# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 2	013 calen	dar year, or tax y	ear beginning		, 20	13, and endin	g		,				
В	Check if app	olicable	С			-			D Emplo	yer Identifi	cation Number			
	Addres	s change	CENTER FOR	NTER FOR ECOLITERACY 94-2911417										
	Name	change	2150 ALLST	ON WAY #270	1				E Teleph	one numbe	r			
	Initial r	-	BERKELEY,	CA 94704-13	377				(51	0) 84	5-4595			
	Termin	ated							·					
	H	led return							G Gross	receipts \$	1,944,651.			
	H	ation pending	F Name and addre	ss of principal officer				H(a) Is this						
		one penamy	SAME AS C					H(b) Are all If 'No,'	subordinate	s included?	Yes No			
$\overline{}$	Tax-exen	npt status	X 501(c)(3)	r ·	✓ (insert no.)	4947(a)(1	or 527	If 'No,'	attach a list	(see instri	uctions) — —			
<u>;</u>	Websit	<del> </del>	W.ECOLITER		(most no.)	10//(4/(	, s	H(c) Group	exemption r	umber ►				
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		mber of vo	oting members of	the governing bo	dy (Part VI, line	e 1a)				3	6			
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£.				nployed in calend		Part V, line	2a)	•		5	11			
Activities &	1		· ·	stimate if necessa	• .	••	•		•	6	0			
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	<b>b</b> Ne	t unrelated	d business taxabi	e income from Fo	orm 990-1, line	34 .		1 -		7 b	0.			
	0 00		and areate (Der	4 \ ////					rior Year		Current Year			
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를		-	•	column (A), lines	3 1 and 7d)			<del></del>	133,	498.	76,680. 81,035.			
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	18 To	tal expens	ies Add lines 13.	17 (must equal P	art is south	(A), line iz	2	1	,926,		2,013,200.			
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Net Assets Fund Baland	<b>21</b> To		es (Part X, line 2	•	•			-		417.	58,773.			
	22 110			Subtract line 21 fr	rom line 20			4	1,811,	992.	4,856,932.			
			re Block											
Und	er penalties	of perjury, I	eclare that I have exar	nined this return, includ ) is based on all informa	ing accompanying so	chedules and s	tatements, and to	the best of m	ny knowledg	e and belief	f, it is true, correct, and			
		7		1771		Ci nas any kii		<del></del>	12.	•	2-14	•		
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				e preparer shown						<u> </u>	X Yes No			
BA	A For Pa	perwork f	Reduction Act No	tice, see the sep	arate instructio	ns.	TE	EA0113L 11	/08/13		Form <b>990</b> (2013)			

Form 990 (2013) CENTER FOR ECOLITERACY

Rartily Checklist of Required Schedules

			res	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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	1	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		t.,	-
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> 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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		х
	c 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	11 c		Х
,	d 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	11 d		х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e		Х
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	_12a	_X_	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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 (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

94-2911417 Page 4 Form 990 (2013) CENTER FOR ECOLITERACY Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . Х 22 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 Х 23 Schedule J 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a. Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? . . . . 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 25a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . 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 Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Schedule N. Part II 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 ... . . . 35b 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

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Note. All Form 990 filers are required to complete Schedule O

Part V_Statements Regarding Other (RS Filings and Tax Compliance)   Check if Schedule O contains a response or note to any line in this Part V.   Vision   No.	Form 990 (2013) CENTER FOR ECOLITERACY	94-2911417		Page !
The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.   1a   47   1b   5   1c   1c   1c   1c   1c   1c   1c	Part V. Statements Regarding Other IRS Filings and Tax Compliance			
1 a Enter the number exported in Box 3 of Form 1096. Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Check if Schedule O contains a response or note to any line in this Part V.			
b Enter the number of Forms W-25 included in line 1a Enter-0-if not applicable  0 Od the organization condy with backs withholding rules for reportable payments to vendors and reportable gaming gambling) writings to prize withholding rules for reportable payments to vendors and reportable gaming gambling) writings to prize withholding rules for reportable payments to vendors and reportable gaming gambling) writings to prize withholding rules for reportable payments to vendors and reportable gaming gambling writings and the companies of the comp			Yes	No
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(gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Dat the organization has unrelated business gross income of \$1.000 or more cluming the year?  bit Yes has it filed a Form 99.1 for this year? If We're have an interest in one signature or other authority over, a transmitted for the ready of the organization have an interest in one signature or other authority over, a transmitted for the ready of the organization have an interest in or a signature or other authority over, a transmitted for the ready of the organization have an interest in or a signature or other authority over, a transmitted for the ready of the organization have an interest in or a signature or other authority over, a transmitted for the ready of the organization have an interest in or a signature or other authority over, a transmitted for the ready of the organization or the signature or other submitty over, a transmitted for the ready of the organization for form 10 F 90-22.1, Report of Foreign Bank and Financial accounts  5a. Was the organization a purty to a prohibited tax sheller transaction?  ci if Yes, if one 5a or 5b, old the organization that it was or is a party to a prohibited tax sheller transaction?  ci if Yes, if one 5a or 5b, old the organization file Form 8886-17?  7 Organizations that were not tax deductible as charitable contributions?  5a Did the organization receive a payment in excess of \$75 made parily as a contributions or grifts were not tax deductible or of the value of the goods or services provided or the groot of the value of the goods or services provided?  7 Did the organization receive a form seed and services of targible personal property for which it was required to file of the supporting organization or otherwise dispose of largible person	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0 **	14	%:
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax State 2 11	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportate (gambling) winnings to prize winners?	ole gaming	X	_ <del>                                    </del>
ments, filed for the calendar year ending with or within the year covered by this return  bit at least one is reported on ine 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 D off the organization from remarked by usiness goess income of \$1.000 or more during the year?  bit it is start filed a form 990. The files year? If it is the 30, provide an epiplantion in Schedule 0  4 a At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial accountly in a toring country (such as a bank account, or other financial account)?  bit if vest, enter the name of the foreign country.  See instructions for 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 sheller transaction at any time during the tax year?  5 a Was the organization apparty to a prohibited tax sheller transaction at any time during the tax year?  5 a Does the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization societ any contributions that were not tax deductible as charitable contributions?  5 a Was the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  5 b If Yes, indicate the number of Forms 8282 filed during the year  c Did the organization received a contribution of qualified mellectual property, did the organization file a Form 10892.  8 Sponsoring organizations make any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations make any taxable distributions under section 49667  9 b Oth the organization received a contribution of cars, boats, airplanes	1 1		1,	**
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Note: If the sum or lines Is and calls greater than 200, you may be required to 4-mic Set institutions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yes his if field a fem 990-Te this year? If We far his 20 you may be 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).  b if Yes, either the name of the foreign country:  See instructions for fitting requirements for Form TD F90/22.1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  c if Yes, to line 5 ac 750, did the organization that it was or is a party to a prohibited tax sheller transaction?  5 a Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization of tax deductible as charitable contributions?  6 a Does the organization in the were not tax deductible as charitable contributions?  6 b If Yes, it did the organization in exceepts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made partly as a contributions or grifts were not tax deductible as charitable contributions?  7 b If Yes, indicate that any receive deductible contributions under section 170(c).  a 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?  b If Yes, indicate the number of Forms 8282 field during the year.  10 If Yes, indicate the number of Forms 8282 field during the year.  21 Did the organization section and year that year the payor of the was excess business.  22 If Yes, indicate the number of Forms 8282 field during the year.  33 E year year year year year year year year	b If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns? 21	X	
b if Yer has it field a Form 90-T for this yea? If 'No' to line 3b, provide an englanation in Schedule 0  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), and other financial account;  b if Yes,' enter the name of the foreign country.  See instructions for fining 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?  5 a Was the organization aparty to a prohibited tax shelter transaction?  5 a Was 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 as charitable contributions?  5 a Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5 b If Yes,' did the organization notify the donor of the value of the goods or services provided?  5 a Utility of the organization notify the donor of the value of the goods or services provided?  5 a Utility of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  5 a Was the organization received a contribution of qualified intellectual property, did the organization funds of the value of the good or services provided?  5 a Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1998.C?  8 Sponsoring organizations and premiums, directly or indirectly, or any personal benefit contract?  7 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998.C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations for a division and premiums, directly or indirectly, or a personal benefit contract?	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)	9	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account), securities account, or other financial account)?  See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  cif Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  cif Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  cif Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  cif Yes, to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any confribitions that were not tax deductible as charitable contributions?  6a	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	38	a	X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90.221, 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?  5 b C of 17 Yes, to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  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 as chantable contributions?  6 a Does the organization shalt were not tax deductible as chantable contributions or gifts were not tax deductible or the state of the sta	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	. 31	b	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes, to line 5a or 5b, did the organization file form 88867.  6 a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitor any contributions that were not tax deductible as charitable contributions?  b if Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b if Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b) did the organization make a distribution to a donor divisor, or related person?  9 b)  Section 501(c(X2) organizations. Enter:  a Initiation fees and capital confributions included on Part VIII, line 12  b) Gross receipts, included on Form 990, Part VIII, line 12  b) Gross receipts, included on Form 990, Part VIII, line 12  b) Gross receipts, included on Form 990, Part VIII, line 12  b) Gross receipts, included on Form 990, Part VIII, line 12  b) Gross receipts, included	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	al Accounts		
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supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting org	nanizations. Did the		-
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b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	· · · · · · · · · · · · · · · · · · ·			
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  2 table	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		b	1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X		<b>*</b>	1 4	/微
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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?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12 b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13 b  14 a Did the organization receive any payments for indoor tanning services during the tax year?  14 a X	<del>*</del>		, ,	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .			
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?	13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	Note. See the instructions for additional information the organization must report on Schedule O			
c Enter the amount of reserves on hand	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in			1
14a Did the organization receive any payments for indoor tanning services during the tax year?	- · · · · · · · · · · · · · · · · · · ·			
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				+

94-2911417 Form 990 (2013) CENTER FOR ECOLITERACY 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.

Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management

					Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 a		6		
ı	b Enter the number of voting members included in line 1a, above, who are independent	1 b		5		21
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relationship or a business relations		h any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	e dire	ct supervision	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		х
_	Did the organization become aware during the year of a significant diversion of the organization	hon's	accatc?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?		assets.	6	<del> </del>	X
7:	a Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or more	<del>  •</del>		<del></del>
,	members of the governing body?	<b></b>		7 a		Х
I	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	mbers	s,	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during	the year by			\$ ' 2
	a The governing body?			8 a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?			8 b		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be	reached at the	9		х
Sec	ction B. Policies (This Section B requests information about policies not reg	uire	d by the Internal	Reven	ue Co	ode.)
	Men at the desire the desire the manual about persons the require				Yes	No
10	a Did the organization have local chapters, branches, or affiliates?			10 a		X
1	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?	and bra	nches to ensure their	10 b	i	
11 8	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11 a		X
- 1	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	o. s	EE SCHEDULE	o 🔯	-	ζ <sub>1</sub> ]
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 .			12 a	X	
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?			12 b		x
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If '\' Schedule O how this was done	Yes,' a 	lescribe in 	12 c		_ X_
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	L
	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and de			7.4		
	a The organization's CEO, Executive Director, or top management official			15 a	ļ	X
	<b>b</b> Other officers of key employees of the organization			15 b	<u> </u>	Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			1		٠.
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	r arrai	ngement with a	16 a	===	X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalual participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	ite its s to sa	afeguard the	16 b	100,00	,
	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed		. <b></b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available.	nd 99	90-T (501(c)(3)s only	/) avaılat	le for	public
	Own website Another's website X Upon request Oth	er (ex	plaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year.  SEE SCHEDULE O	policy, a	and financial statements	available to		
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organizat	ion		
	JAMES KOULIAS 2150 ALLSTON WAY, STE 270 BERKELEY CA 9470	4-13	3 <u>77 (510) 845</u>	<u>-4595</u>		

94-2911417

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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 organization's tax year.
- 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, if any. See instructions for definition of 'key employee'
- 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 neither the organization	nor any rela	ted or	ganız	zatio	n co	mpen	sated	d any current officer, di	rector, or trustee	<u>-</u> -
(A) Name and Title	(B) Average hours per week (list	offic	er an	not less p d a d	check perso precto	more to n is both or/truste	han n an e)	(D)  Reportable compensation from	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	or director	Institutional fustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ZENOBIA BARLOW	40									
ED/ SECRETARY	7-0-	Х		Х				129,669.	0.	27,824.
(2) FRITOF CAPRA	10									
CHAIR/SCHOLAR	7-0-	X		Х				0.	0.	0.
(3) PETER BUCKLEY	10									· ·
TREASURER	7-0-	X		Х				0.	0.	0.
(4) DAVID ORR	3									
DIRECTOR	7	X						0.	0.	0.
(5) NANCY SCHAUB	3									
DIRECTOR	7	X						0.	0.	0.
(6) WENDY WILLIAMS	3									
DIRECTOR	7	X						0.	0.	0.
(7)_CAROLIE_SLY	40									
ED PGM SPECIALIST	7	İ				х		120,224.	0.	26,284.
(8) KAREN BROWN	40	i –								<u> </u>
CREATIVE DIRECTOR	7	1				Х		108,904.	0.	22,717.
(9) JAMES P KOULIAS	40							,		
DEPUTY DIRECTOR	7	İ				Х		102,967.	0.	20,036.
(10)										
	7	1								
(11)									-	
	<b></b>	İ		,						
(12)			†							
	7	1								
(13)										
(14)		+	-				$\vdash$			
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Part VII   Section A. Officers, Directors, Trus	tees, I	Key	En	ıplo	oye	es,	anc	Highest Com	pensated Empl	oyees	(contir	nued)
	(B)			((								
(A)	Average	(40	not c	Pos	sition	than	one	(D)	Œ)		(F)	
Name and title	hours	box	, unle	ess pe	erson	is both or/trus	h an	Reportable compensation from	Reportable compensation from	Es	timated	ha-
	week		-	-	_			the organization (W-2/1099-MISC)	related organizations	com	nt of oth censation om the	
	hours	or dir	탏	Officer	ey	Highest co employee	3	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nızatıor	ù
	related organiza	ecto dua	호	약	<u>ğ</u>	yee c	ଫ				related nization	
	- tions below	ិទ្ធ	a		Key employee	ặ						
	dotted line)	Individual trustee or director	nstitutional trustee		``	ä	Former					
	"""		6			g						
(15)	<del> </del>	$\vdash$		-	├							
<u></u>		1				ļ						
(16)	<del> </del>	$\vdash$	-			$\vdash$						
	1	1										
(17)	<del>                                     </del>			<del>                                     </del>								
222	1	1										
(18)	+					╁─	<del>                                     </del>					
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(19)	<del>                                     </del>	<del>                                     </del>				<b>†</b>	<b> </b>					
237	1	1	ŀ			İ			į			
(20)	<del> </del>				i	1	$\vdash$					
	1	1		1	l	ĺ						
(21)	1				<del>                                     </del>	<b>†</b>	╁	-		i		
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(23)												
	1	1			ļ							
(24)		i										
	7	1										
(25)		ļ										
	7 <b>-</b>											
1 b Sub-total .							<b>•</b>	461,764.	0.		96,8	361.
c Total from continuation sheets to Part VII, Section	n A							0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	461,764.	0.		96,8	<u> 361.</u>
2 Total number of individuals (including but not limited t	o those I	ısted	abo	ve)	who	recei	ved	more than \$100,00	00 of reportable comp	ensation	1	
from the organization  4									<del></del>			1
							-				-Yes-	-No
3 Did the organization list any former officer, director	or, or tru	ıstee	, ke	y en	nplo	yee,	or t	nighest compensa	ted employee	3		77
on line 1a? If 'Yes,' complete Schedule J for such	individu	ıaı	•					• ••		3	بر	X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mp	ensa	tior	and	oth	ner compensation	from		·	
the organization and related organizations greater such individual	than \$1	50,0	00?	IT "	res	com	ipiei	te Scheaule J for		. 4	X	
5 Did any person listed on line 1a receive or accrue	comper	neatio	an fi	rom	anv	unre	alate	ed organization or	individual			
for services rendered to the organization? If 'Yes,	' comple	te S	che	dule	J fo	or su	ch p	person	· · · ·	5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compens compensation from the organization. Report compens	ated ind	eper	iden	nt co	ntra	ctors	tha	at received more t	han \$100,000 of			
		uie c	alei	luai	yea	enu	ing v	(B		. ((	<u>,                                     </u>	
(A) Name and business addre	ess							Description	of services	Compe	nsatio	)n
ERBELMAN, INC. 467 28TH AVE. SAN FRA	ANCST		<u></u>	A 9	41	21	-	CONSULTING		1	15,9	910
DICEBERRY, THE. 407 ZOTH AVE. DAN PRO		<del></del>	<u> </u>	<u>. ,</u>	**			COURTING				
						-		-				
								<u> </u>			-	
										<u> </u>		
2 Total number of independent contractors (including bu	ıt not lım	ited t	o th	ose	liste	d abo	ve)	who received more	than	<del></del>		
\$100,000 of compensation from the organization				-			•					
RAA		TEFΔ	กากย	11/	11/13			<del> </del>	1	Form	990 (	(2013

