
83 a	Did th	Did the organization comply with the public inspection requirements for returns and exemption applications?							
b	Did th	e organization comply with the disclosure require	ements relating to quid pro quo contributions?	83b	Х				
84 a	Did th	e organization solicit any contributions or gifts the		84a		X			
b	If "Ye	s," did the organization include with every solicita	tion an express statement that such contributions		WWW.				
		s were not tax deductible?		84b	N/A				
85)(4), (5), or (6) organizations. a Were substantial		85a	N/A				
b		e organization make only in-house lobbying expe		85b	N/A				
		s" was answered to either 85a or 85b, <mark>do not</mark> cor	- 145						
	-	ization received a waiver for proxy tax owed for t	1 1						
		assessments, and similar amounts from membe				SHALL C			
			85d N/A						
		gate nondeductible amount of section 6033(e)(1)	M/						
		le amount of lobbying and political expenditures				# C			
		the organization elect to pay the section 6033(e)	he organization agree to add the amount on line 85f to	85g	N/A	2012/08/01			
11		isonable estimate of dues allocable to nondeduct				4			
		ing tax year?		85h	N/A	THE POST OF			
86		(7) orgs Enter: a Initiation fees and capital contribution		3311		William V			
		receipts, included on line 12, for public use of cli							
87		(12) orgs. Enter: a Gross income from members							
		income from other sources. (Do not net amounts							
_		es against amounts due or received from them)	87b N/A						
88 a			50% or greater interest in a taxable corporation or		* 4				
		ership, or an entity disregarded as separate from							
	•	701-2 and 301.7701-3? If "Yes," complete Part IX	,	88a		X			
b	At any	au time during the year, did the organization, direct	tly or indirectly, own a controlled entity within the						
	mean	ing of section 512(b)(13)? If "Yes," complete Part	XI	88b		_X_			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed	- 199						
		n 4911 ▶ <u>0</u> ; section 4912 1							
b			age in any section 4958 excess benefit transaction		W. 44				
	_	•	enefit transaction from a prior year? If "Yes," attach	200	10/25				
		, •		89b	As a should	X County had			
С		Amount of tax imposed on the organization man							
		ns during the year under sections 4912, 4955, an Amount of tax on line 89c, above, reimbursed by							
		· · · · · · · · · · · · · · · · · · ·	the organization a party to a prohibited tax shelter						
E	_	· · · · · · · · · · · · · · · · · · ·		89e	24.5° 14.3°	کیدیکویو X			
f				89f		X			
	_	ipporting organizations and sponsoring organizations			MAKAN.	98454.I			
9		• • •	nsoring organization, have excess business holdings						
				89g	2.32.383	X			
90 a	•	e states with which a copy of this return is filed							
		er of employees employed in the pay period that							
			90b			6			
91 a	The b	ooks are in care of Name The Center for E	coliteracy Telephone no. ▶ 510-845-4	595					
	Locate	ed at ► 2528 San Pablo Avenue City B	erkeley ST CA ZIP + 4 ▶ 94702						
b		- · · · · · · · · · · · · · · · · · · ·	on have an interest in or a signature or other authority	ſ	V	AI-			
			bank account, securities account, or other financial		Yes	No			
		nt)?		91b	W 2202	X			
		s," enter the name of the foreign country N/A							
			ents for Form TD F 90-22.1, Report of Foreign Bank	经	為,將	殿公司			
	and F	inancial Accounts		4.20	400	**			

