Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

| Ā             | For the                  | 2013 calen                               | dar year, or tax year beginning , 2013, and ending   | ,              |                                       |  |  |  |
|---------------|--------------------------|--|--|----------------|---------------------------------------|--|--|--|
| В             | Check if a               | applicable                               | C D Employ   | er Identifica  | tion Number                           |  |  |  |
|               | Addr                     | ress change                              | Center for Resource Solutions 94-  | 326556         | 0                                     |  |  |  |
|               | Nam                      | ne change                                | 1012 Torney Ave. 2nd Floor E Telepho   |                | <del></del>                           |  |  |  |
|               | $\vdash$                 | al return                                | Isan Francisco CA 04120  | -561-2         | 100                                   |  |  |  |
|               | $\vdash$                 | nınated                                  | 1 713  | <u> </u>       | 100                                   |  |  |  |
|               | $\vdash$                 | ended return                             | G Gross ro   |                | 2 256 400                             |  |  |  |
|               | $\boldsymbol{\vdash}$    |  |  |                | 2,256,498.<br>Inates? Yes X No        |  |  |  |
|               |                          | lication pending                         | Ocimizaci Muzeum   |                |                                       |  |  |  |
| _             | Toy ov                   | rompt status                             | Same As C Above    H(b) Are all subordinates   If 'No,' attach a list     X 501(c)(3)   501(c) ( )   | (see instruct  | tions)                                |  |  |  |
| ÷             |                          | empt status                              |  |                |                                       |  |  |  |
|               |                          |  | W. resource-solutions.org H(c) Group exemption nu  |                | <del></del>                           |  |  |  |
| K             |                          | of organization                          |  | state of legal | domicile CA                           |  |  |  |
| Pa            | rt I                     | Summar                                   | <u>Y</u>   |                |                                       |  |  |  |
|               | <b>1</b> B               | Briefly descri                           | ibe the organization's mission or most significant activities. CRS creates policy a  | <u>nd mar</u>  | <u>ket</u>                            |  |  |  |
| æ             | _                        | solution                                 | <u>is to advance sustainable energy. CRS increases renewable</u>   | energ          | y_use_and                             |  |  |  |
| 듩             |                          |  | BHG emissions through its Green-e certification programs, p  | <u>olicy</u>   | advocacy,                             |  |  |  |
| Governance    |                          |  | assistance, educational programs, and annual conference  |                |                                       |  |  |  |
| ્ટ્ર          |                          |  | ox ► if the organization discontinued its operations or disposed of more than 25% of its obting members of the governing body (Part VI, line 1a)   |                |                                       |  |  |  |
| <u>«</u> ع    |                          |  | ndependent voting members of the governing body (Part VI, line 1b)   | 3 4            | 10<br>10                              |  |  |  |
| es            | L                        |  | r of individuals employed in calendar year 2013 (Part V, line 2a)  | 5              | 18                                    |  |  |  |
| ₹             | _                        |  | r of volunteers (estimate if necessary)  | 6              | <del></del>                           |  |  |  |
| Activities &  | •                        |  | ed business revenue from Part VIII, column (C), line 12  | 7 a            | 0.                                    |  |  |  |
|               |                          |  | d business taxable income from Form 990-T, line 34   | 7 b            | 0.                                    |  |  |  |
|               |                          |  | Prior Year   |                | Current Year                          |  |  |  |
| _             | 8 0                      | Contributions                            | s and grants (Part VIII, line 1h)  | 60.            | 146,943.                              |  |  |  |
| 륄             | 1                        |  | vice revenue (Part VIII, line 2g) 2,009,3  |                | 2,108,483.                            |  |  |  |
| Revenue       | 10 ii                    | nvestment ir                             |  | 17.            | 1,072.                                |  |  |  |
| 8             | 11 0                     | Other revenu                             | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                |                                       |  |  |  |
|               | 12 T                     | Total revenue                            | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2,186,8  | 73.            | 2,256,498.                            |  |  |  |
|               | <b>13</b> G              | Grants and s                             | similar amounts paid (Part IX, column (A), lines 1-3)  |                |                                       |  |  |  |
|               | 14 E                     | Benefits paid                            | to or for members (Part IX, column (A), line 4)  |                |                                       |  |  |  |
|               | <b>15</b> S              | Salaries, oth                            | <u>ner compensation, employed</u> benefits (Part IX, column (A), lines 5-10) 1,034,1   | .55.           | 1,112,592.                            |  |  |  |
| Expenses      | 16a F                    | rofessional                              | 1701   | 570.           | · · · · · · · · · · · · · · · · · · · |  |  |  |
| <b>6</b>      | l hī                     | Cotal fundia                             | ising expenses (Part IX, golumn (D), line 25) > 85,542.  |                | 1                                     |  |  |  |
| 찚             |                          |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                | 056 166                               |  |  |  |
|               |                          |  | ——————————————————————————————————————   |                | 956,166.                              |  |  |  |
|               |                          |  |  |                | 2,068,758.                            |  |  |  |
| 8 8           |                          | Nevellue les                             |  |                | 187,740.                              |  |  |  |
| ŧ.            |                          | Intal assets                             | (Part X, line 16) Beginning of Current State Sta |                | End of Year                           |  |  |  |
| \$6           | 1                        |  | (Part X, line 16) 541,3<br>es (Part X, line 26) 255,1  |                | 757,387.<br>283,482.                  |  |  |  |
| Z Z           |                          |  |  |                |                                       |  |  |  |
| _             | <del></del>              |  | r fund balances. Subtract line 21 from line 20 286, 1  | .65.           | 473,905.                              |  |  |  |
|               | <u>irt II</u>            |  | re Block   |                | <del>_</del>                          |  |  |  |
| Und           | er penaltie<br>plete Dec | es of perjury, I d<br>claration of prepa | leclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge<br>larer (other than officer) is based on all information of which preparer has any knowledge   | and belief, i  | it is true, correct, and              |  |  |  |
|               | -                        | N  | A. A. A. A. 7/2  | 7/11/          | <del></del>                           |  |  |  |
| C:            |                          | Signati                                  | ure of officer // // Date /  | 777            |                                       |  |  |  |
| Sig<br>He     | gn                       |  |  | •              |                                       |  |  |  |
| ne            | i e                      | Type o                                   | Lenniter / Jartin Executive Vive tor   |                |                                       |  |  |  |
|               |                          |  | Tour and the second sec | , PTI          | N .                                   |  |  |  |
| _             |                          |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | <b>」"</b>      |                                       |  |  |  |
| Pa            |                          |  | Kalleda  | ed PC          | 01664922                              |  |  |  |
| 11.           | eparei                   | 1  |  |                |                                       |  |  |  |
| US            | e Onl                    | <b>y</b> Firm's addi                     |  |                |                                       |  |  |  |
| <del></del> - |                          |  | Oakland, CA 94612-2151 Phone no  | (510)          | <u>835-2727</u>                       |  |  |  |
| Ma            | v the IF                 | 25 discuss t                             | his return with the preparer shown above? (see instructions)   | 1              | X Yes No                              |  |  |  |

Form 990 (2013)

|                                   | mand of Drogram Ca                                      | rce Solutio                          | /113  |   | 3265560                                 | F              |
|-----------------------------------|---|--------------------------------------|---|---|---|----------------|
|                                   | ment of Program Ser                                     |                                      |   |   |   |                |
|                                   |   |                                      | to any line in this Part III  |   | •                                       |                |
|                                   | e the organization's miss                               |                                      |   |   |   | _              |
|                                   |   | arket solut                          | <u>lons to advance s</u>  | <u>sustainable energy</u>                                     | <u>and addres</u>                       | <u>s</u> _     |
| <u>climate</u> c                  | nange   | - <b>-</b>                           |   |   |   |                |
|                                   | ·   |                                      |   |   |   |                |
| 2 Did the organiz                 | ation undertake any signific                            | cant program service                 | es during the year which we   | re not listed on the prior                                    | <del></del>                             |                |
| Form 990 or 9                     | • -   | and program control                  | and your minor the  | риск  | Yes                                     | χĪ             |
|                                   | be these new services or                                | n Schedule O                         |   |   |   |                |
| •                                 |   |                                      | nt changes in how it condi  | ucts, any program services?                                   | ☐ Yes 5                                 | χ.             |
| -                                 | be these changes on Sch                                 |                                      | J   | , , , ,   | ت د                                     | رد             |
| 4 Describe the of Section 501(c)( | rganization's program se<br>3) and 501(c)(4) organizati | rvice accomplishments and section 49 | nents for each of its three<br>47(a)(1) trusts are required to<br>program service reported. | largest program services, as<br>o report the amount of grants | s measured by exp<br>and allocations to | oer            |
| otners, the tot                   | ai expenses, and revenue                                | e, ii any, for each                  | program service reported.   |   |   |                |
| 4 a (Code                         | ) (Expenses \$  | 914,912.                             | including grants of \$  | ) (Revenue  | \$ 1,490,                               | , <u>9</u>     |
| See_Sched                         | ule_0   |                                      |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   |                                      | <b></b> _   |   |   |                |
|                                   |   | - <b>-</b>                           |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   |                                      |   |   |   |                |
|                                   |   | _ <b></b>                            |   |   |   |                |
|                                   |   |                                      |   |   | <u> </u>                                |                |
| 4 b (Code.                        | ) (Expenses \$  | 3/9.490.                             | including grants of \$  | ) (Revenue  |   |                |
|                                   | <del></del>   |                                      |   |   | s \$ <u>436,</u>                        | <u>, 2</u>     |
| See Sched                         | <del></del> -   |                                      |   |   |   | <u>, 2</u><br> |
|                                   | <del></del> -   |                                      |   |   |   | , 2:<br>       |
|                                   | <del></del> -   |                                      |   |   | 436,                                    | , 2<br><br>    |
|                                   | <del></del> -   |                                      |   |   |   | , <u>2</u><br> |
|                                   | <del></del> -   |                                      |   |   | 430,                                    | , 2<br><br>    |
|                                   | <del></del> -   |                                      |   |   | 436,                                    | , 2<br><br>    |
|                                   | <del></del> -   |                                      |   |   | 430,                                    |                |
|                                   | <del></del> -   |                                      |   |   | 430,                                    |                |
|                                   | <del></del> -   |                                      |   |   | 430,                                    | <u>, 2.</u>    |
|                                   | <del></del> -   |                                      |   |   | 430,                                    | <u>, 2</u>     |
|                                   | <del></del>   |                                      |   |   | 430,                                    | <u>, 2</u>     |
| See_Sched                         | ule O   |                                      |   |   |   |                |
| See Sched                         |   |                                      | including grants of \$  |   |   |                |
| See_Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         |   |                                      |   |   |   |                |
| See Sched                         | ) (Expenses \$  | 237, 558.                            | including grants of \$  | ) (Revenue  |   |                |
| See Sched                         | ) (Expenses \$ lule 0                                   | 237, 558.                            | including grants of \$  | ) (Revenue  |   |                |

|      |   |      | 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    |            | 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    |            | X        |
| 10   | - · · · · · · · · · · · · · · · · · · ·   | 10   |            | х        |
| 11   | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |      |            |          |
| á    | 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          |          |
| ı    | 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? If 'Yes,' complete Schedule D, Part VII   | 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 |            | x        |
| •    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |            | X        |
| 1    | 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  | Х          |          |
|      | 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   |            | <u>X</u> |
|      | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  | _ <u>X</u> |          |
|      | 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        |
|      | 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        |
|      | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20   |            | Х        |
| ١    | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20 ъ |            |          |

Form 990 (2013) Center for Resource Solutions
Part IV Checklist of Required Schedules (continued)

| -    |   |      | Yes   | No       |
|------|---|------|-------|----------|
| 21   | 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   | 21   |       | х        |
| 22   | 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  | 22   |       | х        |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>   | 23   | х     |          |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25a                              | 24a  |       | х        |
| t    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |       |          |
| C    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c  |       | <u> </u> |
| C    | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |       |          |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a  |       | Х        |
| ŀ    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I                                       | 25b  |       | х        |
| 26   | 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                                    | 26   | <br>  | х        |
| 27   | 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 | 27   |       | х        |
| 28   | 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).   |      |       |          |
| á    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a  |       | X        |
| t    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28b  |       | х        |
| •    | 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  | 28c  |       | х        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   |       | Х        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30   |       | х        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31   |       | X        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32   |       | х        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I  | 33   |       | х        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1   | 34   |       | х        |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |       | Х        |
| t    | 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  |       |          |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  | 36   |       | Х        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37   |       | х        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O   | 38_  | Х     |          |
| BAA  |   | Form | 990 ( | (2013)   |

| Part V Statements Regarding Other IRS Filings and Tax Compliance  |  |              |          |
|---|--|--------------|----------|
| Check if Schedule O contains a response or note to any line in this Part V  |  |              |          |
|   |  | Yes          | No       |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |  |              |          |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 이 :  |              |          |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming<br>(gambling) winnings to prize winners?   | 1 c  | X            |          |
| 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  2a  | 18   | =1           | , 5      |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2 b  | X            |          |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | - T.                                       |              |          |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3 a  |              | X        |
| <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 O   | 3 b  |              |          |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                          | 4 a  |              | х        |
| <b>b</b> If 'Yes,' enter the name of the foreign country. ▶   |  | क्रक्त इंट   | Ý        |
| See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts   | 7. 1                                       | 1            | <u>`</u> |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5 a  |              | X        |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b  |              | Х        |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | 5 c  |              |          |
| 6a 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 charitable contributions?  | 6 a  |              | Х        |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6 b  |              |          |
| 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?   | 7 a  | <u>x</u>     |          |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | 7 b  |              |          |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file   | <u> </u>                                   | <del> </del> |          |
| Form 8282?  | 7 c  | :            | Х        |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d   |  |              |          |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7 e  |              | X        |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7 f  |              | X        |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7 g  |              |          |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a<br>Form 1098-C?   | 7 h  |              |          |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | ne   |              |          |
| 9 Sponsoring organizations maintaining donor advised funds.   | <u>                                   </u> | <del> </del> | -        |
| a Did the organization make any taxable distributions under section 4966?   | 9 a  |              |          |
| <b>b</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  | - 1  |              |          |
| 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.)  |  |              |          |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12 a                                       |              |          |
| 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.   | 1  |              | ł        |
| a is the organization licensed to issue qualified health plans in more than one state?  | 13 a                                       | <u> </u>     |          |
| Note. See the instructions for additional information the organization must report on Schedule O.   | 1  |              | l        |
| 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  13b  |  |              |          |
| c Enter the amount of reserves on hand  |  | <b>_</b>     | <u> </u> |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  | 14 a                                       | +            | X        |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | 14 b                                       | 1            | <u> </u> |

Form 990 (2013) Center for Resource Solutions Page 6 94-3265560 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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. b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? . Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Δ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 2 X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a X b Each committee with authority to act on behalf of the governing body? 8 h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O  $\overline{\mathbf{x}}$ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X Schedule O how this was done 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? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule Q 15 a Х **b** Other officers of key employees of the organization See Schedule O 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 F **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. |X| Upon request Another's website Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

Dee Young 1012 Torney Ave. 2nd Floor San Francisco CA 94129 415-561-2100 BAA TEEA0106L 07/02/13

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

| Form <b>i 990</b> ( | (2013) | Center  | for | Resource   | Solutions |
|---------------------|--------|---------|-----|------------|-----------|
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## Partivila 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 related organization compensated any current officer, director, or trustee |   |          |          |                 |                                 |                                      |                                     |  |  |  |  |
|---|---|----------|----------|-----------------|---------------------------------|--------------------------------------|-------------------------------------|--|--|--|--|
|   |   |          |          | (C              | ;)                              |                                      |                                     |  |  |  |  |
| (A)<br>Name and Title   | (B) Average hours per   | one bo   | er an    | less p<br>d a d | perso                           | k more to<br>n is both<br>or/trustee | n an                                | (D) Reportable compensation from         | (E)  Reportable compensation from                        | (F) Estimated amount of other compensation |  |
|   | hours per<br>week (list<br>any hours<br>for related<br>organiza-<br>tions<br>below<br>dotted<br>line) | er ector |          | Key employee    | Highest compensated<br>employee | Former                               | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | from the<br>organization<br>and related<br>organizations |  |  |
| (1) Karl Rabago   | 1_1_  |          |          |                 |                                 |                                      |                                     |  |  |  |  |
| Board Chair   | 0   | X        |          | X               |                                 |                                      |                                     | 0.                                       | .0.  | 0.   |  |
| (2) Carl Weinberg   | 1   | 1        |          |                 |                                 |                                      |                                     |  |  |  |  |
| Vice Chair  | 0   | Х        |          | Х               |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| (3) Elena Schmid  | 11  | ļ        |          |                 |                                 |                                      |                                     | •  |  |  |  |
| Sec./Tresurer   | 0   | X        |          | X               |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| (4) Rick Couhihan   | 1   |          |          |                 |                                 |                                      |                                     |  |  |  |  |
| Director  | 0   | <u>X</u> |          |                 |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| (5) Ellen Feeney  | 11  | ļ        |          |                 |                                 |                                      |                                     |  |  |  |  |
| Director  | 0   | X        |          |                 |                                 |                                      |                                     | 0.                                       | 0.   | <u> </u>                                   |  |
| (6) Nate Hanson   | 1   | 1        |          |                 |                                 |                                      |                                     |  |  |  |  |
| Board Member  | 0   | Х        | L        |                 |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| 7 Steve Krebs   | 1   | ļ        |          |                 |                                 |                                      |                                     |  |  |  |  |
| Board Member  | 0   | Х        | <u> </u> |                 |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| (8) Peter Mostow  | 1   | 1        |          |                 |                                 |                                      |                                     |  |  |  |  |
| Board Member  | 0   | X        |          |                 |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| (9) Blair Swezey  | 1   | 1        |          |                 |                                 |                                      |                                     |  |  |  |  |
| Board Member  | 0   | X        | <u> </u> |                 |                                 |                                      |                                     | 0.                                       | 0.   | 0.   |  |
| (10) Randy Swisher  | 1   | ļ        | ,        |                 |                                 |                                      |                                     |  |  |  |  |
| Director  | 0   | Х        |          |                 |                                 |                                      | _                                   | 0.                                       | 0.   | 0.   |  |
| (11) Jennifer Martin  | _40_  | ļ        |          |                 |                                 |                                      |                                     |  | _  |  |  |
| Executive Dir.  | 0   | <u> </u> | <u> </u> | Х               |                                 | ļ                                    |                                     | 150,150.                                 | 0.   | 25,132.                                    |  |
| (12)  | <del> </del> -  |          |          |                 |                                 |                                      |                                     |  |  |  |  |
| (13)  |   |          |          |                 |                                 |                                      |                                     |  |  |  |  |
| (14)  |   |          |          |                 |                                 |                                      |                                     |  | -  |  |  |

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| Part VII Section A. Officers, Directors, Trus  |                            | Key                               | En                   | _             |                | es,                             | an                 | d Highest Con                        | pensated Emp                             | oyees (continued)                        |
|--|----------------------------|-----------------------------------|----------------------|---------------|----------------|---------------------------------|--------------------|--------------------------------------|--|--|
|  | (B)                        |                                   |                      | •             | C)             |                                 |                    |                                      |  |  |
| (A)  | Average hours              | (do                               | not e                | check         | sition<br>more | than                            | one                | (D)                                  | <b>(E)</b>                               | (F)                                      |
| Name and title   | per<br>week                | offi                              | cer a                | nd a          | direct         | or/trus                         | tee)               | compensation from                    | Reportable compensation from             | Estimated amount of other                |
|  | (list any<br>hours         | or dir                            | 쿒                    | Officer       | ₹              | 왕                               | 굨                  | the organization<br>(W-2/1099-MISC)  | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization |
|  | for<br>related<br>organiza |                                   | 통                    | ଝ             | 3              |                                 | [륞                 |                                      |  | and related<br>organizations             |
|  | - tions                    | E 2                               | 로                    |               | Key employee   | P S                             |                    |                                      |  | O go nazono no                           |
|  | below<br>dotted            | individual trustee<br>or director | nstitutional trustee | Ì             | 6              | SE                              | Ì                  |                                      |  |  |
|  | line)                      |                                   | ₩.                   |               | ļ              | Highest compensated<br>employee | 1                  |                                      |  |  |
| (15)   | 1                          | ├                                 | -                    | ┝             | ├              | _                               | -                  |                                      |  |  |
| **/  | <b> </b>                   | 1                                 |                      |               |                |                                 | ļ                  |                                      |  |  |
| (16)   |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
|  |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
| (17)   |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
|  |                            |                                   | <u> </u>             | <u> </u>      |                |                                 |                    |                                      |  |  |
| (18)   | <b></b>                    |                                   |                      |               | ļ              |                                 | 1                  |                                      |  |  |
| 40   | ļ                          | <u> </u>                          |                      | <u> </u>      | <del> </del>   | -                               |                    |                                      |  |  |
| (19)   |                            | 1                                 |                      |               |                |                                 |                    |                                      |  |  |
| (20)   | 1                          | ┢                                 | -                    | ┝             | ├              |                                 | ╁                  |                                      |  |  |
|  | <del> </del>               | 1                                 |                      |               |                |                                 | l                  |                                      |  |  |
| (21)   | <del> </del>               | <del> </del>                      | lacksquare           | 一             |                |                                 | ┢                  |                                      |  |  |
|  | 1                          | 1                                 |                      | l             |                | ļ                               |                    |                                      | n  |  |
| (22)   | 1                          |                                   |                      | Г             |                |                                 |                    |                                      |  |  |
|  |                            |                                   | <u> </u>             | L             | <u> </u>       |                                 | L                  |                                      |  |  |
| (23)   | <b></b>                    |                                   |                      |               |                | İ                               |                    |                                      |  |  |
|  | <b>_</b>                   | igspace                           | <u> </u>             | <u> </u>      | ـــــ          |                                 | <u> </u>           |                                      | <u></u> .                                |  |
| (24)   | <del> </del>               | ┨                                 |                      |               |                |                                 |                    |                                      |  |  |
| (25)   | 1                          | $\vdash$                          | $\vdash$             | $\vdash$      | ├              | -                               | ╁                  |                                      |  |  |
|  | <del> </del>               | ł                                 |                      |               |                |                                 | 1                  | <b>,</b>                             |  |  |
| 1 b Sub-total  | <u> </u>                   |                                   |                      | L             |                |                                 | <b>-</b>           | 150,150.                             | 0.                                       | 25,132.                                  |
| c Total from continuation sheets to Part VII, Section  | n A                        |                                   |                      |               |                |                                 | <b>&gt;</b>        | 0.                                   | 0.                                       | 0.                                       |
| d Total (add lines 1b and 1c)  |                            |                                   |                      |               |                |                                 | <b>&gt;</b>        | 150,150.                             | 0.                                       | 25,132.                                  |
| 2 Total number of individuals (including but not limited to  | o those I                  | sted                              | abo                  | ve) v         | who            | recei                           | ved                | more than \$100,00                   | 0 of reportable comp                     |  |
| from the organization 1  |                            |                                   |                      |               |                |                                 |                    |                                      | <u>.</u>                                 |  |
|  |                            |                                   |                      |               |                |                                 |                    |                                      |  | Yes No                                   |
| 3 Did the organization list any former officer, direct<br>on line 1a? If 'Yes,' complete Schedule J for such | or, or tru                 | stee,                             | ke                   | en en         | plo            | yee,                            | or t               | nighest compensat                    | ted employee                             | 3 X                                      |
| •  |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
| 4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater    | reportab<br>than \$1       | le co<br>50,0                     | mpe<br>00?           | ensa<br>(' if | ition<br>Yes'  | and<br>com                      | otn<br><i>plet</i> | er compensation<br>te Schedule J for | from                                     | <b>100 100 100</b>                       |
| such individual  | ·                          | ·                                 |                      |               |                |                                 |                    |                                      |  | 4 X                                      |
| 5 Did any person listed on line 1a receive or accrue<br>for services rendered to the organization? If 'Yes,  | compen                     | satio                             | n fr                 | om            | any            | unre                            | late               | ed organization or                   | ındıvıdual                               | 5 X                                      |
| Section B. Independent Contractors   | comple                     | ie 50                             | , riec               | iuie          | 3 10           | i Suc                           | , ii p             | lerson                               |  | 5 X                                      |
| 1 Complete this table for your five highest compens  | ated ind                   | epen                              | den                  | t co          | ntra           | ctors                           | tha                | at received more t                   | han \$100,000 of                         |  |
| compensation from the organization. