**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

Department of the Treasury

Open to Public Inspection

TITLE	Fan Ale			tankay have to use	c a copy o				16.			
_		ne 2009 calendar yea	r, or tax year beg	inning		, 20	009, and endi	ng Tr	Employer Identif	ication Number		
D		f applicable	,ca	aration D	~~-			•	, -			
	$\vdash$	dress change IRS lab or prin	1 220 Manta	eration P. omery Str	rojec	150		-	94-33352 Telephone number			
	$\vdash$	me change or type	ICan Eranc	isco. CA	94104	450		'	•			
	$\vdash$	Initial return See San Francisco, CA 94104 415-561-4891										
	Ter	rmination tions.	.									
	Am Am	nended return							Gross receipts \$			
	L Ap	, , , ,	ne and address of princi		san S	tephenso	n	1	proup return for affili filiates included?	Ħ	X No	
			As C Above				<del></del>	1 ' '	lach a list (see insti	ructions) Yes	No	
<u>_</u>		exempt status X 5		(insert no.)		1947(a)(1) or	527	4				
7			eregeneration				I .	<del></del>	emption number			
K		of organization X Corp	poration Trust	Association	Other >		L Year of Forma	ation 2000	M State of le	gal domicile CA		
	art I	Summary					<del></del>		<del>:</del>	<del></del>		
		Briefly describe the						congreg	<u>ations to</u>	reduce		
Ç	-	greenhouse g	as émission:	£								
Activities & Governance	1 -		· <b>-</b>					<b>-</b>	<del>-</del> -			
Ž	2	Check this box ►	Tif the organizat	ion discontinue	ed its on	erations or d	lisposed of m	ore than 25°	% of its assets			
ŏ		Number of voting me					noposco ot tit	ore man po	3		8	
6		Number of independ					line 1b)		4			
ŧ		Total number of emp							5		9	
ŧ		Total number of volu							6		40	
⋖	7a	Total gross unrelated	d business revenu	ie from Part VI	II. colun	nn (C), line 1	2		7a		0.	
_	D	Net unrelated busine	ss taxable income	e from Form 9:	<del></del>	<u>644:</u> <u>-</u>  \/	ED	Τ	7b		0.	
							SC		or Year	Current Yea		
9		Contributions and gr		1,	328,730.	1,556,	<u>493.</u>					
Revenue		Program service rev		-		DV 1 5 2	SOLUTION		16 470		414	
ê	10   11	Investment income ( Other revenue (Part	Part VIII, column	(A), lines 3, 4,	and 70	)		<b> </b>	16,478. 92.		$\frac{414.}{104.}$	
	12	Total revenue – add	lines 8 through 1	1 (must equal-	Part VII	Chen.	UNT 12	1	345,300.	1,566,		
		Grants and similar a					المالية المالية		230,500.	357,		
		Benefits paid to or fo				-			230,300.		<u> </u>	
		Salaries, other comp					nes 5-10)		443,453.	496,	067.	
908		Professional fundrais	· -					<del></del>	-10/1001		<del></del>	
Expenses	l	Total fundraising exp	-		-		90,723.				· [	
X	1		•	• • •			30, 123.		411 766	412	07.6	
	1	Other expenses (Par							411,766.	413,		
		Total expenses Add				n (A), line 25	))		085,719.	1,268,		
		Revenue less expens	ses Subtract line	18 from line 12			<del></del>		259,581.	297,		
Net Assets or Fund Balances									ing of Year	End of Yea		
100	20	Total assets (Part X, Total liabilities (Part	•					1	043,359.	1,383,		
33	21							<u> </u>	37,191.		719.	
	22     rt	Net assets or fund be Signature Blo		line 21 from lir	<u>1e 20</u>			1,	006,168.	1,304,	<u> 142.</u>	
Sig He	าก	Under penalties of perjuitrue, correct, and comple  Signature of officer  Type or print name a	ox I declare that I have ele Declaration of preparation of Stephen			g accompanying and on all informat		tements, and to arer has any kno	the best of my know	vledge and belief, it i	is	
		1,562.51.61.11.11.11.11.11.11.11.11.11.11.11.11			——		Date	<del>'</del>	Pres	parer's identifying nu	ımber	
Pai Pre	<del>)</del> -	Preparer's signature	Crosky	+ & Ka	red	'a	11/4/1	O Chec self-	^" (see	instructions)		
pai Us	rer's	Firm's name (or Cr	osby & Kane	da, CPAs								
On		yours if self employed),	11 Telegrap	h Ave Ste	318			EIN	► N/A			
		address, and ZIP + 4 Oa	kland, CA 9	4612-2151				Phon	e no ► (510)			
		RS discuss this return								X Yes	No	
BA	\ For F	Privacy Act and Pap	erwork Reduction	Act Notice, se	ee the s	eparate instr	ructions.	Τι	EEA0113L 12/29/0	9 Form <b>990</b>	(2009)	

	n <b>990</b> (2009) The Regeneration Project	94-33	<u> 33523</u>	6		Page 2
Pa	t III Statement of Program Service Accomplishments		_			
1	Briefly describe the organization's mission:					
	Helping congregations to reduce greenhouse gas emissions					
	neiping congregations to reduce greemouse gas emissions			- <b>-</b> -		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O				ш	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program serv			Vac	ſ∇Ì	No
3	The state of the s	ices	Ш	Yes		No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expens	es Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 494/(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocation	s to oth	iers, t	he tot	ai
	expenses, and revenue, if any, for each program service reported					
—						
4:	a (Code) (Expenses \$ 508,843. including grants of \$) (F	Pevenue	Ś			,
7,		(CVC) luc	<b>~</b>	_	_	<u> </u>
	National Program:					
	Program accomplishments for the national program included funding					
	national staff, online resources, and stepped up policy advocacy.					
	the 5 year strategic plan occurred this year. This plan identifie	ed publ	ic p	olic	y as	3
	a major focus for 2009. In order to build a clean energy future,					
	change at a local, state and national level. IPL aims to ensure the	at Aur	eha	Y		
	values of caring for creation are reflected in our public policies		2110	<u>eu</u>		
	values of caring for creation are refrected in our public positives	·				
41	o (Code) (Expenses \$357, 994. including grants of \$ 357, 994.) (F	Revenue	Ś			)
-	Re-grants to state affiliates		`			—′
			EE. 7			
	The next largest portion was distributed in support grants to 24 s					
	State IPLs educated their congregations about global warming and a	idvocat	ed_t	or c	<u>lear</u>	J
	energy alternatives to coal, advocated for renewable energy incent	ives,	fuel			
	standards, and caps on greenhouse gas emission. We added three ne	w stat	e af:	fili	ates	3
	this year: Oklahoma, Arizona, and Arkansas.					
				. <b>_</b>		
40	(Code (Code) (Expenses \$ 144,152. including grants of \$ ) (Figure 15.1)	evenue	\$			)
	California IPL					
	California Interfaith Power and Light educated their congregations	about	gloi	 1		
	warming and advocated for clean energy alternatives to coal, advoc					
	energy incentives, fuel standards, and caps on greenhouse gas emis	<u>sion.</u>				
				_		
	Other pregram corrupce (Decembe in Schedule O.) Con Cahadula O.	<del></del>				
4 d	Other program services (Describe in Schedule O)  See Schedule O					
	(Expenses \$ 53,322. including grants of \$ ) (Revenue \$				)	
4 e	Total program service expenses ► 1,064,311.					

Form 990 (2009) The Regeneration Project
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2		2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Yes, complete Schedule D, Part V			Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI</li> </ul>			
	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>			
	<ul> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X</li> </ul>			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		£3.	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	<u>دە ھەدىمەنى</u>	X
	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	- next	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>_x</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form \$90 (2009) The Regeneration Project

Rankly Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
١	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
١	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32_		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	_x_	
AA		Form	990 (	2009)

			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 21			
	<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  9			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	_	Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	, .
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			, (r
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Х	
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		:
9	Sponsoring organizations maintaining donor advised funds.	~		
-	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	_	
	Section 501(c)(7) organizations. Enter		-	
	Initiation fees and capital contributions included on Part VIII, line 12	ŀ		-
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ı	ı	
	Section 501(c)(12) organizations. Enter	•	.	
á	a Gross income from other members or shareholders	-		
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	]	
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	· · · · · · · · · · · · · · · · · · ·			

BAA

Form **990** (2009)

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

Sec	tion A.	Governing Body and Management				
					Yes	No
18	Enter the	number of voting members of the governing body	1a  8			
		number of voting members that are independent	1b 7			,
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business in irector, trustee or key employee?	relationship with any other	2		X
3	Did the o	roanization delegate control over management duties customarily performed by or	under the direct supervision			
		s, directors or trustees, or key employees to a management company or other per rganization make any significant changes to its organizational documents	son /	<u>3</u>		X
-		prior Form 990 was filed?		-4		
5		rganization become aware during the year of a material diversion of the organizati	nn's accets?	5		Х
6		organization have members or stockholders?	0113 033013:	6	_	X
_	Does the	organization have members, stockholders, or other persons who may elect one or	more members of the	•		
	governing	g body? decisions of the governing body subject to approval by members, stockholders, or		7a 7b		X
	-		·	/ 5	<del></del>	<u> </u>
	the follow		dertaken during the year by	,		- - -
	•	rning body?		8a	X	
ı	Each con	nmittee with authority to act on behalf of the governing body?	'	8b	X	
9	Is there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who c cion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	annot be reached at the	9		х
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Internal			
Reve	enue Code	.)				
					Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10a	X	
ŧ	If 'Yes,' o	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10Ь	х	
11		organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 99	-			
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
t	Are office	ers, directors or trustees, and key employees required to disclose annually interest ts?	s that could give rise	12b	х	
c	Does the	organization regularly and consistently monitor and enforce compliance with the p O how this is done See Schedule 0	olicy? If 'Yes,' describe in	12c	Х	
		organization have a written whistleblower policy?		13	^	X
		organization have a written document retention and destruction policy?		14		X
			d approval by independent		<del>,</del>	
		rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and description of the deliberation and description and description and description and description and description are supported by the contemporation of the deliberation and description are supported by the contemporation of the following persons include a review and comparability data, and contemporation substantiation of the deliberation and deliberation are supported by the comparability data.				- `
	_	nization's CEO, Executive Director, or top management official See Schedul	e u	15a	X	
		cers of key employees of the organization See Schedule O		15 b	<u> </u>	
		line 15a or 15b, describe the process in Schedule O. (See instructions.)		- 1	, 1	,
16 a		rganization invest in, contribute assets to, or participate in a joint venture or simila ing the year?	r arrangement with a taxable	16a		X
b	in joint ve	as the organization adopted a written policy or procedure requiring the organization in ture arrangements under applicable federal tax law, and taken steps to safeguary	n to evaluate its participation d the organization's exempt			
S-~		h respect to such arrangements?  Disclosures		16b		
		lates with which a copy of this Form 990 is required to be filed CA				
18	inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	ailable	e for p	oublic
		website X Another's website X Upon request				
19	Describe i statement	in Schedule O whether (and if so, how) the organization makes its governing docu is available to the public See Schedule O	ments, conflict of interest poli	cy, an	d fina	ncıal
20	State the	name, physical address, and telephone number of the person who possesses the	books and records of the orga	nızatı	on	
•	Monet_	Monaghan 220 Montgomery Street, #450 San Francisco	CA 94104 415-561-4	891		

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the organization did no	ot compen	sate a	any (	curre	ent	officer	, dır	ector, or trustee		
(A)	(B)			((	c)			(D)	(E)	(F)
Name and Title	Average hours per week	P Individual trustee or director	institutional trustee	_	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Rev. Canon Sally G. Bingha	l		-			<u> </u>				
President	40	Х		х		İ		110,000.	0.	0.
Amy Rao	<del></del>				-					
Board Chair	1.5	Х		Х		1		0.	0.	0.
Rev. Woody Barlett										
Board Member	1	Х						0.	0.	0.
Will Parish										
Secretary	1	Х		X				0.	0.	0.
Joe Sciortino										
Treasurer	1.5	Х		X				0.	0.	0.
Jenefer Stowell										<del>-</del>
Board Member	1	X						0.	0.	0.
Hunter Lovins										
Board Member	1	X						0.	0.	0.
Susan Stephenson										
Executive Dir.	40			Х				100,000.	0.	0.
				$\dashv$						
	i									
			1						-	
			ľ							
		_	1		1					
				$\dashv$			$\dashv$			
							ŀ			

Part VII   Section A. Officers, Directors, Trus	tees, k	<b>(ey</b>	En	nplo	oye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours		tion (	_	call t	ihat a		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	함	inst	Officer	ξę	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		Individual trustee or director	institutional trustee	ě	em	Highest compensa:	⊓er	(₩-2/1099-₩13C)	(W-21033-MI3C)	organization and related
	1	2 2	3		employee	e g		1		organizations
	ł	stee	hrust		, K	Pens				
		"	ê			ated				
			L		L					
		ļ				l	ļ		1	
		L	L		_					
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					l			İ		
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	-	<u> </u>			├	$\vdash$	-	ļ		<del></del> -
		<del> </del>	H	$\vdash$	H	-				
	1									
	-	$\vdash$	H	H	<del> </del>	$\vdash$	$\vdash$	·	<del></del>	
	i i	i .								
	<del></del>					$\vdash$			· ·	<u> </u>
		_							<del> </del>	
1 b Total							•	210,000.	0.	0.
2 Total number of individuals (including but not limited	d to the	se li	sted	abo	ove)	who	o re		\$100,000 in reporta	able compensation
from the organization   1									•	,
										Yes No
3 Did the organization list any former officer, director	or truste	ee l	(ev	emn	love	2P (	ar bi	inhest compensati	ed employee	
on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such in	ndıvıdua	L	-	•	•	-				3 X
4 For any individual listed on line 1a, is the sum of re	portable	con	npei	nsat	ioņ	and	oth	er compensation	from	
the organization and related organizations greater the individual	nan \$15	0,00	0/1	it 'Ye	es' (	com	pieti	e Schedule J for s	such	4 X
F. Did any navern listed on time 1e receive as account		_4					1-4-	J		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atior ' <i>for</i>	n tro suci	om a h pe	ny i rsoi	unre 1	late	d organization for	services	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	ed indep	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization							ı		<del></del>	
Name and have address	_						1	(B)		(C)
Name and business address	<u> </u>				-		-	Description of	Services	Compensation
						—				
							_		<del></del>	
	-			_						
	_	_							<del></del>	
2 Total number of independent contractors (including	hut not !	lımı*	od +	o th	050	ر ا	<u></u>	hove) who recome	nd more than	121
\$100,000 in compensation from the organization			cu t	o un	USE	nott	.u a	DOVE) WITH TECEIVE	a more man	,

Pa	rt VIII   Statement of Revenue			<del></del>		<del></del>
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
_5 Z	1a Federated campaigns 1a					
X E	b Membership dues 1b		]	1		,
5.5	c Fundraising events.		1		<b>[</b>	
FS	d Related organizations 1d		1			•
5	e Government grants (contributions) 1 e					
Sis	e dovernment grants (contributions)		†			
ĔŸ	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,556,4	102	1			
置し	similar amounts not included above 1f 1,556,4	193.	1	}		1
28	g Noncash contributs included in lns 1a-1f.		1 556 400	4		
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	h Total. Add lines 1a-1f  Business Co		1,556,493.	<del> </del>		
Ž	Dusiness Co	- Jue	<b></b>	ļ		<del> </del>
Ž	2a		<del>                                      </del>	<u> </u>	<u> </u>	<del> </del>
H.	b		<u> </u>	ļ——————————————————————————————————	<del></del>	
Ž				<del> </del>	<u> </u>	
SE	d				ļ	
Ž	e				<del> </del>	
õ	f All other program service revenue		<u> </u>	ļ	<u> </u>	ļ
_&_	g Total. Add lines 2a-2f		<u> </u>	<u> </u>	ļ	
	3 Investment income (including dividends, interest an	d _				C 414
	other similar amounts)		6,414.	<del>                                      </del>	<del> </del>	6,414.
	4 Income from investment of tax-exempt bond proces	ds =		<del> </del>		
	5 Royalties			<u> </u>	ļ	ļ
	(i) Real (ii) Person	nal	1			
	6a Gross Rents		┨.			e .
	<b>b</b> Less rental expenses		ł			
	c Rental income or (loss)		·		ļ	ļ
	d Net rental income or (loss)					
	7a Gross amount from sales of (i) Securities (ii) Othe	r		•		, ,
	assets other than inventory		[			1
	b Less cost or other basis					1
	and sales expenses		,	İ		
	c Gain or (loss)				ļ	
	d Net gain or (loss)			<u> </u>	<u> </u>	<u> </u>
J.	8a Gross income from fundraising events (not including \$					
OTHER REVEN	of contributions reported on line 1c).		İ			
~	See Part IV, line 18		}		1	j
E .	<b>b</b> Less direct expenses <b>b</b>		·	l		İ
O	c Net income or (loss) from fundraising events	<b></b>				
	9a Gross income from gaming activities See Part IV, line 19					
	<b>b</b> Less direct expenses <b>b</b>					,
	c Net income or (loss) from gaming activities	•				
1	10a Gross sales of inventory, less returns and allowances					
i	<b>b</b> Less: cost of goods sold <b>b</b>				<b>[</b>	]
ļ	c Net income or (loss) from sales of inventory	<b>•</b>				
	Miscellaneous Revenue Business Co.	de			_	
- 1	11a Books Sales	$\neg$	2,708.	] '	]	2,708.
	b Miscellaneous	$\neg$	396.			396.
	с					
İ	d All other revenue					
ļ	e Total. Add lines 11a-11d	•	3,104.			(
	12 Total revenue. See instructions	▶	1,566,011.	0.	0.	9,518.
				<u> </u>		<u>-,</u> -

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	<del></del>			<del></del>
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	357,994.	357,994.	٠	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	210,000.	153,300.	8,400.	48,300.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.,	0.	0.	0.
7	Other salaries and wages	211,952.	169,534.	30,729.	11,689.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,777.	6,590.	1,163.	24.
9	Other employee benefits	32,354.	22,682.	7,009.	2,663.
10	Payroll taxes	33, 984.	25,018.	3,274.	5,692.
11	<b>F</b>		23,010.	<u> </u>	5,052.
	a Management				
	o Legal	4,773.	4,773.		
	: Accounting	52,678.	1,110.	52,678.	
	Lobbying	02/0701		02/0/01	
	Prof fundraising svcs See Part IV, In 17		.1		
	Investment management fees		······		
	g Other	95,710.	84,640.	<del></del>	11,070.
12	·	18,505.	18,505.		
13	Office expenses	19,254.	18,463.	791.	
14	Information technology				
15	Royalties				
16	Occupancy	79,463.	61,783.	6,630.	11,050.
17	Travel	9,357.	9,337.		20.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,189.	63,783.	191.	215.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,030.	1,812.	218.	
	Insurance	3,194.	1,494.	1,700.	
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).		,		
a	Website development	32,996.	32,996.		
	Printing and Publications	10,710.	10,710.		
	Video Production	9,530.	9,530.		
d	Postage and Shipping	6,883.	6,863.	20.	
	Donated books	3,260.	3,260.		
	All other expenses	1,444.	1,244.	200.	
	Total functional expenses. Add lines 1 through 24f	1,268,037.	1,064,311.	113,003.	90,723.
26	Joint costs. Check here ► X if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			·	
BAA					Form <b>990</b> (2009)

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	206,662.	1	100
2	Savings and temporary cash investments	744,744.	2	1,245,351
3	Pledges and grants receivable, net	23,951.	3	66,991
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
-	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
8	Notes and loans receivable, net		7	
8	Inventories for sale or use	44,900.	8	35,85
9	Prepaid expenses and deferred charges	11,711.	9	19,59
10	a Land, buildings, and equipment cost or other basis 10a 11,768.			•
}	Complete Part VI of Schedule D			
1	<b>b</b> Less accumulated depreciation 10b 3, 270.	6,201.	10c	8,49
111			11	
12			12	
13			13	
14	Intangible assets		14	
15		5,190.	15	7,47
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,043,359.	16	1,383,86
17	Accounts payable and accrued expenses	37,191.	17	79,71
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			, ,
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	37,191.	26	79,71
	Organizations that follow SFAS 117, check here ► X and complete lines	,		
	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	568,055.	27	697,58
28	Temporarily restricted net assets	438,113.	28	606,56
29	Permanently restricted net assets		29	
1	Organizations that do not follow SFAS 117, check here			
1	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	1,006,168.	33	1,304,142
34	Total liabilities and net assets/fund balances.	1,043,359.	34	1,383,863

form <b>990</b> (2009) The Regeneration Project	94-3335236	Pa	age 12
Rart XI Financial Statements and Reporting			
<u>_</u>		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	Reno Reno		235
If the organization changed its method of accounting from a prior year or checked 'Other,' exp in Schedule O	olain		
2a Were the organization's financial statements compiled or reviewed by an independent account	tant? 2a	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant?	21		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for review, or compilation of its financial statements and selection of an independent accountant?	for oversight of the audit,		Х
If the organization changed either its oversight process or selection process during the tax years in Schedule O	ar, explain		k 5
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the consolidated basis, separate basis, or both.	e year were issued on a		
X Separate basis Consolidated basis Both consolidated and separate basi	ilS		\$
3a As a result of a federal award, was the organization required to undergo an audit or audits as Audit Act and OMB Circular A-133?	set forth in the Single		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo audits, explain why in Schedule O and describe any steps taken to undergo such audits	undergo the required audit		

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

nonexempt charitable trust.

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number The Regeneration Project 94-3335236 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type II C Type III - Functionally integrated d | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (v) Did you notify (i) Name of Supported Organization (ii) EIN (iii) Type of organization (iv) is the (vi) Is the (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) e organization in col (i) of your support? organization in col (i) organized in the US? rganization in col (i) listed in your governing document? Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 The Regeneration Project 94-3335236

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

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

Sec	tion A. Public Support	CO THE BOX OIT III	. <u>0, 7, 0, 0</u> 0, 1 a.	(1.)				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	4,630.	714,478.	502,530.	1,328,730.	1,556,49	93.	4,106,861.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							0.
4	Total. Add lines 1-through 3	4,630.	714,478.	502,530.	1,328,730.	1,556,49	93.	4,106,861.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			i So				2,049,632.
6	Public support. Subtract line 5 from line 4							2,057,229.
Sec	tion B. Total Support	·		<u> </u>	<u> </u>	<u> </u>		2,00,,225.
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	4,630.	714,478.	502,530.	1,328,730.	1,556,49	93.	4,106,861.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		1,328.	9,400.	16,478.	6,41	14.	33,620.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV				92.	3,10	04.	3,196.
11	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , ,		-				4,143,677.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth,	or fifth tax year a	s a section 50	)1(c)(	3)
	tion C. Computation of Pub					<del></del> 1	1	40 5
	Public support percentage for 20 Public support percentage from 2	•	• •	e 11, column (f)		<u> </u>	14 15	49.7 % 56.6 %
	33-1/3 support test - 2009. If the	organization did	not check the box	x on line 13, and	I the line 14 is 33	_		eck this box
Ь	and stop here. The organization 33-1/3 support test – 2008. If the and stop here. The organization of	organization did	not check a box of	on line 13, or 16a	i, and line 15 is 3	3-1/3% or mo	re, cl	neck this box
	10%-facts-and-circumstances teror more, and if the organization rethe organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	e. Éxplain in	Part	IV how
	10%-facts-and-circumstances ter or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a I-circumstances'	nd-circumstances test The organiz	' test, check this ation qualifies as	box and stop her a publicly suppo	e. Explain in rted organizat	Part I tion.	IV how the ▶
18 RAA	Private foundation. If the organiz	ation did not ched	ck a box on line,	13, 16a, 16b, 17a				or 990-EZ) 2009

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

Sec	ction A. Public Support	crea the box on	inc 5 or art i.)				
	endar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1			(2) 2303	(0, 230.	(4) 2000	(0,2003	(i) rotal
2							
3	Gross receipts from activities that are not an unrelated trade or business under section 513			,			
4							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons						
ĺ	h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
•	c Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)	<u> </u>			<u> </u>		
	tion B. Total Support		1 - 1		<del>,                                     </del>	<del></del>	
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	<b>(f)</b> Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			, , , , , , , , , , , , , , , , , , ,			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						34
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secon	d, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
	tion C. Computation of Pub						
	Public support percentage for 20			e 13 column (f))		15	%
	Public support percentage from 2		•	c 10, column (1)).		16	<del>%</del>
	tion D. Computation of Inve				·	110]	
	Investment income percentage for				mn (f))	17	%
	Investment income percentage fr				(1)/	18	
	33-1/3 support tests - 2009. If the o	rganization did not	check the box on lu	ne 14, and line 15 i	is more than 33.1/3	% and line 17 is not	
	more than 33-1/3%, check this bo	ox and <b>stop here.</b>	The organization	qualifies as a pu	iblicly supported o	irganization	▶ [_]
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check Private foundation. If the organiz	this box and stop	here. The organiz	zation qualifies a	s a publicly suppo	orted organization	, and line 18

Schedule A	(Form	990 or 9	990-EZ)	2009	The	Reger	nerat	ion	Project				94-33	35236		Page 4
Part IV	Suppl	lemen	tal Inf	ormat	tion. C	complet	te this	part	to provide	e the	explanation additiona	ns requ	ured by	Part I	I, line 10	0;
	raiti	, 11116	174 0	1 1/0,	ariu r	art III,	IIIIE I	Z. FI	ovide any	Olliel	auditiona	1 11110111	nation.	366 111	Struction	15.
			. <b></b>				. – – <del>-</del>					. <del></del>				
									. – – – – .							
										<b>-</b>	·					
	<b></b> -		. <b></b> _		<del></del>		- <b>-</b>									
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<del>-</del>					. – – –											

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below.

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

OMB No 1545 0047

2009

Open to Public linguation of

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

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations complete Part I-A only.

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

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

	_	s,' to Form 990, Part IV, line 5 (Proxy Tax), organizations: Complete Part III	then		
	e of organization	genization complete t art m		Employer identific	ation number
The	e Regeneration Proj	ect		94-333523	36
		rganization is exempt under secti	on 501(c) or is a		
		organization's direct and indirect political of			
2	Political expenditures			<b>►</b> \$	<b>;</b>
3	Volunteer hours				
Pa	the B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	<b>▶</b> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	<b>▶</b> \$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	a Was a correction made?				Yes No
ŀ	b If 'Yes,' describe in Part IV				
Pa	tile Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3)	•
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities	S
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
3	Total of exempt function exp	penditures Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L, ▶\$	}
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made For each organization	and employer identification number (EIN) i listed, enter the amount paid from the filingere promptly and directly delivered to a se see (PAC). If additional space is needed, pro-	ng organization's fund	is Also enter the amou	int of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			-		
	_ <del></del>			<del>, -</del>	

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 20	09 The Regener	ation Project		94-3335	236 Page 2
Part II-A Complete if section 501	the organization (h)).	n is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► If the fill	ng organization belo	ongs to an affiliated group			
B Check ► If the file	ng organization che	cked box A and 'limited co	introl' provisions apply.		_
(The term	Limits on Lobbyii 'expenditures' mea	ng Expenditures — ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	tures to influence pu	blic opinion (grass roots le	obbying)	22,561.	
<b>b</b> Total lobbying expendit	tures to influence a l	egislative body (direct lob	bying)	5,653.	
c Total lobbying expendit	tures (add lines 1a a	nd 1b)		28,214.	0.
<b>d</b> Other exempt purpose	expenditures			1,242,480.	
e Total exempt purpose of	expenditures (add lir	nes 1c and 1d)		1,270,694.	0.
f Lobbying nontaxable ar both columns	mount Enter the am	ount from the following ta	ble in	202,069.	
If the amount on line 1e, co	lumn (a) or (b) is:	The lobbying nontaxable a	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		*
Over \$17,000,000		\$1,000,000.			
<b>g</b> Grassroots nontaxable	amount (enter 25%	of line 1f)		50,517.	0.
<b>h</b> Subtract line 1g from lii	ne 1a If zero or less	s, enter -0-		0.	0.
i Subtract line 1f from lin	ne 1c If zero or less	, enter -0-		0.	0.
j If there is an amount of section 4911 tax for this	ther than zero on eit s year?	her line 1h or line 1i, did t	he organization file For	m 4720 reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period t t made a section 501(h) el s below. See the instructi	ection do not have to d	complete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying non-taxable amount	38,64	7. 61,607.	183,572.	202,069.	485,895.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					728,843.
c Total lobbying expenditures	1,15	9. 2,317.	9,222.	28,214.	40,912.
<b>d</b> Grassroots nontaxable amount	9,66	2. 15,402.	45,893.	50,517.	121,474.

BAA

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009

22,561.

182,211.

26,676.

2,317.

1,798.

Pai	t.II-E	3	Com	plet	e if t	he	orga	nizati	ion is	exe	mp	t un	der	section	501(	c)(3)	and	has	NOT	filed	Form	5768
			(elec	tion	und	ler :	secti	on 50	)1 <i>(</i> h))	١.	-											

	(a	1)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			,
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		1	•
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-	$\dashv$	
c Media advertisements?	-		
d Mailings to members, legislators, or the public?	+		
e Publications, or published or broadcast statements?	+		<del></del>
f Grants to other organizations for lobbying purposes?	$\vdash$	$\dashv$	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<del></del>		<del>-</del>
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-		<del>-</del>
i Other activities? If 'Yes,' describe in Part IV	<del>  </del>		
·	<del></del>		
j Total Add lines 1c through 1:			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1		···
b If 'Yes,' enter the amount of any tax incurred under section 4912	1 1	1	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501	(cVE)		action E01/aV6
Fait m-A Complete if the organization is exempt under section 501(C/4), section 501	(C)(J)	, UI 3	ection building
			Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			1 1 1 1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization make only inviouse lobbying experiotiones of \$2,000 or less?			3
Part.III-B   Complete if the organization is exempt under section 501(c)(4), section 501	(aVE)		
1 Dues, assessments and similar amounts from members	-	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year		2a	
b Carryover from last year	ŀ	2b	
c Total	ŀ	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ŀ	3	
Aggregate amount reported in section 6055(e)(1)(A) notices of nondeductible section 162(e) dues	ŀ		
	ss l		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polices.	tical		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	tical	4	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)	tical	4 5	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policependiture next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policependiture next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	tical	5	ine 1i

Schedule C (Form 990 or 990-EZ) 2009 The Regeneration Project  [Part] Value Supplemental Information (continued)	94-3335236	Page 4
PartilVa Supplemental Information (continued)		
	·	
	·	
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		<b>-</b>

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

Th	e Regeneration Project				94-333	25236		
Pa	rt I Organizations Maintaining Dono	y Advised Funds or Oth	or Cimilar Fu	ada ar Asa			٠,6	
<u> </u>	the organization answered 'Yes'	to Form 990, Part IV, lin	e 6.	ids or Acc	ounts C	ompiete	 	
		(a) Donor advised	funds	(b) F	unds and	other acco	ounts	
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and do funds are the organization's property, subject			lonor advised	Г	Yes	П	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or do	ting that grant fur onor advisor or fo	nds may be r any other	-	Yes	$\Box$	No
Pa	rt II Conservation Easements Compl	ete if the organization a	nswered 'Yes'	to Form 99	0. Part	IV, line	7.	
1							-	
	Preservation of land for public use (e.g.,	•	$\neg$ ·····	of an historic	ally import	ant land a	area	
	Protection of natural habitat	, ,	<del></del>	of certified hi				
	Preservation of open space							
2	Complete lines 2a through 2d if the organizations day of the tax year.	ion held a qualified conservati	ion contribution in	the form of	a conserva	ation ease	ment	on the
					Held at t	he End of	the Y	ear
	Total number of conservation easements			2a				
1	Total acreage restricted by conservation ease	ments		2 b				
	Number of conservation easements on a certi	ified historic structure included	d ın (a)	2c				
	Number of conservation easements included	in (c) acquired after 8/17/06		2d				
3	Number of conservation easements modified, year ▶	transferred, released, extingu	ushed, or termina	ated by the or	ganızatıon	during th	e tax	
4	Number of states where property subject to co	onservation easement is locat	ed ►		,			
5	Does the organization have a written policy re	egarding the periodic monitoring	ng, inspection, ha	— andling of viol	ations,	1		
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring the year		conservation eas	ements	L	Yes		No
7		nspecting, and enforcing cons	ervation easeme	nts			_	
8	Does each conservation easement reported or	n line 2(d) above satisfy the re	equirements of se	ection			_	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?					Yes	ш	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financial	revenue and expersion statements that	nse statement, describes the	, and balan organizati	ce sheet, a on's acco	and unting	for
Pat	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or , Part IV, line	r <b>Other Sim</b> 8.	ilar Ass	ets		
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or re	search in furthera	nent and balar ance of public	nce sheet service, p	works of a provide, in	art, his Part	storical XIV,
t	olf the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its re lic exhibition, education, or re	venue statement search in furthera	and balance ance of public	sheet worl service, p	ks of art, h provide the	historio e follo	cal wing
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$			
	(ii) Assets included in Form 990, Part X				<b>►</b> \$			
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items	er similar assets t	for financial g	aın, provid	le the follo	owing	
а	Revenues included in Form 990, Part VIII, line	: 1			▶\$			
b	Assets included in Form 990, Part X				►\$			

Schedule <b>D</b> (Form 990) 2009 The					94-333		Page 2
Partill Organizations Mainta	ining Colle	ctions	of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (conti	nued)
3 Using the organization's acquisit items (check all that apply):	ion accession	and oth	er records, che	eck any of the following	that are a significant us	e of its colle	ection
a Public exhibition			<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research			e 🗌 Other		<u>.                                    </u>		
c Preservation for future gener	rations						
4 Provide a description of the organ Part XIV				•		se in	
5 During the year, did the organiza assets to be sold to raise funds or						Yes	No_
Rantiv Escrow and Custodia 9, or reported an amo	unt on Forr	n 990,	Part X, line	21.	ered Yes to Form 9	90, Part IV	/, line 
1a Is the organization an agent, true included on Form 990, Part X?					ther assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	i in Part XIV a	and comp	olete the follow	ring table	<del></del>		
						Amount	<del></del>
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance			_		1f		
2a Did the organization include an a		rm 990, l	Part X, line 21	7		Yes	No
b If 'Yes,' explain the arrangement					00 0 104 ( 10		
Part V Endowment Funds Co						T	
	(a) Current	year	(b) Prior yea		ck (d) Three years back	(e) Four y	
1 a Beginning of year balance	ļ					<u> </u>	
<b>b</b> Contributions	<u> </u>					ļ	
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses				to amaka taska da			
<b>g</b> End of year balance	<u> </u>						
2 Provide the estimated percentage	e of the year e	end bala	nce held as				
a Board designated or quasi-endov	vment ►		<b>%</b>				
<b>b</b> Permanent endowment ▶	<b></b> &						
c Term endowment ▶	{\$						
3a Are there endowment funds not a organization by	in the possess	sion of th	ie organization	that are held and adm	inistered for the	Yes	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations!	listed as	required on Si	chedule R?		3b	
4 Describe in Part XIV the intended	d uses of the	organiza	tion's endowm	ent funds			
art VI Investments—Land, B	uildings, ar	nd Equ	ipment. See	Form 990, Part X	, line 10.		
Description of investment		(a) Cost (inv	or other basis estment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value
1a Land							
<b>b</b> Buildings							
c Leasehold improvements	Ī						
<b>d</b> Equipment							
e Other	<u> </u>		_	11,768.	3,270.		8,498.
otal. Add lines 1a through 1e (Columi	n (d) must ear	ual Form	990, Part X, d		<b>•</b>		8,498.
AA					Sched	ule <b>D</b> (Form	

Schedule D (Form 990) 2009 The Regeneration Part VII Investments—Other Securities See	Project Form 990, Part X, line 12	94-3335236 F 2. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	<u> </u>	Cost of end-of-year market value
Closely-held equity interests		
Other		
	-	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		
Part VIII Investments—Program Related (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	<del>   </del>	
	<del>                                     </del>	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		
Part IX Other Assets (See Form 990, Part X		
(a) [	Description	(b) Book valu
		<del>-</del>
	<del></del>	
··· ··· ·· ·		
Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)	•
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Par		•
		<b>&gt;</b>
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par (a) Description of Liability	t X, line 25)	
Part X Other Liabilities (See Form 990, Par	t X, line 25)	

Sche	edule D (Form 990) 2009 The Regeneration Project	94-333	5236	Page 4
Pa	It XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	-	N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			,
5	Donated services and use of facilities			
6	Investment expenses	ľ		
7	Prior period adjustments	ľ		
8	Other (Describe in Part XIV)	ľ	-	
9	Total adjustments (net) Add lines 4 through 8	ļ		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
a	Net unrealized gains on investments 2a			
t	Donated services and use of facilities 2b	2000 12000		
C	Recoveries of prior year grants 2c	2. 1		
C	Other (Describe in Part XIV)			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
t	Other (Describe in Part XIV)			
	: Add lines <b>4a</b> and <b>4b</b>	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p	<u>er Retu</u>	rn N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a			
	Prior year adjustments 2b			
	Other losses 2c 1Other (Describe in Part XIV) 2d			
	I Other (Describe in Part XIV)  Add lines 2a through 2d			
	Subtract line 2e from line 1	2e		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 3 - 1982		
	Investments expenses not included on Form 990, Part VIII, line 7b.	4-3'y		
h	Other (Describe in Part XIV)	13.14-57		-
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	t XIV:   Supplemental Information	101		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this mation	IV, lines part to p	Ib and 2b, F ovide any a	'art V, dditional
	·		<b>-</b> -	
			<del>-</del>	

Schedule D (Form 990) 2009 The Regeneration Project	94-3335236	Page 5
Schedule D (Form 990) 2009 The Regeneration Project  Part XIV   Supplemental Information (continued)		
•		
	<b></b>	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attatch to Form 990.

OMB No 1545 0047



2009

**Employer identification number** 94-3335236 **2** 

	Employer identification number
The Regeneration Project	94-3335236
Randle General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria used to award the grants or assistance?	and X Vec
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	:

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

i aicity aird Scriedule I-1 (FOITH 990) II additional space is needed	- 0/1/1 990) II add	llonal space Is	needed				<b>A</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Churches Center for Theology	52-1067260 501 (c) (3)	501 (c) (3)	12,500.	0			Regrant Program
ConserveD - Colorado IPL	20-5014522 501 (c) (3)	501 (c) (3)	15,000.	0		:	Regrant,
Ecumenical Ministries of Oregon_245 Bancroft St., Ste. B Portland, OR 97239	93-0625354 501 (c) (3)	501 (c) (3)	10,000.	0			
Faith in Place-Illinois 70 East Lake St., Ste. B Portland, OR 97239	93-0625354 501 (c) (3)	501 (c) (3)	11,000.	0			Regrant Program, Cool
Georgia Interfaith Power and Lig P.O. Box 5866 Atlanta, GA 31107	26-3446212 501 (c) (3)	501 (c) (3)	14,000.	0			Southeast Work
Green Heart Institute P.O. Box 46017 Denver, CO 80201	20-5014522 501 (c) (3)	501 (c) (3)	.000,010	.0			Regrant Program
lowa Interfaith Power and Light. 505 5th Ave., Ste. 333 Des Moines, IA 50309	26-4677966 501 (c) (3)	501 (c) (3)	17,500.	0			Regrant Program
Kentucky Interfaith Power and Li 317 Wendover Ave. Louisville, KY 40207	26-1098830 501 (c) (3)	501 (c) (3)	10,000.	0.			Regrant Program

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Parally Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 94-3335236 (e) Method of valuation (book, FMV, appraisal, other) either be a 501c3 or have a fiscal agent that is a 501c3. A copy of the 501c3 letter As part of the grant approval process, all Regeneration grantees are required to (d) Amount of non cash assistance (c) Amount of cash grant is submitted as part of the grant application process. Part I, Ling 2 - Grantmaker's Description of How Grants are Used The Regeneration Project (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 1 1

Schedule I (Form 990) 2009

BAA

SCHEDULE 1-1		•	;					OMB No 1
(Form 990)		ŭ	ontinuation She	Continuation Sheet for Schedule I (Form 990)	l (Form 990)			20(
Department of the Treasury Internal Revenue Service			► Attach to Form 9 Schedule I (F	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.	ormation for art III.		05	Open to Pu
Name of the organization The Regeneration Project	on Project						Employer identification number	on number
Part   Continuation	Continuation of Grants and Other Assis		ce to Governments	and Organization	ance to Governments and Organizations in the United States (Schedule	1-	(Form 990), Part II.)	(;   t
(a) Name and address of organization or government	of organization or lent	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance		(g) Description of non-cash assistance	(h) Pu gra assi
Maine Interfaith Power and Light P.O. Box 4834 Portland, ME 04112	Ower and Light	01-0536581	581 501 (c) (3)	24.994				Regran Rapid
New York Interfaith 401 Parsons Dr Syracuse, NY 12319	h Power and Li	20-0475519	519 501 (c) (3)	22.000				Regran
North Carolina Council of Church 27 Horne Street Raleigh, NC 27607	Ouncil of Church	56-0619364	364 501 (c) (3)	40,000.				Climat v. Red
Ohio Council of Churches 141 N. Front St. Columbus, OH 43226	lurches	31-4379526	526 501 (c) (3)	31,000.				Cool Congre
Partnership for Earth Spirituali Box 27162 Albuquerque, NM 87125	rth_Spirituali 125	52-239338	52-239338 501 (c) (3)	15,000.				Regran
Salt Lake Interfaith Round Table Box 112016 Salt Lake City, UT 84147	th Round Table	20-0849438 501 (c) (3)	501 (c) (3)	20,000.				Climato y, Cha. Grant
So. Alliance for Clean Energy P.O. Box 1842 Knoxville, IN 37901	lean Energy1	58-1620669 501 (c) (3)	501(c) (3)	15,000.				Climatory, Rap.
Texas Impact Education Fund  221 East Ninth St., Ste. 403 Austin, TX 78701	tion Fund	74-2989021 501 (c) (3)	501(c) (3)	20,000.				Regran Climat
The Climate and Energy Project  941 Kentucky Ave., Ste. 1  Lawrence, KS 66044  VA Interfaith Center for Public	ergy Project Ste. 1 er for Public	48-0842156 501 (c) (3)	501(c) (3)	15,000.				Regran Progra
P.O. Box 12516 Richmond, VA 23241		54-1362857 501 (c) (3)	501 (c) (3)	22,500.				Regran

Regrant, Rapid Respons

Progs

(h) Purpose of grant or assistance

6 OMB No 1545-0047 2009

Open to Public Inspection

Climate/Energ Y, Regrant

Regrant Program

Congregations

Regrant

Program Climate/Energ

Regrant

y, Challenge Grant

Climate/Energ

y, Rapid Response Regrant,

Climate/Energ

|Regrant |Program

Program

Regrant

SCHEDULE 1-1			,					OMB No 1545-0047
(Form 990)		ပိ	Continuation She	lation Sheet for Schedule I (Form 990)	l (Form 990)			2009
Department of the Treasury Internal Revenue Service			► Attach to Form 9 Schedule I (F	► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.	ormation for art III.		O.S.	Open to Public Inspection
Name of the organization The Regeneration Project	on Project						Employer identification number 94-3335236	on number
Part   Continuation	on of Grants and	Other Assistand	e to Governments	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	s in the United Star	tes (Schedule I	(Form 990), Par	rt II.)
(a) Name and address of organization or government	of organization or ent	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vermont Ecumenical Council 285 Maple St. Burlington, VT 05401	Council & Bib	03-0184651 501 (c)	501 (c) (3)	7,000.				Regrant
	1 1 1 1 1 1 1							
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## SCHEDULE O

### **Supplemental Information to Form 990**

OMB No. 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
The Regeneration Project	94-3335236
<u>Form 990, Part III, Line 4d - Other Program Services Description</u>	
Alaska Interfaith Power and Light educated their congregations	about global warming
and advocated for clean energy alternatives to coal, advocated	for renewable energy
incentives, fuel standards, and caps on greenhouse gas emissio	n
Form 990, Part VI, Line 11 - Form 990 Review Process	
The 990 tax return is reviewed and approved by the Board Presi	dent, Treasurer and
the Executive Director before it is filed with the IRS.	~~~~~~~~~~~~~~~
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
Board members are asked to complete and sign a conflict of int	erest disclosure
statement annually.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	Exec. Dir., or Top Mgtment
There were no changes in executive management from last year.	Annual salary
increases for Executive Director and President are approved by	the Board.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer	s & Key Employees
The Board determined salary ranges based on a compensation sur	vey of area nonprofits
and documented these deliberations in the meeting minutes.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Available upon request	

2009 S	chedi	ule A, Part	IV -	Supple	me	ntal lı	nform	nation	·	Page 5
Client TRP07		The	Rege	neration P	roje	ct				94-3335236
11/04/10								<del> </del>		12 32PM
Part II, Line 10 - Other	Income	•								
Nature and Source		2009		2008		2007		2006		2005
Book sales Miscellaneous	m - + - 1	2,708. 396. \$ 3,104.	<del></del>	<u>92.</u> 92.	_		<del>~</del> <del>*</del>			
	Total	\$ 3,104.	\$	92.	\$		0. \$	0	. \$	0.
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## Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate ap

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File a separate application for each return.

OMB No 1545 1709

Form **8868** (Rev 4-2009)

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month	Extension, complete only Part I and check	this box	► X
<ul><li>If you are</li></ul>	filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only	Part II (on page 2 of the	s form)
Do not comp	lete Part II unless you have alrea	dy been granted an automatic 3-month ext	ension on a previously f	led Form 8868
Part! 52	Automatic 3-Month Extens	ion of Time. Only submit original (r	no copies needed).	<del></del>
		, , ,	,	
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension	n – check this box and o	omplete Part I only
All other corp income tax re		, partnerships, REMICS, and trusts must us	se Form 7004 to request	an extension of time to file
Form 990-T.	l (not automatic) 3-month extens	lectronically file Form 8868 if you want a 3- on required to file Form 990-T). However, you non or (2) you file Forms 990-BL, 6069, or 8 y completed and signed page 2 (Part II) of e-file for Charities & Nonprofits	¥8/0 oroupreturns ora	composite or consolidated
	Name of Exempt Organization			Employer identification number
Type or print			ı	
•	The Regeneration Pro			94-3335236
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions		
filing your return See	220 Montgomery Stree		<del></del>	
instructions	City, town or post office, state, and ZIP cod	<del>-</del>		
	San Francisco, CA 94			
	f return to be filed (file a separat	<b>a</b> ''		
X Form 990	<u>-</u>	Form 990-T (corporation)	Form 472	
Form 990	<b> -</b>	Form 990-T (section 401(a) or 408(a) trus	<b>—</b>	
Form 990	I-EZ	Form 990-T (trust other than above)		9
Form 990	-PF	Form 1041-A	Form 887	0
The books	are in the care of ► Monet M	onaghan		
Telephone	No ► 415-561-4891	FAX No ► 415-561	-4891	
<ul><li>If the orga</li></ul>	anization does not have an office	or place of business in the United States,	check this box	▶ □
• If this is fo	or a Group Return, enter the orga	anization's four digit Group Exemption Num	ber (GEN) If	this is for the whole group,
check this	box 🕨 🗍 If it is for part of ti	he group, check this box 🕨 🗌 and attach	a list with the names a	nd EINs of all members
the extens	sion will cover.			
1 I reques	t an automatic 3-month (6 month	ns for a corporation required to file Form 99	00-T) extension of time	
		the exempt organization return for the orga	anization named above	
	ension is for the organization's re	eturn for		
► <u>X</u>	calendar year 20 <u>09</u> or			
<b>▶</b> ∐	tax year beginning	, 20, and ending	, 20	
2 If this ta	x year is for less than 12 months	s, check reason	Final return Cl	nange in accounting period
3a If this ap	oplication is for Form 990-BL, 990 ondable credits. See instructions	D-PF, 990-T, 4720, or 6069, enter the tental	tive tax, less any	3a \$ 0.
	oplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and esti nt allowed as a credit	imated tax payments	<b>зы</b> \$ 0.
deposit	<b>Due.</b> Subtract line 3b from line 3 with FTD coupon or, if required, I ructions	Ba Include your payment with this form, or, by using EFTPS (Electronic Federal Tax Pa	, if required, lyment System)	3c\$ 0.
Caution. If yo payment instr		c fund withdrawal with this Form 8868, see	Form 8453-EO and Form	n 8879-EO for

Form 8868	(Rev 4-2009)		Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II and check	this box
Note. Only	complete Part II if you have already been granted an automatic 3-month extension	ension on a previou	usly filed Form 8868
<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).
	Name of Exempt Organization		Employer identification number
Type or			
print	The Regeneration Project		94-3335236
F. L. 11-	Number, street, and room or suite number. If a P O box, see instructions	<b>""</b>	For IRS use only
File by the extended	Crosby & Kaneda, CPAs	100	
due date for filing the	1611 Telegraph Ave Ste 318	1	
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	32.5	
	Oakland, CA 94612-2151	340 1 a	
Check type	e of return to be filed (File a separate application for each return)		
X Form 9	990 Form 990-PF	Form 1041-A	Form 6069
Form 9	990-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227	
	not complete Part II if you were not already granted an automatic 3-month ex	ktension on a previ	iously filed Form 8868.
	oks are in care of Monet Monaghan		
Telepho	one No. ► 415-561-4891 FAX No ► 415-561-4	<u>891 </u>	
	organization does not have an office or place of business in the United States,		▶[_]
<ul><li>If this is</li></ul>	s for a Group Return, enter the organization's four digit Group Exemption Nur	nber (GEN)	If this is for the
whole grou	ip, check this box   If it is for part of the group, check this box	and attach a list w	ith the names and EINs of all
	he extension is for		
	lest an additional 3-month extension of time until $11/15$ , 20 1		
		$\underline{}$ , and ending $\underline{}$	
		Final return	Change in accounting period
	in detail why you need the extension		
<u>gat</u>	her information necessary to file a complete and	<u>accurate ta</u>	<u>x return.</u>
			<del></del>
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta efundable credits. See instructions	ative tax, less any	8a \$
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c	rodits and actimate	
paym	ents made Include any prior year overpayment allowed as a credit and any a form 8868	imount paid previou	d tax sly 8b \$
c <b>Baian</b> with F	ice Due. Subtract line 8b from line 8a Include your payment with this form, o	r, if required, depos System). See instr	sit s 8c\$
	Signature and Verification		
Under penalties	s of perjury, I declare that I have examined this form, including accompanying schedules and statements mplate, and that I am authorized to prepare this form	, and to the best of my ki	nowledge and belief, it is true,
Signature	Crosby + Laucha Title - CPAS		Date - 8 10 10

FIFZ0502L 03/11/09

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Form **8868** (Rev 4-2009)