Form 990 ((2000)	Center for Econter	acy			94-2911417	Page o
Part Vi	Other Information (continued)						Yes No
c A	At any time during the calendar year, did the c f "Yes," enter the name of the foreign country	organization mainta	in an c	office outsi	de of the United	States? 91	c X
	Section 4947(a)(1) nonexempt chantable trus				041 —Check her	e	. ▶□
	and enter the amount of tax-exempt interest re						
Part VI					<u> </u>	<u> </u>	
	inter gross amounts unless otherwise	Unrelated busin			Excluded by section	n 512 513 or 514	(E)
indicate	_	··· · · · · · · · · · · · · · · · · ·	1				Related or
		(A) Business code	۱ ۸.	(B) mount	(C)	(D)	exempt function
	Program service revenue	Busiliess Code		Hount	Exclusion code	Amount	ıncome
_	Book sales/royalties						4,785
<u>t</u> d	Program services		 				12,100
c _			.				
ď _							
е_							
	Medicare/Medicaid payments						
_	Fees and contracts from government agencies		ļ				
	Membership dues and assessments						
	nterest on savings and temporary cash investments .		-		14	21,344	
	Dividends and interest from securities	Security Company Company	12 Canadana	Potenti Laban kalanci	AND THE CONTRACT OF THE PARTY AND THE PARTY	S and the same only of the same	en (vales service dans of the co
	Net rental income or (loss) from real estate:	发展的中部	TEN WE	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	STATE OF THE STATE	Charles A. A. Charle	Shall almost College Area
	debt-financed property .	<u></u>	 				
	not debt-financed property						
	Net rental income or (loss) from personal property		 				
	Other investment income						
	Sain or (loss) from sales of assets other than inventory	·	ļ				
	Net income or (loss) from special events		 				
	Gross profit or (loss) from sales of inventory		ļ				
103	Other revenue a Miscellaneous			0	01	3,558	0
Ь_			ļ	0		0	0
¢ _			ļ	0		0	0
d _				0		0	0
e _		LASS STORY IF IT OF White Tony ANY STORY		0	na real continues of the on a succession of	0	0
		心形式的变体的	1	0	於機能人們公司和新	24,902	16,885
	Total (add line 104, columns (B), (D), and (E))		.			· •	41,787
	ine 105 plus line 1e, Part I, should equal the a						
Part VI							
Line No	 Explain how each activity for which income is of the organization's exempt purposes (other 					to the accomplish	ment
93a	Revenue received in exchange for progran	n related books and	<u>mate</u>	rials.			
<u>93b</u>	Revenue received in exchange for seminar	rs relating to rethin	king sc	hool lunch	n and sustainable	e education	
				· · · · · · · · · · · · · · · · · · ·			
Part IX	Information Regarding Taxable Se	ubsidiaries and	Disre	garded E	ntities (See th	e instructions.)	
	(A)	(B)			(C)	(D)	(E)
	Name, address, and EIN of corporation,	Percentage	of	Nature	of activities	Total income	End-of-year
	partnership, or disregarded entity	ownership inte					assets
N/A	<u></u>		%			0	0
			%			0	0
			%			0	0
			%			0	0
Part X	Information Regarding Transfers	Associated with	Pers	onal Ben	efit Contracts	(See the instru	ıctıons.)
(a) Did	the organization, during the year, receive any funds, dire	ectly or indirectly, to pay	y premiu	ıms on a per	sonal benefit contra	ct?	Yes X No
(b) Did	I the organization, during the year, pay premit	ıms, dırectly or indi	rectly.	on a pers	onal benefit cont	ract?	Yes X No
	"Yes" to (b), file Form 8870 and Form 4720		,	F			المنا المنا

Part	Information Regarding is a controlling organization			Complete only if the	organızat	ION
106	Did the reporting organization mal	ke any transfers to a cont	rolled entity as defined in s	ection 512(b)(13) of		No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	• • • • • • • • • • • • • • • • • • •	(D) of transfe	X_r
а						
b						
С						
	Totals					0
107	Did the reporting organization reco		-			No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	·	(D) of transfe	r
а						
Ь						
С						
	Totals					0
108	Did the organization have a bindin rents, royalties, and annuities desi	_	_	ring the interest,		No X
Please Sign Here	Under penalties of perjury, I declare that I h and belief, it is true, correct, and complete	ave examined this return, including	ng accompanying schedules and sta	of which preparer has any l		3
Paid Prepare	Preparer's signature Casber	· · · · · · · · · · · · · · · · · · ·	Date Check if self-employed	<u> </u>	r PTIN (See Gen	Inst. X)
Use Onl	v if self-employed).	nd Kaneda, Certified Pub egraph Avenue Suite 318		EIN ► 94-324: Phone no ► 510-83:		
					Form 990 (2	2008)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Center for Ecoliteracy 94-2911417 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (e) Expense (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances Janet Brown, 2528 San Pablo Avenue Program Officer Berkeley, CA 94702 36 72,423 724 0 James Koulias, 2528 San Pablo Avenue Managing Director Berkeley, CA 94702 40 83,061 830 0 Michael Stone, 2528 San Pablo Avenue Editor/Writer Berkeley, CA 94702 40 67,206 672 0 Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the 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 (b) Type of service (c) Compensation San Rafael, CA 76.636 Graphic Design Margo Crabtree Aptos, CA Researcher 69,447 Scott Burg Piedmont, CA 58,682 Program Development and Fundraising Total number of others receiving over \$50,000 for professional services . . Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation N/A

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

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

Part	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	Quring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38,		
	Part VI-A, or line i of Part VI-B)	4.00-1959	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?		х
b	Lending of money or other extension of credit?		х
С	Furnishing of goods, services, or facilities?		<u>x</u>
, d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . See 990, Part V-A	x	
е	Transfer of any part of its income or assets?		x
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	x	ļ
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		x
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		
b			x
С	Did the organization make a distribution to a donor, donor advisor, or related person?		x
d	Enter the total number of donor advised funds owned at the end of the tax year	0	
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0_	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised		
	funds included on line 4d) where donors have the right to provide advice on the distribution or investment of		
	amounts in such funds or accounts	0_	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	0_	

Pari	IV	Reason for Non-Private	Foundation S	Status (See pages 4 th	rough 7 of the	instructions	.)		
l certi	fy tha	it the organization is not a private f				x)			
5	Ш	A church, convention of churches	, or association of	churches Section 170(b)(1))(A)(ı)				
6		A school Section 170(b)(1)(A)(ii).	(Also complete P	art V)					
7		A hospital or a cooperative hospit	al service organiz	ation Section 170(b)(1)(A)(ii	ii)				
8		A Federal, state, or local government	nent or governmen	ntal unit Section 170(b)(1)(A)(v)				
9		A medical research organization of name, city, and state	operated in conjun	ction with a hospital Section City	n 170(b)(1)(A)(iii).	Enter the hos	pital's Country		
10		An organization operated for the to			rated by a govern	mental unit Se	ction 170(b)(1)(A)(iv).		
11 a	x	An organization that normally rece 170(b)(1)(A)(vi) (Also complete the			overnmental unit	or from the gen	eral public. Section		
11 b		A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)							
12		An organization that normally receipts from activities related to it of its support from gross investme acquired by the organization after	ts charitable, etc , ent income and un	functions—subject to certai related business taxable inc	n exceptions, and ome (less section	i (2) no more ti 511 tax) from l	nan 33 1/3% ousinesses		
13		An organization that is not control	led by any disqua	lified persons (other than fou	ındatıon manageı	s) and otherwis	e meets the		
		requirements of section 509(a)(3)	. Check the box th	at describes the type of sup	porting organizati	on			
		Туре І Ту	pe II	Type III-Functionally Integra	ated T	ype III-Other			
		Provide the following info	ormation about	the supported organiza	ations. (See pa	ge 7 of the in	structions.)		
Nam	e(s) ·	(a) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d ls the su organizatio the supp organiza governing d	pported n listed in porting ation's	(e) Amount of support		
					Yes	No			
									
Total	1						0		
		_ 	<u> </u>	• • • • • • • • • • • • • • • • • • • •					
14	Ц	An organization organized and op	erated to test for p	public safety. Section 509(a)	(4). (See page 7		ns) e A (Form 990 or 990-EZ) 2006		
						Scuedin	o ~ (rum 330 dr 330•E£) 2006		

	t IV-A Support Schedule (Complete only : You may use the worksheet in the instructions	if you checked a for converting fi	box on line 10,	, 11, or 12.) Use to the cash met	cash method hod of account	of accounting.
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					1
	not include unusual grants. See line 28)	974,994	1,101,492	1,228,647	1,661,09	4,966,225
16	Membership fees received					0
17	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	8,895	482	8,239	2,38	3 20,002
18	Gross income from interest, dividends,					
	amounts received from payments on securities		i			
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less					
	section 511 taxes) from businesses acquired	•				}
	by the organization after June 30, 1975	7,826	4,993	3,310	9,64	25,770
19	Net income from unrelated business	7,020	4,553	3,310	9,04	25,770
	activities not included in line 18 .					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf				-	0
21	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
22	Other income Attach a schedule Do not	40.550				
	include gain or (loss) from sale of capital assets	48,552	1,106,967	1,240,196	1 672 444	48,552
23 24	Total of lines 15 through 22 Line 23 minus line 17	1,040,267 1,031,372	1,106,967		1,673,119 1,670,733	
25	Enter 1% of line 23 .	10,403	11,070		16.73	
26	Organizations described on lines 10 or 11:		amount in column		. ▶ 26a	100,811
	Prepare a list for your records to show the name of an				204	AND AND AND AND AND AND AND AND AND AND
	governmental unit or publicly supported organization)					
	amount shown in line 26a. Do not file this list with y					2,613,906
С	Total support for section 509(a)(1) test. Enter line 24,	column (e)			▶ 26c	5,040,547
	Add Amounts from column (e) for lines. 18	25,770 19)		W.70%	
	22	48,552 26	Sb 2,613,9	<u>06</u>	▶ 26d	
е	Public support (line 26c minus line 26d total)				▶ 26e	2,352,319
f	Public support percentage (line 26e (numerator) d	ivided by line 26	c (denominator))		▶ 26f	46.67%
27				17 that were rece		
	prepare a list for your records to show the name of, a			ear from, each "di	squalified persor	n " Do not
	file this list with your return. Enter the sum of such		•			
	(2005) 0 (2004)	0	(2003)	0	(2002)	0
b	For any amount included in line 17 that was received					
	to show the name of, and amount received for each y					
	\$5,000 (Include in the list organizations described in After computing the difference between the amount re					
	differences (the excess amounts) for each year	,00,100 0110 1110 10	igor amount acco		01101 1110 34111 01	11030
	(2005) 0 (2004)	0	(2003)	0	(2002)	0
					(2002)	
С	Add Amounts from column (e) for lines 15	1	6			
	17 20	2	1		▶ <u>27c</u>	0
d		line 27b total		<u> </u>	▶ 27d	
0	Public support (line 27c total minus line 27d total)		•		► 27θ	
f	Total support for section 509(a)(2) test. Enter amount		, ,	► 27f		EMADEL ME
g	- · · · · · · · · · · · · · · · · · · ·	•	, ,,		► 27g	
	Investment income percentage (line 18, column (e				27h	0 00%
28	Unusual Grants: For an organization described in lin a list for your records to show, for each year, the name					
	the nature of the grant. Do not file this list with you				, -114 4 51161 463	G., p.1011 Of

Center for Ecoliteracy Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	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	Yes	No
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	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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?	7,5% 9,6 31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following.			
а		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	rang estimates	arlas (a. fi
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
				1
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a	4. 2.3 (234)	120-19-13
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		 !
8	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		Make 1
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u>-</u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		图图 。1

	Conto to Eco.			34-2	. 	raye U
Pa	t VI-A Lobbying Expenditures by Electing				tructions.)	
Chec	· (To be completed ONLY by an eligit				mited control" provi	eione apply
			3 [oned d did ii	1	(b)
	Limits on Lobbying (The term "expenditures" means	•	ourred \		(a) Affiliated group totals	To be completed for all electing
36	Total lobbying expenditures to influence public opinion (g			. 36		organizations 0
37	Total lobbying expenditures to influence a legislative bod			37	- 0	
38	Total lobbying expenditures (add lines 36 and 37) .	, (aoo: 1000)11.g/	• •	38	0	
39	Other exempt purpose expenditures	• •		. 39	0	
40	Total exempt purpose expenditures (add lines 38 and 39) .		40	0	0
41	Lobbying nontaxable amount Enter the amount from the					
	- -	bying nontaxable	amount is-			reserves.
	Not over \$500,000 20% of	the amount on line	40) [
	Over \$500,000 but not over \$1,000,000 \$100,00	00 plus 15% of the	excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000 \$175,00	00 plus 10% of the	excess over \$1,000	,000 } 41	0	0
	Over \$1,500,000 but not over \$17,000,000 . \$225,00	00 plus 5% of the ex	cess over \$1,500,0	000		MARKET STATE
	Over \$17,000,000 \$1,000,	000				
42	Grassroots nontaxable amount (enter 25% of line 41)			42	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more	han line 36 .		43	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more t	han line 38 .		. 44	0	0
	Caution: If there is an amount on either line 43 or line 44	t, you must file Fon	n 4720.			
	······································		nder Section 5	01/h)	and the state of t	sudaced state and annual state.
	(Some organizations that made a section			` '	columns below	
	See the instructions for	• •	•			
		Lobb	ying Expenditur	es During 4-1	ear Averaging f	Period
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)	2006	2005	2004	2003	Total
45	Lobbying nontaxable amount	0	0		o	0
		VI 200	Sparra Santa		100	
46_	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures	0	0		0 0	0
48	Grassroots nontaxable amount	0	0		0 0	0
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures	0	0		0 0	0
Pai	t VI-B Lobbying Activity by Nonelecting					
	(For reporting only by organizations	hat did not com	plete Part VI-A	(See page '	3 of the instruc	tions.) N/A
Durin	the year, did the organization attempt to influence nation	nal, state or local le	gislation, including	any	Vaa Na	A
attem	pt to influence public opinion on a legislative matter or ref	erendum, through t	he use of:		Yes No	Amount
а	Volunteers					
b	Paid staff or management (Include compensation in expe	enses reported on I	nes c through h.)			
C	Media advertisements					
d	Mailings to members, legislators, or the public	•		•		ļ
8	Publications, or published or broadcast statements .				·	<u> </u>
f	Grants to other organizations for lobbying purposes .					
g	Direct contact with legislators, their staffs, government o			•	•	<u> </u>
h	Rallies, demonstrations, seminars, conventions, speech	es, lectures, or any	other means	• •	The second feature as a first	
i	Total lobbying expenditures (Add lines c through h.)	na a datallad dee :	minon of the lebel !-	· · · · ·		0
	If "Yes" to any of the above, also attach a statement givi	ng a detailed descr	iption of the lobbyin	g activities		
					Schodulo & /Form	990 or 990-F71 2006

Part VII	Information Reg Exempt Organiz	garding Trans zations (See p	fers To and Transaction page 13 of the instructions	ns and Relationships With Noncha s.)	ritable		
				ving with any other organization described in a 527, relating to political organizations?	section		
a Trans	fers from the reporting	g organization to a	noncharitable exempt organiza	ition of		Yes	No
(i)	Cash .	·			51a(i)		×
(II)	Other assets				a(ii)		х
b Other	transactions.						
(i)	Sales or exchanges of	of assets with a no	ncharitable exempt organization	1	b(i)		×
(ii)	Purchases of assets f	from a noncharitat	ole exempt organization		b(ii)		х
(iii)	Rental of facilities, eq	uipment, or other	assets		b(iii)		x
(iv)	Reimbursement arran	ngements .			b(iv)		х
(v)	Loans or loan guarant	tees			b(v)		X
(vi)	Performance of service	ces or membership	o or fundraising solicitations		b(vi)		х
			other assets, or paid employee:		С		x
of the	goods, other assets,	or services given l	by the reporting organization. If	Column (b) should always show the fair marke the organization received less than fair marke the goods, other assets, or services received	et value et value		
(a) Line no	(b) Amount involved	Name of none	(c) Chantable exempt organization	(d) Description of transfers, transactions, and sha	ring arrang	gement	s
	 	 		 			
		 					
	 			<u> </u>			
-	†	1					
· · · · · · · · · · · · · · · · · · ·							
	<u> </u>						····
<u></u>							
							
	ļ			<u> </u>			
	ļ						
descr	ibed in section 501(c)	of the Code (other	ed with, or related to, one or mo r than section 501(c)(3)) or in so		Yes	×	No
b If Ye	s," complete the follow	ving schedule:		T			
	(a) Name of organization	n	(b) Type of organization	(c) Description of relationship			
							
							
							
				ļ			
			ļ	 			
	 			 			
				 			
 				 			
			 	· 			

real Ended December 31

Statement 1
Form 990
Part II Line 22
Grants and allocations

Name/address		<u>Amount</u>
Waipa Foundation P.O. Box 1816		10,000
Hanlei, HI 96714		
Slow Food, USA		5,000
20 Jay Street #313		
Brooklyn, NY 11201		
	TOTAL	15,000

As a grant-giving organization, we nurture sustainable learning communities using the natural world as our guide. Children have grown their own lunches, designed and planted gradens, and mapped out the cycles and flows in their communities. Each project is unique to the environment in which it occurs, and yet each represents the principles of ecology in action.

We have learned from our work with communities in schools that learning will flourish, on a school-wide or district-wide level, when efforts are made to nurture a collaborative culture throughout the school community; integrate the curriculum around a shared conceptual language; and engage the natural world, especially by exploring the place or ecosystem in which learning is embedded. As a part of this work, we nurture networks of grantees and encourage them to work collaboratively and exchange information and resources.

Disk Tax File CELTaxSched06xls xls Sheet: Grantinfo

Statement 2 Part II, Line 42 Part IV, Line 57b Fixed Asset Schedule

year	, description	cost	mthd/yr	B) pr yrs	1991	1992	1993	1894 1	199	8 199	7 719	98	1999	2000	2001	2002	2003	ำ วกักง	2005	
Jun-96		550	SU 5	-, <u>-</u>		· 			55	- 711			110	110	. 54	7	5002	2005	_ 2003	- '
Jun-96	monitor/Irw	418					,		42	84	8		84	84	41]			-
\ug-96	Powerbook #3	2,425					,		162	48	5 48	5	485	485	323		٠			
5өр-96	duplex printer 12/640	2,284							114	45	7 45	7	457	457	342					
	tape recorder	845,	SU 5		1				28	16	9 1 16	9	169	169	141					-
1996	total at 1998	31,870			<u></u>			:	21,7	76	,			!	1	 	,		*******	•
	SuperMac/monitor	2,395			,					43			479	479	479	40	r			
	SuperMac/monitor .	1,785			,					32	7 35	7	357	357	357	30			,	+-
	scannner	679								11			136	136	136	22		,		7
	printer 12/640		e, SL/5	,	(11		5	345	345	345	232		,	!	_
	copier	704	SL/5			, 	<u>. </u>			35		1	141	141	141	105			1	
1997	total at 1997	38,960				.L	<u> </u>			3,44	10									•
	equipment disposal	-16,261	a'		, 	·	·	LL .							ţ	7			,	
Aay-98	SuperMac/monitor		5 SL/ 5	<u> </u>		·				1	11		189	189	189	189	80		Ţ	-
	total at 1998	23,645				1		i		1	3,9	79				,			i	-
	phone system-bfp	1,058		,		,	<u>.</u>						176	212	212	212	212	36		
	2 computers-bfp	2,450				· 							408	490	490	490	490	82		
	1 computer-bfp		SL/ 5	!		·					1		204	245	245	245	245	41	1	
	used furniture/lamps		SL/ 5				1	1	- ;		1		242	362	361	362	362	120		
	used furniture/lamps	3,618	SU 5						-1				483	724	724	724	724	240	1	-
Oct-99	phone system cablein phone system,	8,070	,	1			!				· · · ·	88	below	,	7			1,347	1	_
			1		1	i	r	1		7		١.				1			1	T
oα-99	cableing, computers		SU 5	<u> </u>		,	·		·········		- 	1	,924	11,544	11,544	11,544	11,544	8,273	<u>:</u>	1_
	equipment disposal	-6,376	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		<u> </u>	÷					<u> </u>				<u>!</u>	· 		,	_
	, total at 1999	85,149	<u> </u>	1		!	 !	- i				;7	352		L	<u> </u>				
	equipment disposal	-5,775		<u></u>		· 									.	 				
	computer/bfp	1.927		<u> </u>		÷	! -							193	385	385	385	385	193	<u>.</u>
	phone/b/p	280				-								28	56	56	56 ,	56	28	
Jul-00		2.165	SIJ5	ــــــــــــــــــــــــــــــــــــــ					<u>-</u>		·- 		;	217	433	433	433	433	216	+-
	3comptrs, 3phones	7,816				ــــــــــــــــــــــــــــــــــــــ						:-		1,042	1,563	1,563	1,563	1,563	521	
	computer/bfp	1,661								<u>-</u> !	!			111	332	332	332	332	222	
	install and brd/door	1,624	SL/5			<u>'</u>				. <u>i</u>	i			244	325	325	325	325	81	ļ
10V-00	laptop/bfp	3,997	SU5											133	799	799	799	799	666	<u>.</u>
	total at 2000;	98,844	ļ	_							<u> </u>		1	18,643		·	4			
	correct 2000 disposal	-1,751		·		<u> </u>	!;	i				‡			· 	ا			, 	
	slide scanner	1,096		<u> </u>							<u> </u>				55	219	219	219	219	
	projector	3,429	SU5	<u></u>			ļ								57	686	686	686	686	•
Dec-01	laptop for projector	760	SL/5	<u> </u>			<u> </u>	<u>-</u>							13	152	152	152	152	1
	total at 2001		;				!					<u>-</u> -	, 		20,142	,			···	
	equipment disposal	-12,407 0				<u>.</u>	·													
บก-02	computer hard drive	747 6	SL/5			<u>.</u>	, 									87	149	149	149	1 1
22-	total at 2002	90,718	+ 								!			·		19,232			, 	i
	graphic compt upgrad		SL/5	<u>.</u>			 -	i					!	,		l	141	338	338	_ 3
109-03	leasehold improvem is	8,080	, SU2 5														1,616	3,232	3,232	<u>.</u> -
	total at 2003	100,489	 .	ļ		,				_i					····	<u>'</u>	18,897			
	equipment disposal	-60,071:6		· 	- -		:					•								<u>-</u>
un-04	10 compts,install,acce	26,052	SL/3	į													,		8,684	, B,
2005	total at 2004	66,470		·		·				_:_							'	19,236		-
	equipment disposal digital camera	none 2,294							,							·		;	See	4
	mac laptop							 .									- ·	,	255	7
₩Ç-02		1,631 1	SL3										_				- -		. 12	
2005	total at 2005,	70,395										١							15,642	
2000	equipment disposal	-12 204 1						_												•
- 00	replace mac laptop (si	3,216	SL3																	

Disk Tax File CELTaxSched05xls xls Sheet FA

Statement 3
Form 990
Part III
Statement of Program Service Accomplishments

Form 990, Part III, Program Service Accomplishments

The Center for Ecoliteracy (CEL) is dedicated to education for sustainable living. CEL is a public foundation that supports a grant making program for educational organizations and school communities; sponsors projects consistent with its mission; administers donor-advised funds; provides seminars aimed at educators and educational change agents; and manages a publishing imprint, Learning in the Real World®.

GRANT GIVING

The Center for Ecoliteracy provides financial support to schools and educational organizations engaged in fostering ecological literacy. CEL supports promising programs embedded in schools, communities and ecosystems, and funds those that are both practical and inspirational. Grant giving strategies include curriculum integration, gardens, food innovations, kitchen classrooms, and farm-to-school sustainable agriculture projects. In 2006, two grants were awarded to two organizations. New grant making strategies are being researched and considered for future funding.

\$45,207

PUBLICATIONS (print & electronic)

The Center for Ecoliteracy influences a widening circle of decision makers in the fields of education and philanthropy through a publications program which articulates a conceptual framework and applies this framework as the basis for evaluation, publication and dissemination. Additionally, CEL acts as a publishing resource to selected educational organizations, forming collaborations for the purpose of producing educational materials. CEL disseminates publications free of charge through its website.

Visual Guide to Integrated School Lunch Curriculum: Linking Food, Culture, Health, and the Environment, dramatically illustrates how a curriculum integrated around food and food systems and the enriched school environments of school gardens, kitchen classrooms, and academic classrooms can link student learning and well-being. This 26-page printed and online guide was published in 2006 and made available to school district administrators, teachers, parents, and NGOs. Booklets were printed and distributed to Berkeley California teachers and other schools, and the electronic version was launched on the CEL website. Within its first 3 months, the first page of the online Visual Guide had been seen over 6.600 times.

Getting Started: A Guide for Creating School Gardans as Outdoor Classrooms, a publication of the Center for Ecoliteracy, was reprinted in 2006 at the request of the California Department of Education (CDE). Five thousand copies were made available through the CDE to schools within the state of California With this 2nd edition, CEL continues its nationwide school garden campaign by providing free copies to school communities who request them from the remaining 49 states. \$414,567

PROJECTS

Rethinking School Lunch (RSL), a program of the Center for Ecoliteracy, continues support for organizations and networks committed to education for sustainability. In 2004 CEL launched a 175-page guide containing 10 chapters that provide a planning framework containing tools and creative solutions to the challenges of improving school lunch programs, academic performance, ecological knowledge, and the well-being of our children.

School Lunch Initiative. In 2005 and 2006 the RSL framework is being applied in the School Lunch Initiative (SU), a partnership with the Berkeley Unified School District, the Chez Panisse Foundation in collaboration with Children's Hospital Oakland Research institute (CHORI) and the Center for Ecoliteracy

Rethinking School Lunch Seminar A series of RSL seminars was launched in 2006 to provide direct support to users of the RSL guide. Participants included change agents from business and government, school administrators, food service directors, teachers, and parents U.S. participants hailed from eight states, working in districts that feed and teach over 1,000,000 students. \$440,653

\$ 900,427

TOTAL PROGRAM EXPENDITURES

Statement 4 Form 990 Part V

Directors and Officers, Trustees and Key Employees

	Average hours per week	Compensation	Contribution to Benefit Plan	Expense Account
Fritjof Capra, Chair	10	29,000	0	0
Peter Buckley, Treasurer	10	0	0	0
Zenobia Barlow, Secretary	10	0	0	0
Wendy Williams	2-4	0	0	0
David Orr, Director	2-4	0	0	0
Nancy Schaub	2-4	0	0	0

The address for all directors and officers is: 2528 San Pablo Avenue

Berkeley, CA 94702

Zenobia Barlow is also the Executive Director of the organization. See Part V-A

Form 8868

(Rev December 2006)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

· · ·	,	ng for an Automatic 3-Month Extension, complete only Part I and check this box .	
• If y	you are filin	ng for an Additional (not automatic) 3-Month Extension, complete only Part II (or	n page 2 of this form)
	ot complet	te Part II unless you have already been granted an automatic 3-month extension or	a previously filed Form 8868
Par	t I .	Automatic 3-Month Extension of Time. Only submit original (no copies nee	eded).
Section	on 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month exte	ension—check this box
		art I only	
		•	
		itions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700	J4 to request an extension of
		ne tax returns	
		g (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aut	
or the	returns no	ted below (6 months for section 501(c)(3) corporations required to file Form 990-T).	However, you cannot file Form
8868	electionica	illy if (1) you want the additional (not automatic) 3-month extension or (2) you file For posite or consolidated Form 990-T. Instead, you must submit the fully completed ar	rms 990-BL, 6069, or 8870, group
Form	8868 For	more details on the electronic filing of this form, visit www irs.gov/efile and click on ϵ	id signed page 2 (Part II) of
Type		Name of Exempt Organization	Employer Identification number
print			94-2911417
File by to	in for	Number, street, and room or suite no. If a P O box, see instructions.	
filing yo	12	2528 San Pablo Avenue	
return	See	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
instruct		Berkeley, CA 94702	
	• -	eturn to be filed (file a separate application for each return):	<u></u>
=	orm 990	Form 990-T (corporation)	Form 4720
F	orm 990-BI	Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
F	orm 990-E	Z Form 990-T (trust other than above)	Form 6069
┌	orm 990-PI	· · · · · · · · · · · · · · · · · · ·	Form 8870
` <u>-</u>			
• Th	ie books are	e in the care of ► The Organization	• • • • • • • • • • • • • • • • • • • •
_			
	lephone No		·····
		ation does not have an office or place of business in the United States, check this bo	
		Group Return, enter the organization's four digit Group Exemption Number (GEN) _	
	-	group, check this box $\ldots\ldots\ldots$. $lacktriangle$. If it is for part of the group, check this bo	ox ▶ and attach a
list wil	th the name	es and EINs of all members the extension will cover.	
1	I request a	n automatic 3-month (6 months for a section 501(c)(3) corporation required to file Fo	orm 990-T) extension of time
	until	8/15/2007 , to file the exempt organization return for the organization	named above. The extension
	is for the o	rganization's return for:	
	➤ X cal	endar year 2006 or	
	▶ ax	vear beginning and ending	
	▶ ☐ tax	year beginning , and ending	
2			Change in accounting period
2			Change in accounting period
	If this tax y	rear is for less than 12 months, check reason Initial return Final return	Change in accounting period
3 a	If this tax y		Change in accounting period 3a \$
3 a	If this tax y If this appli	rear is for less than 12 months, check reason. Initial return Final return Ication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
3 a	If this tax y If this application and the second s	rear is for less than 12 months, check reason. Initial return Final return lication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, correfundable credits. See instructions.	
3 a	If this tax y If this appli less any no If this appli payments	rear is for less than 12 months, check reason: Initial return Final return location is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, conrefundable credits. See instructions.	3a \$
3 a b	If this tax y If this appli less any no If this appli payments Balance D	rear is for less than 12 months, check reason: Initial return Final return location is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, conrefundable credits. See instructions. Incation is for Form 990-PF or 990-T, enter any refundable credits and estimated tax made. Include any prior year overpayment allowed as a credit.	3a \$ 3b \$
3 a b	If this tax y If this appli less any no If this appli payments i Balance D deposit wit	rear is for less than 12 months, check reason: Initial return Final return Incation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, conrefundable credits. See instructions. Incation is for Form 990-PF or 990-T, enter any refundable credits and estimated tax made. Include any prior year overpayment allowed as a credit. Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required	3a \$
3 a b c	If this tax y If this applifess any notifithis applifes payments if Balance Dideposit with System) S	rear is for less than 12 months, check reason. Initial return Final return Incation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, conrefundable credits. See instructions. Incation is for Form 990-PF or 990-T, enter any refundable credits and estimated tax made. Include any prior year overpayment allowed as a credit. The subtract line 3b from line 3a. Include your payment with this form, or, if required the FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment).	3a \$ 3b \$, 3c \$ 0

Form 8868 (Rev	12-2008)	Page 2
If you are	filing for an Additional (not automatic) 3-Month Extension, complete only Part II an	d check this box ► X
Note. Only o	omplete Part II if you have already been granted an automatic 3-month extension on a p	reviously filed Form 8868
	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II	Additional (not automatic) 3-Month Extension of Time. You must file origin	
· Type or	Name of Exempt Organization	Employer identification number
print	Center for Ecoliteracy	94-2911417
File by the extended	Number, street, and room or suite no if a P O. box, see instructions.	For IRS use only
due date for filing the	2528 San Pablo Avenue City, town or post office, state, and ZIP code. For a foreign address, see instructions.	100 Control of the property for a product of standard for the standard of the standard for
return See	14.7 × 14.0 × 14	
Chack type	Berkeley, CA 94702 of return to be filed (File a separate application for each return):	
X Form 99		
\equiv		Form 6069
Form 99	= 10,111, 120	Form 8870
Form 99	0-EZ Form 990-T (trust other than above) Form 5227	
STOPI Do not	complete Part II if you were not already granted an automatic 3-month extension on a previous	ously filed Form 8868.
	s are in the care of The Organization	
Telephon	e No. ▶ 510-845-4595 FAX No. ▶ 510-845-1439	•
If the orga	anization does not have an office or place of business in the United States, check this be	ox
 If this is for 	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is
for the whole	group, check this box	Dand attach a
list with the r	ames and EINs of all members the extension is for.	
4 I reque	est an additional 3-month extension of time until11/15/2007	•
5 For ca	lendar year 2006, or other tax year beginning	nding
6 If this	ax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	n detail why you need the extension More time is requested to acquire all information	
	e an accurate return.	
8 a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
less a	ny nonrefundable credits. See instructions	8a \$
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
estima	ted tax payments made. Include any prior year overpayment allowed as a credit and any	
	nt paid previously with Form 8868.	8b \$
	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with	1 1
FTD co	upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0
	Signature and Verification	
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the and complete, and that I am authorized to prepare this form	e best of my knowledge and belief,
it is true, correct		
Signature >	Crasby 4 Kaueda Title Certified Public Accountants	Date ► 8/1/2007
	Notice to Applicant. (To Be Completed by the IRS)	
==	approved this application. Please attach this form to the organization's return.	
	not approved this application. However, we have granted a 10-day grace period from the later of the	
due date	of the organization's return (including any prior extensions). This grace period is considered to be a otherwise required to be made on a timely return. Please attach this form to the organization's retur	valid extension of time for
	not approved this application. After considering the reasons stated in item 7, we cannot grant your	
vve nave	not approved this application. After considering the reasons stated in item 7, we cannot grant your ion of time to file. We are not granting a 10-day grace period	request to
	ot consider this application because it was filed after the extended due date of the return for which	an extension was requested
===		an extension was requested
Other		•
	Ву	
Director		Date
Alternate Ma	illing Address. Enter the address if you want the copy of this application for an addition	al 3-month extension
returned to a	n address different than the one entered above.	
	Name	
	Crosby & Kaneda, Certified Public Accountants	
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number	
print	1611 Telegraph Ave , Ste 318	
	City or town, province or state, and country (including postal or ZIP code)	
	Oakland CA 94612	

Form 8868 (Rev 12-2006)