		0 (2013) CENTER FO		ITE	RACY	<del></del>			94-29	911417	Page
Pai	t Vļ	→									Г
*		Check if Schedule O	contains a		onse or note to an	(A) Total revenue	F	(B) Related or exempt function revenue	busi	c) elated ness enue	(D)  Revenue excluded from ta under sections 512-514
RANTS		Federated campaigns Membership dues		1 a 1 b		· **		. 4	1,5	****	· , », 🎉
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	d e	Fundraising events Related organizations Government grants (contributions)	·	1 c 1 d 1 e	36,305.		***	, 3°' '			
ONTRIBUTI	g	All other contributions, gifts, g similar amounts not included a Noncash contributions included		1 f	1,748,768.	<u> </u>		i de la companya de l	, ,		
E,	n	h Total. Add lines 1a-1f			Business Code	1,785,073.	<del> </del>	***	<del>                                     </del>	#/*##3* 1 4	-
E REVENI	2 a	SEMINAR AND WOR	KSHOPS		900099	76,680.		76,680.			
AM SERVIC	d e		<del>-</del>								
OGR.	f	All other program service	e revenue			76.600	; #*t	~ (A	2 "J5 4 "		<i>′</i>
<u>4</u>	3	I Total. Add lines 2a-2f Investment income (included other similar amounts)	uding divid	dend	s, interest and	76,680.		<u></u>	1,45,		01 025
	4	Income from investmen	t of tax-ex	empi	t bond proceeds.	81,035.		···	<del></del>		81,035
	5	5 Royalties		•	<b>•</b>	1,023.					1,023
	b	Gross rents Less: rental expenses	(ı) Rea	ıl	(II) Personal						
		Rental income or (loss)   Net rental income or (lo	ee)		<u> </u>	<u> </u>	<del> </del>		1.1.2.1		
		Gross amount from sales of assets other than inventory.	(i) Securi	ties	(II) Other	y de la la la la la la la la la la la la la		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		泊漬	2. (2. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1
		Less: cost or other basis and sales expenses : Gain or (loss)									
		Net gain or (loss)	traising ev	 ents							
OTHER REVENUE		(not including . \$ of contributions reported See Part IV, line 18 Less: direct expenses			a b			**************************************	1 2 .		. Hay in the same
5		: Net income or (loss) fro		•	events ►		1				3
		Gross income from gam See Part IV, line 19 Less: direct expenses		ies.	a b						
		: Net income or (loss) fro	m gaming	acti	vities ►		<del> </del>		-		
	10 a	Gross sales of inventory and allowances  Less cost of goods solo	/, less retu	irns	a 840. b 572.					,	
		: Net income or (loss) fro		f inve		268.	-	268.	<del> </del>		
		Miscellaneous Revenu			Business Code	200.		200.			
	11 a	' ) 									_

BAA

d All other revenue

e Total. Add lines 11a-11d ... 12 Total revenue. See instructions.

1,944,079. TEEA0109L 07/08/13

76,948.

82,058. Form **990** (2013)

0.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a re			(0)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	נט) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See			,	*
	Part IV, line 21	17,000.	17,000.	· * * * * * * * * * * * * * * * * * * *	
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14,925.	14,925.		Y K
3	Grants and other assistance to governments,	14, 323.	14, 323.		
•	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	192,802.	160,714.	9,168.	22,920
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	F	0. 777,777.	569,998.	125,529.	82,250
-	Pension plan accruals and contributions	111,111.	309,990.	123,329.	02,230
8	(include section 401(k) and 403(b) employer contributions)	60,844.	45,071.	8,966.	6,807
9	Other employee benefits .	110,761.	80,678.	18,752.	11,331
0	Payroll taxes	72,552.	53,744.	10,691.	8,117
	Fees for services (non-employees)				
	a Management				
	b Legal	5,704.		5,704.	
	c Accounting	18,969.		18,969.	
	d Lobbying		* **	*** *** ** **	
	e Professional fundraising services. See Part IV, line 17	2,419.	*	, y	2,419
	f Investment management fees				
	(A) amount, list line 11g expenses on Schedule 0)SCH O	316,524.	307,189.	9,335.	
13	Office expenses				
4	Information technology	7,140.		7,140.	
5	Royalties				<del></del>
6	Occupancy	93,060.	68,936.	13,713.	10,411
7	Travel	63,660.	61,590.	1,341.	729
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				<del></del> =
9	- <u>'</u>	69,211.	69,211.		
20	Interest		,		
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	72,782.	53,914.	10,725.	8,143
23	Insurance .	13,872.	10,276.	2,044.	1,552
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a SUPPLIES	44,651.	40,856.	2,157.	1,638
	b PHOTOS/VIDEOS/ILLUSTRATIONS	14,860.	14,860.	2,10,.	
	C TELEPHONE/WEBSITE	12,562.	9,306.	1,851.	1,40
	d EUIPMENT RENTAL	11,211.	8,305.	1,652.	1,25
	e All other expenses	19,914.	12,317.	2,620.	4,97
25	Total functional expenses. Add lines 1 through 24e	2,013,200.	1,598,890.	250,357.	163,95
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   If following				
	SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part	t X.		_			
				(A) Beginning of year		<b>(B)</b> End of year		
$\neg$	1	Cash – non-interest-bearing		42,263.	1	85,122.		
-	2	Savings and temporary cash investments		613,443.	2	722,863.		
	3	Pledges and grants receivable, net		202,360.	3	44,363.		
	4	Accounts receivable, net	•	24,845.	4	33,145.		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		Fig. 1	*. · · · · · · · · · · · · · · · · · · ·			
	6	Loans and other receivables from other disqualified persons (as defined un section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employer beneficiary organizations (see instructions) Complete Part II of Schedule II	l es'		6			
A	7	Notes and loans receivable, net		3,802,033.	7	3,916,094.		
A S E T S	8	Inventories for sale or use		10,705.	8	25,702.		
Ī	9	Prepaid expenses and deferred charges		31,948.	9	8,966.		
	10 a	Land, buildings, and equipment: cost or other basis	,994.					
	b		,461.	84,716.	10 c	35,533.		
	11	Investments – publicly traded securities			11			
	12	Investments – other securities See Part IV, line 11			12			
	13	Investments – program-related. See Part IV, line 11			13			
Ì	14	Intangible assets		49,241.	14	37,062.		
Ì	15	Other assets. See Part IV, line 11		6,855.	15	6,855.		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		4,868,409.	16	4,915,705.		
	17	Accounts payable and accrued expenses .		40,130.	17	53,736.		
	18	Grants payable		16,287.	18	5,037.		
ļ	19	Deferred revenue			19			
닏	20	Tax-exempt bond liabilities						
À	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21			
A B I L 1 T	22	Loans and other payables to current and former officers, directors, trustee key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	s, s.		22			
- 1	23	Secured mortgages and notes payable to unrelated third parties			23			
E S	24	Unsecured notes and loans payable to unrelated third parties			24			
	25	Other liabilities (including federal income tax, payables to related third par and other liabilities not included on lines 17-24). Complete Part X of Sche	rties, dule D		25			
	26	Total liabilities. Add lines 17 through 25		56,417.	26	58,773.		
Ę_		Organizations that follow SFAS 117 (ASC 958), check here-► X and comp	plete —		制出	■ 3 For \$1, 0.000(33) To take 10 Constitution 10 Constitution 1.      ■ 3 For \$2.000(33) To take 10 Constitution 10 C		
Ť		lines 27 through 29, and lines 33 and 34.						
ASSETS	27	Unrestricted net assets		4,110,378.	27	4,183,061.		
Į	28	Temporarily restricted net assets		701,614.	28	673,871.		
P R	29	Permanently restricted net assets			29			
		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.						
E UZD	30	Capital stock or trust principal, or current funds			30			
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund			31			
۲	32	Retained earnings, endowment, accumulated income, or other funds			32			
<b>B4し420mの</b>	33	Total net assets or fund balances		4,811,992.	33	4,856,932.		
Š	34	Total liabilities and net assets/fund balances		4,868,409.	34	4,915,705.		
BA	A					Form 990 (2013)		

orn	n 990 (2013) CENTER FOR ECOLITERACY 94-2	<u> 2911417</u>	Pa	ge 12
Pai	tXI⊋ Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI .			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,944,0	)79 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,013,2	200.
3	Revenue less expenses. Subtract line 2 from line 1	3	-69,1	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,811,9	992.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	114,0	)61.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,856,9	<u> 332.</u>
Pai	rt XII <sup>*</sup> Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			$\Box$
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Service Construction	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
ı	b Were the organization's financial statements audited by an independent accountant?		2 b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	te		
	X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	<u> </u>
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3 a	Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		3 b	
BAA			Form <b>990</b>	(2013)

BAA

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

Department of the Treasury Internal Revenue Service

## **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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2013

Name of t	e of the organization Employer identification number											
CENT	ER FOR ECOLITER	ACY						94-29	11417	<u> </u>		
Part I	Reason for Publ	c Charity Status	(All organizations	must c	omple	te this	part.)	See II	<u>ıstruct</u> ı	ions.		
The org	janization is not a privat	e foundation because	e it is: (For lines 1 throu	ugh 11,	check o	nly one	box )					
1 [	A church, convention	of churches or assoc	ciation of churches desc	ribed in	section	170(b)(	(1)(A)(i).	•				
2 [	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	.)								
3 [			e organization describe									
4	A medical research o	rganization operated	in conjunction with a ho	ospital c	lescribe	d in sec	tion 17	)(b)(1)(A	Miii) Er	nter the hospital	S	
	name, city, and state							- <b></b> -	<b>_</b>			
5	<b>_ 170(b)(1)(A)(iv).</b> (Cor	nplete Part II)	college or university owner					unit des	cribed in	section		
6	<b>→</b> .		overnmental unit describ									
	in section 170(b)(1)(4	<b>(Complete Par</b>				ental uni	t or from	the gen	ierai pubi	lic described		
8 [			'0(b)(1)(A)(vi). (Complet		•							
9 [	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	An organization orga	nized and operated e	xclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).				
11	An organization organi more publicly suppor describes the type of	zed and operated excluted organizations des	usively for the benefit of, scribed in section 509(a) ion and complete lines	to perfor )(1) or s 11e thro	m the fusection 5 ough 11	inctions o 509(a)(2) h.	of, or ca ) See s	rry out th	e purpos 5 <b>09(a)(3)</b>	ses of one or L. Check the box	that	
	a ∏Type I b						_			unctionally integ		
e [	By checking this box, other than foundation r section 509(a)(2).	l certify that the organian agers and other that	anization is not controlled one or more publicly s	ed direct	tly or in l organiz	directly ations de	by one escribed	or more in section	dısqualı on 509(a)	ified persons (1) or		
f	If the organization rece check this box	ived a written determin	nation from the IRS that is	s a Type	I, Type	II or Typ	e III sup	porting o	rganızatı	on,		
g	Since August 17, 200	6, has the organization	on accepted any gift or	r contrib	ution fr	om any	of the fo	ollowing	persons			
										Yes	No	
	(i) A person who d	irectly or indirectly co	ontrols, either alone or toported organization?	together	with pe	ersons d	escribe	din (II)	and (III)	11 g (i)	}	
	•	er of a person describ	-	••••			•	•		11 g (ii)	<del> </del>	
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) al	bove?						11 g (iii)		
h	Provide the following	information about th	e supported organizatio	n(s)								
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in listed in overning ment?—	(v) Did yo the organi column ( supp	ızatıon in ı) of your	organiz colur organiz	s the ation in in (i) ed in the	(vii) Amount of mo support	netary	
				Yes	No	Yes	No	Yes	No			
		•										
(A)												
(B)									:			
(C)				-		<u> </u>	ļ <u>-</u> .					
(D)												
<u>(E)</u>												
Total												

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

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support				<u>-</u> .	· · · · · ·					
Cale	endar year (or fiscal year inning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.).	930,294.	1,500,525.	1,582,083.	1,711,373.	1,785,073.	7,509,348.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
4	Total. Add lines 1 through 3	930,294.	1,500,525.	1,582,083.	1,711,373.	1,785,073.	7,509,348.				
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)			* *	* *		3,190,683.				
	Public support. Subtract line 5 from line 4		<u> </u>			7 m	4,318,665.				
Sec	ction B. Total Support			1							
Calo beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total				
7	Amounts from line 4	930,294.	1,500,525.	1,582,083.	1,711,373.	1,785,073.	7,509,348.				
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	82,502.	105,643.	94,503.	97,383.	82,058.	462,089.				
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)	1,276.		2.	1,380.	<u>\$</u> \$1.	2,658.				
11	Total support. Add lines 7 through 10				*.	*	7,974,095.				
-12-	-Gross receipts from related activ	rities, etc (see ins	tructions)			12	592,581.				
	First five years. If the Form 990 is organization, check this box and	stop here	<u> </u>	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ [				
	ction C. Computation of Pu					1421	FA 160/				
14	Public support percentage for 20 Public support percentage from	• ,	•	ne 11, column (f))	1	14	54.16 % 52.74 %				
	a 33-1/3% support test – 2013. If	the organization	did not check the	box on line 13, a			check this box				
	and stop here. The organization  h 33-1/3% support test = 2012 lift					33-1/3% or more	check this box				
	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	<b>re.</b> Éxplain in Part	IV how				
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	re. Explain in Part led organization	IV how the ▶				
BA/	Private foundation. If the organi	Zation did not che		13, 10a, 10b, 1/a			90 or 990-FZ) 2013				

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

Support Schedule for Organizations Described in Section 303(4)	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization	n fails
to qualify under the tests listed below, please complete Part II.)	

Sect	tion A. Public Support						<u> </u>
Calend	dar year (or fiscal yr beginning in) >	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
	tion B. Total Support				1	4 > 0010	
	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
14	First five years. If the Form 990 organization, check this box and			nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage			·	
15	Public support percentage for 20			ne 13, column (f))		15	8
	Public support percentage from			•	·	16	%
<u>Sec</u>	tion D. Computation of Inv				<del></del>		1
17	Investment income percentage			-	ımn (f)).	17	%
18	Investment income percentage					18	%
	33-1/3% support tests — 2013. I is not more than 33-1/3%, check	k this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organizatio	n . ▶ 📗
	33-1/3% support tests — 2012. I line 18 is not more than 33-1/3%	%, check this box	and <b>stop here.</b> Th	ne organization qu	ualifies as a public	ly supported orga	anization 🏲 💹
20	Private foundation. If the organ	zation did not che	eck a box on line			hedule A (Form 9	<u></u>

Schedule A	(Form 990 or 990-EZ) 2013	CEN	TER	FOR	ECOLITERACY		94-29114 <u>17</u>	Page 4
Partiv	Supplemental Informati or 17b; and Part III, line (See instructions).	<b>on.</b> F 12. <i>F</i>	Provid Also d	de the	e explanations lete this part fo	required by Part II, or any additional info	line 10; Part II, line 17a ormation.	
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#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No 1545-0047

Inspection ...

Department of the Treasury Internal Revenue Service Name of the organization

b Assets included in Form 990, Part X.

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

CENTER FOR ECOLITERACY 94-2911417 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 4,000,000 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? X Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? X Yes Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ▶\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ► S

TEEA3301L 10/02/13

Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 CENTI					94-291		Page 2
Part III Organizations Mainta	ining Colle	ctions	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	i, accession, a	nd other	records, check ar	ny of the following that a	re a significant use of its o	collection	
a Public exhibition			<b>—</b>	r exchange programs			
<b>b</b> Scholarly research			e U Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.				•			
5 During the year, did the organiza to be sold to raise funds rather ti	ition solicit or	receive	donations of art	, historical treasures, o	or other similar assets	Yes	No
Part IV Escrow and Custodia							
line 9, or reported an	amount on	Form	990, Part X, I	ine 21.		, , , , , , , , , , , , , , , , , , , ,	,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	ın, or ot	her intermediary	for contributions or ot	ner assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII a	and com	plete the following	ng table.			
						Amount	
c Beginning balance					. 1c		
<b>d</b> Additions during the year					1d		
e Distributions during the year					1 e		
f Ending balance					1f		
2 a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII	Check h	nere if the explan	tion has been provided	d in Part XIII .		
Part V Endowment Funds. C	omplete if	the or	ganization and	swered 'Yes' to Fo	rm 990, Part IV, Im	e 10.	
	(a) Current	year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	irs back
1 a Beginning of year balance			<u> </u>	<u> </u>			
<b>b</b> Contributions .							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships .							
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the curre	nt year	end balance (line	e 1g, column (a)) held	as:		
a Board designated or quasi-endowm	ient ►		8				
<b>b</b> Permanent endowment ►	~	;					
c Temporarily restricted endowmen	nt ►		8				
The percentages in lines 2a, 2b,	and 2c shoul	d equal	100%				
3a Are there endowment funds not in to organization by:	the possession	of the o	organization that a	re held and administered	d for the	Yes	No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	-
b If 'Yes' to 3a(ii), are the related of	organizations	listed a	s required on Sc	hedule R?		3b	
4 Describe in Part XIII the intended	-					<del></del>	
Part VI Land, Buildings, and	Equipment	t.			<del></del>		-
Complete if the organ			'Yes' to Form	990, Part IV, line	11a. See Form 990	, Part X, Iı	ne 10.
Description of property	<del></del>	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
1 a Land		<u> </u>			A 63 % 64 %		
<b>b</b> Buildings .							
c Leasehold improvements				164,720.	151,038.	13	3,682.
d Equipment				125,274.	103,423.		.,851.
e Other			<del></del>	143,414.	103,443.	۷.	.,001.
Total. Add lines 1a through 1e. (Colum	n (d) must e	gual Fo	rm 990 Part Y o	column (B) line 10(c)	<b>&gt;</b>	2.0	5,533.
BAA	(G) MOSE C	quai i O	550, 1 art X, 0	County (D), line To(C)		le <b>D</b> (Form 99	

94-2911417

Page 2

Schedule **D** (Form 990) 2013

BAA

Part VII Investments — Other Securities.		N/A	00 D-4 V I 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	<del></del> -		
(H)			
(I)	<del>.</del>		£3;-
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)  Part VIII		N/A	* *,`
Complete if the organization answered	'Yes' to Form 990	), Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
(1)			<del>-</del>
(2)			· <u></u>
(3)			
(4)	· · ·		
(5)			
(6)			
(7)			<u></u>
(8)			1547
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			**********
Part IX Other Assets. Complete if the organization answered	N/A 'Yes' to Form 990	) Part IV line 11d See Form 9	90. Part X. line 15.
	scription	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)		<del></del>	
(8)			
(9)		······································	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3), line 15 )	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes		<u> </u>	
(2)			
(4)		<del> </del>	
(5)	•	<del> </del>	
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>&gt;</b>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for			liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote it	has been provided in Part XII	l	П

TEEA3303L 10/02/13

Schedule **D** (Form 990) 2013

Part XII Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	2,058,712.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		<b>½.</b>	
a Net unrealized gains on investments .	2 a		
<b>b</b> Donated services and use of facilities	2 b	1" ,	
c Recoveries of prior year grants	2 c	1	
d Other (Describe in Part XIII ) SEE PART XIII	2d 114,633.	<b>†</b> ₹	
e Add lines 2a through 2d	111,000.	2 e	114,633.
3 Subtract line 2e from line 1	•	3	1,944,079.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 I I	<b>V</b>	1, 344, 073.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	[ "	
<b>b</b> Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	40	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1 044 070
	·		1,944,079.
Reconciliation of Expenses per Audited Financial Statemer		Return.	
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 12a.	1	
1 Total expenses and losses per audited financial statements		1	2,013,772.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		l	
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b	] `	
c Other losses	2 c	] .	
d Other (Describe in Part XIII ) SEE, PART XIII	2d 572.	1 3.1	
e Add lines 2a through 2d		2 e	572.
3 Subtract line 2e from line 1		3	2,013,200.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII.)	4 b	] -	
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	5	2,013,200.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also com	Part IV, lines 1b and 2b, Par plete this part to provide any	t V, additional	I information.
BAA		Schedule I	(Form 990) 2013

# SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No 1545-0047	2013

Employer Identification number	94-2911417	
		İ

(Form 990)	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	2013.
Department of the Treasury Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public
Name of the organization	Emple	Employer identification number
CENTER FOR ECOLITERACY		94-2911417
Part I General I	Part I. General Information on Grants and Assistance	
1 Does the organize the selection crit	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part l'	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	]
Part II Grants an	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	ered 'Yes' to
Form 990	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	eeded.

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
(1) CITY YOUTH NOW	94-1519135 501 (C) (3)	501(C)(3)	7,000.	0	0. COST		JUVENILE JUSTICE CENTER GARDEN PROJ
(Z) LA HONDA-PESCADERO USD 360 BUTANO CUTOFF PESCADERO, CA 94060	N/A	LA HONDA-PESCADE N/A RO U	10,000.	0.	COST		FOOD SERVICE PROGRAM
(3)							
(4)							
(6)							
<u>6</u>							
(8)							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	3) and government or ons listed in the line	ganizations listed in table	n the line 1 table	-			
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	s for Form 990.		TEEA3901L	07/12/13	Schedu	Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) CENTER FOR ECOLITERACY

Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	jo "	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP TO ATTEND A		15	14,925.			
2						
m						
4						
5						
9						
7		· · ·				
Bartiv Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b)	ide the infor	mation	required in Part I,	line 2, Part III, col	_	and any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING	MONITORIN		USE OF GRANTS FUNDS IN U.S.	DS IN U.S.		
CEL_REQUIRES WRITIEN PROPOSALS AND WRITTEN DOCUMENTATION THAT REPORT ON THE GOALS,	S_AND_WRIT	TEN D	CUMENTATION T	HAT REPORT ON .	ĽHE GOALS.	
OBJECTIVES, AND ACTIVITIES OF THE GRANT.	THE GRANT		DICES FOR ALL	INVOICES FOR ALL EXPENDITURES ARE REQUIRED	ŖĔ_ŖĔQŬĬŖĔĎ	
AND_25%_WITHHOLD WILL BE MADE_UNTIL_RECEI	UNTIL REC	EIPT (	PI OF WRITTEN DOCUMENTATION.	<u>UMENTATION</u>		
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	 	! ! ! !				
	<del></del>					
ВАА						Schedule I (Form 990) (2013)

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

<u>CENTER FOR ECOLITERACY</u>

Part I Questions Regarding Compensation

Employer identification number

94-2911417

				Yes	No
1 a Check the appropriate VII, Section A, line	ate box(es) if the organization provided any of t a 1a Complete Part III to provide any releva	the following to or for a person listed in Form 990, Part ant information regarding these items			, lik
First-class or o	charter travel	Housing allowance or residence for personal use	1.41	, , , ,	*
Travel for com	npanions	Payments for business use of personal residence		٠,	į
Tax indemnific	cation and gross-up payments	Health or social club dues or initiation fees	10°21'5		24 N
Discretionary	spending account	Personal services (e.g , maid, chauffeur, chef)			•
h If any of the hoves	on line 1a are checked, did the organization fol	llow a written policy regarding payment or			
reimbursement or	provision of all of the expenses described a	above? If 'No,' complete Part III to explain	1 b		
	n require substantiation prior to reimbursing or ers, including the CEO/Executive Director, r	allowing expenses incurred by all officers, directors, regarding the items checked in line 1a?	2		
3 Indicate which, if ar CEO/Executive Dir establish compens	ny, of the following the filing organization used rector. Check all that apply Do not check all sation of the CEO/Executive Director, but ex	to establish the compensation of the organization's ny boxes for methods used by a related organization to plain in Part III			
Compensation	n committee	Written employment contract			(S)
Independent o	compensation consultant	Compensation survey or study			, ,
Form 990 of o	ther organizations	Approval by the board or compensation committee			
<u> </u>			- A		
4 During the year, d or a related organ	id any person listed in Form 990, Part VII, Sization.	Section A, line 1a with respect to the filing organization			
	nce payment or change-of-control payment?		4 a		X
	eceive payment from, a supplemental nonq		4 b		X
	eceive payment from, an equity-based com		4 c	, ,	X
If 'Yes' to any of li	ines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III	,		
Only section 501(	c)(3) and 501(c)(4) organizations must com	plete lines 5-9.	37	72. J.	į»
5 For persons listed contingent on the	in Form 990, Part VII, Section A, line 1a, drevenues of:	did the organization pay or accrue any compensation			`,
a The organization?			5 a		X
<b>b</b> Any-related-organ	ızatıon?		-5 b		_X_
If 'Yes' to line 5a	or 5b, describe in Part III.		1>	',	
6 For persons listed contingent on the	in Form 990, Part VII, Section A, line 1a, d net earnings of	did the organization pay or accrue any compensation			
a The organization?			6a		Х
-	ızatıon?		6Ь		Х
If 'Yes' to line 6a	or 6b, describe in Part III.		*		
	in Form 990, Part VII, Section A, line 1a, d cribed in lines 5 and 6? If 'Yes,' describe in		7		Х
to the initial contra	act exception described in Regulations secti	crued pursuant to a contract that was subject ion 53 4958-4(a)(3)?			.,
If 'Yes,' describe i			8		<u>X</u>
9 If 'Yes' to line 8, did section 53 4958-6	d the organization also follow the rebuttable pre	esumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2013

Page 2

Schedule J (Form 990) 2013 CENTER FOR ECOLITERACY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

		(B) Breakdown of \	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	I	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	Denefits		reported as deferred in prior Form 990
ZENOBIA BARLOW	ω	129, 669.	0	0	12,967.	14,857.	157, 493.	0
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ВАА			TEEA4102L 07/08/13	<u>n</u>			Schedule J	Schedule <b>J</b> (Form 990) 2013

Schedule J (Form 990) 2013 CENTER FOR ECOLITERACY	Y 94-2911417 Page 3
Part 🕕 Supplemental Information	
Provide the information, explanation, or descriptions requir complete this part for any additional information.	equired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also
ВАА	Schedule <b>J</b> (Form 990) 2013

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

#### **Transactions With Interested Persons**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

· | 2013

ZU13

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> (5) (6)

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Employer identification number

CENTER	FOR	<b>ECOLITERAC</b>	Y
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94-2911417

	Complete if the organization ans	swered 'Yes' on Form 990, Part IV, line 25a or 25	b, or Form 990-EZ, Part V, line 40b.		
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected?
'		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					

#### Randle Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ızatıon?	(e) Original principal amount	(f) Balance due	(g) In (	lefault?	(h) Ap by bo comm	proved ard or uttee?	(i) Wa agree	ritten ment?
			То	From	·		Yes	No	Yes	No	Yes	No
(1)												
(2)						"						
(3)	,		[									
(4)												
(5)	,											
(6)												
(7)												
(8)			ĺ									
(9)												
(10)												
Total	• •				<b>▶</b> \$	•						

#### Rartilla Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					_
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2013

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring o
	organization			Yes	No
(1) FRITOF CAPRA	BOARD CHAIR	40,000.	LECTURES		X
(2)		_			
(3)					<u> </u>
(4)			·	<u> </u>	┡
(5)				<del></del>	⊬
(6) (7)				<del> </del>	├─
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(9)					
(10)				<del>-  </del>	
Part V. Supplemental Information Provide additional information for	•				
				  	· — —
· <b></b>					· <del>-</del> -
· <b></b>					· — -
·					· <b>_</b> _
. <b></b>					
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		<del>-</del>			· <b>–</b> -
					· — –
- <b></b>				<b>-</b>	
·					. <b>_</b> -
	<del>-</del>				

#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification numbe

Name of the organization 94-2911417 CENTER FOR ECOLITERACY FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS THE CENTER FOR ECOLITERACY (CEL) ADVANCES ECOLOGICAL EDUCATION IN K-12 SCHOOLS, RECOGNIZING THAT STUDENTS NEED TO EXPERIENCE AND UNDERSTAND HOW NATURE SUSTAINS LIFE AND HOW TO LIVE ACCORDINGLY. CEL'S WORK IS BASED ON SYSTEMS THINKING, LEADERSHIP DYNAMICS, AND HOW YOUNG PEOPLE LEARN. WE INFLUENCE EDUCATION DECISION MAKERS BY ARTICULATING STRATEGIC FRAMEWORKS AND ENGAGING WITH SCHOOL COMMUNITIES, FOUNDATIONS, FILMMAKERS, AND OTHER CHANGE AGENTS. WE CREATE BOOKS AND RESOURCES, INCLUDING MATERIALS PRODUCED UNDER OUR PUBLISHING IMPRINT, LEARNING IN THE REAL WORLD®. WE OFFER PROFESSIONAL DEVELOPMENT; PROVIDE CONSULTING, AND PRESENT SEMINARS FOR OUR LOCAL AREA AND STATE OF CALIFORNIA EDUCATORS, AS WELL AS FOR REPRESENTATIVES OF SCHOOLS AND ALLIED ORGANIZATIONS FROM OVER 500 CITIES ON SIX CONTINENTS IN 2013 THE CENTER FOR ECOLITERACY CONTINUED TO EXPAND OUR SUITE OF SCHOOL FOOD SYSTEM REFORM PROGRAMS USING OUR RETHINKING SCHOOL LUNCH PLANNING FRAMEWORK, WITH MAJOR SUPPORT FROM THE TOMKAT CHARITABLE TRUST, S.D. BECHTEL, JR. FOUNDATION, AND THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE SPECIALTY FOOD BLOCK GRANT, LAUNCHING LOCAL, STATEWIDE, AND NATIONAL PROGRAMS WORKING IN COLLABORATION WITH THE LOCAL OAKLAND UNIFIED SCHOOL DISTRICT (OUSD), CEL DEVELOPED A STRATEGY FOR LAUNCHING IMPLEMENTATION OF THE 2012 OUSD FEASIBILITY STUDY (PREVIOUSLY CONDUCTED BY CEL) THROUGH A PILOT PROGRAM CALLED CALIFORNIA THURSDAYS™ THIS INITIATIVE EXPANDS AND HIGHLIGHTS FRESHLY PREPARED MEALS WITH INGREDIENTS SOURCED ENTIRELY FROM CALIFORNIA GROWERS AND PRODUCERS IN INCREMENTAL AND ACHIEVABLE STEPS, GOING FROM AN INITIAL SCHOOL LUNCH OFFERING UP TO WEEKLY OFFERINGS OF CALIFORNIA-GROWN FOODS. THE PROJECTED TIMELINE FOR CALIFORNIA THURSDAYS INCLUDE THE

CENTER FOR ECOLITERACY	94-2911417
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
DISTRICTS.	. <b></b>
IN_ADDITION, CEL_COMPLETED_A_YEAR-LONG_CAMPAIGN_TO_ADVANCE_S	CHOOL FOOD INNOVATION
ALONG WITH EDUCATIONAL LEARNING OPPORTUNITIES ARTICULATED IN	A RETHINKING SCHOOL
LUNCH OAKLAND CENTRAL KITCHEN, URBAN FARM, AND EDUCATION CEN	TER CONCEPT PAPER. THE
PROGRAMS WERE PRESENTED TO AND APPROVED BY THE FOSTER CENTER	STEERING COMMITTEE,
FOLLOWED THE BOARD OF EDUCATION'S APPROVAL OF THE CENTER FOR	ECOLITERACY'S MEMORANDUM
OF UNDERSTANDING WITH THE DISTRICT AS THE LEAD FACILITATOR F	OR_THE_INITIATIVE
<del></del>	
CEL_CONTINUED_EXPANDING_ITS_STATEWIDE_INITIATIVE, CALIFORNIA_FO	OOD FOR CALIFORNIA KIDS™
BY CONDUCTING ITS 3RD STATEWIDE EVENT, PRESENTED IN CONJUNCT	ION WITH THE CALIFORNIA
SCHOOL NUTRITION ASSOCIATION. CEL CONVENED 149 WORKSHOP PAR	TICIPANTS FROM 49 SCHOOL
DISTRICTS IN 20 COUNTIES, INCLUDING 129 NUTRITION SERVICES D	IRECTORS AND STAFF
MEMBERS, FROM DISTRICTS SERVING MORE THAN 300 MILLION MEALS	ANNUALLY TO PUBLIC SCHOOL
STUDENTS IN THE STATE. CEL DELIVERED A NEW TOOLKIT FOR FOOD	SERVICE PROFESSIONALS
THAT INCLUDED A COLLECTION OF 21 RECIPES FOR REIMBURSABLE SC	HOOL MEALS, SCALED AND
TESTED FOR QUANTITIES OF 50 AND 100. THE SCALED-UP RECIPES	FEATURE AN INNOVATIVE
"RICE BOWL STRATEGY" THAT ALLOWS FOR CONVENIENT, FLEXIBLE ME	NU_PLANNING_FOR
REIMBURSABLE MEALS. THE TOOLKIT WAS APPLAUDED BY FOOD SERVICE	E PROFESSIONALS,
FOUNDATIONS, POLICY ADVOCATES, AND PUBLIC AGENCY OFFICIALS,	INCLUDING DR. JANEY
THORNTON, DEPUTY UNDER SECRETARY FOR USDA'S FOOD, NUTRITION	AND CONSUMER SERVICES,
	· <b></b>
NATIONALLY, CEL CONDUCTED RESEARCH AND DEVELOPED A REPORT EN	TITLED MAKING THE CASE
FOR HEALTHY, FRESHLY PREPARED SCHOOL MEALS, THAT SUMMARIZES	EXTENSIVE RESEARCH THAT
DOCUMENTS THE LINKS BETWEEN SCHOOL FOOD, BETTER NUTRITION, A	CADEMIC SUCCESS, AND
STUDENT HEALTH; HIGHLIGHTS GROWING EVIDENCE THAT SCHOOLS ARE	ABLE TO MAINTAIN BOTH

Name of the organization	Employer identification number 94-2911417
CENTER FOR ECOLITERACY	94-2911417
FORM_990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
STRONG NUTRITION STANDARDS AND FINANCIAL STABILITY; AND FEATURE	S REPORTS FROM
NUTRITION SERVICES DIRECTORS DESCRIBING THEIR SUCCESSES.	
UNDER THE LEARNING IN HUE DEAL MODERN DURI LEUTNE INDRING CEL D	UDITCHED AN EDOOM OF
UNDER ITS LEARNING IN THE REAL WORLD PUBLISHING IMPRINT, CEL P	
ITS POPULAR GUIDE RETHINKING SCHOOL LUNCH. THE EBOOK IS AVAILAB	LE FOR DOWNLOAD
THROUGH APPLE ITUNES.	
	<b></b>
CEL DEVELOPED AND DELIVERED FREE, DOWNLOADABLE EDUCATIONAL RESC	URCES INCLUDING:
LESSON PLANS FOCUSED ON RESILIENT COMMUNITIES; DISCUSSION GUIDE	AND CONVERSATION
CARDS TO SUPPLEMENT THE FILM ELEMENTAL (GO PROJECT FILMS); AND	THE BOOKLET CREATING
GARDENS OF GOODNESS, ANNIE'S HOW-TO GUIDE FOR FIVE KINDS OF CHI	LDREN'S GARDEN.
	·
THE CENTER FOR ECOLITERACY SERVES AS AN ANCHOR TENANT AT THE DA	VID BROWER CENTER
(DBC), A HOME FOR ENVIRONMENTAL AND SOCIAL ACTION AND ONE OF THE	· <b> · · · · · ·</b>
ADVANCED GREEN BUILDINGS. BEING LOCATED AT THE DBC ENABLES CEL	TO EXPAND SEMINARS AND
SERVICES WHILE PROVIDING OPPORTUNITIES FOR COLLABORATION WITH I	OZENS OF OTHER LEADING
NON-FOR-PROFIT_ORGANIZATIONS.	· <b></b>
FORM 990 PART VILLING 11R - FORM 990 REVIEW PROCESS	<b></b>
THE EXECUTIVE DIRECTOR WHO IS ALSO THE SECRETARY OF ORGANIZATION	
TAX RETURN AND APPROVES IT BEFORE FILING.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	
THE DOCUMENTS ARE KEPT IN THE ADMINISTRATIVE OFFICE AND ARE AVA	
	·

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. P See separate instructions.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No 1545-0047

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (f)
Direct controlling
entity Ŷ × **Partill** Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes **Employer identification number** (f)
Direct controlling
entity 94-2911417 N/A (e) End-of-year assets (f section 501(c)(3)) Parell Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 11A **(d)** Total income (d) Exempt Code section TEEA5001L 06/26/13 501 (C) (3) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) CA(b)
Primary activity OFFICE RENTAL TO NPO AND OTHER COMPANIES (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) DAVID BROWER CENTER 2150 ALLSTON WAY, SUITE 100 — BERKELEY, CA 94704-1377 —— 94-3385643CENTER FOR ECOLITERACY Department of the Treasury Internal Revenue Service Name of the organization | | | | 11111 1 €¦ Ξ¦ ල¦ [Ø] (3) ଷ୍ଟ

Schedule R (Form 990) 2013 CENTER FOR ECOLITERACY

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Decause It Han	Decause it iiau oile of more related organizations	aleu orga		li eateu as a partifership unimig tire tax year.	יה לוו וכובוו וו	וווול וווכ ומא	yeal.					J
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity			Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	(k) Percentage ownership	<b>a</b> >
		country)		512-514)	210			Yes No		Yes No	T _	١
(I)												
(2)												l
(3)										-		1
Part IV Identification of Ine 34 because	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	nizations nore relate	Faxable as	a Corporatio	<b>n or Trust</b> C as a corpor	omplete if th ation or trust	e organiza during the	ion answe tax year.	red 'Yes' on F	orm 990, F	art IV,	<b>1</b> 1
(a) Name, address, and EIN of related organization	of related organizati	<u> </u>	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,	ty Share of orp, total income		(g) Share of end-of- year assets	(h) Percentage ownership	(I) Sec 512(b)(13) controlled entity?	۸.
				country)		Osnii io					Yes No	
<u>(η)</u>		<del></del>										
(2)												I
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(3)												l
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ВАА		-		TEEA	TEEA5002L 06/27/13			-	S	Schedule R (Form 990) 2013	m 990) 2013	۱_
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Page 3

Schedule R (Form 990) 2013 CENTER FOR ECOLITERACY

Part V Transactions With Related Organizations Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	IV of this schedule				Yes	Ŷ
1 During the tax year, did the organization engage in any of the following	lowing transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?		je,		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a	rom a controlled entity	: : : : : : : : : : : : : : : : : : : :	:	1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1 P		×
c Gift, grant, or capital contribution from related organization(s)	:: (s	:		۔ ا		×
<b>d</b> Loans or loan guarantees to or for related organization(s).	: : : : : : : : : : : : : : : : : : : :		:	р Г	×	
e Loans or loan guarantees by related organization(s)			٠	1 9		×
				湖	¥	,
f Dividends from related organization(s)	: : : :		:	-		×
q Sale of assets to related organization(s)		:		19		×
h Purchase of assets from related organization(s)		:	:	두		×
i Exchange of assets with related organization(s)	:			=		×
=	anization(s)		:	-T		×
					- X-02.8	
k Lease of facilities, equipment, or other assets from related organization(s)	organization(s)		•	¥	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)	itations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	itations by related organization(s)	٠	:	<b>ا</b>		×
n Sharing of facilities, equipment, mailing lists, or other assets with i	s with related organization(s)			-		×
• Sharing of paid employees with related organization(s)			:	<u>۔</u> ۔		×
				~,	J. 33	
<b>p</b> Reimbursement paid to related organization(s) for expenses		٠		1p		×
q Reimbursement paid by related organization(s) for expenses				19		×
				354	# 7	
r Other transfer of cash or property to related organization(s)				1.		×
s Other transfer of cash or property from related organization(s)	(s)					×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	r information on who must complete this line, including covered	relationships and trans	action thresholds			
(a)	co.jcc.inc	(b) Transaction	(c)	(d) Method of determining	John Tolor	
Name of related of	anization	type (a-s)	Attional Illvoived	amount	Involve	
(1)						
ę						
(7)						
(9)						
(4)						
(2)						
(9)						
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Schedule R (Form 990) 2013 CENTER FOR ECOLITERACY

|Partiving | Unrelated Organizations Taxable as a Parthership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	on. See instruction	ns regarding exclus	ion for certain inve	stment partner	ships.						
(a) Name address and FIN of entity Pr	(b)	(c)	(d) Predominant	(e)	(f) Share of	ŀ	( <b>h)</b>	(i) (i) (i) (i) (i) (i) (i) (i) (i) (i)	(C)		(K) Percentage
		(state or foreign country)	income (related, unre-	section 501(c)(3)		end-of-year assets	tionate allocations?	amount in box	managing partner?		wnership
		-	from tax under	organizations:			•	Form (1065)			
			section 512-514)	Yes No			Yes No		Yes	2	
(1)											
										-	
		-									
(2)						:					
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(3)											
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Schedule <b>R</b> (Form 990) 2013	CENTER FOR ECOLITERACY	<b>94-2911417</b> Page	: 5
Part VIII Supplement	al Information		
Provide addi	itional information for responses to questions on Sched	ule R (see instructions).	
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2013 SCHI	EDUL	E A, PA	RT I	۷ -	SUPPL	ΕN	IENT.	AL IN	FORMA	TION	PAGE 5
CLIENT ECOLITER		CE	ENTER	R FC	R ECOLIT	ER	ACY				94-2911417
11/07/14		<del></del>									11 53PM
PART II, LINE 10 - OTH	IER INC	OME									
NATURE AND SOURCE		2013			2012		2011		2010		2009
MISCELLANEOUS	TOTAL	\$	0.	\$	1,380. 1,380.	\$		2. \$	0	\$ \$	1,276. 1,276.

2013 SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5							
CLIENT ECOLITER	CENTER FOR ECOLITERACY	94-2911417					
11/07/14		11.53PM					
SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN	F/S BUT NOT INCLUDED ON FORM 9	90					
COST OF SALES FOR BOOKS IMPUTED INTEREST INCOME		\$ 572. 114,061. TOTAL \$ 114,633.					
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S							
COST OF SALES FOR BOOKS		* 572. TOTAL * 572.					

2013

## **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 2

**CLIENT ECOLITER** 

#### **CENTER FOR ECOLITERACY**

94-2911417

11/07/14

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#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

(A)	(B)	(C)	(D)
TOTAL	PROGRAM SERVICES	MANAGEMENT <u>&amp; GENERAL</u>	FUND- RAISING
9,335.		9,335.	
112,914.	112,914.	•	
46,998.	46,998.		
45,295.	45,295.		
19,518.	19,518.		
39,241.	39,241.		
18,630.	18,630.		
24,593.	24,593.		
\$ 316,524.	\$ 307,189.	\$ 9,335.	\$ 0.
	9,335. 112,914. 46,998. 45,295. 19,518. 39,241. 18,630. 24,593.	PROGRAM SERVICES  9,335. 112,914. 46,998. 45,295. 19,518. 39,241. 39,241. 18,630. 24,593.	PROGRAM MANAGEMENT & GENERAL  9,335. 112,914. 46,998. 45,295. 19,518. 39,241. 18,630. 24,593. PROGRAM MANAGEMENT & GENERAL  9,335.  9,335.  112,914. 46,998. 46,998. 45,295. 19,518. 39,241. 18,630. 24,593.

#### FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INTEREST INCOME IMPUTED ..

TOTAL \$ 114,061. \$ 114,061.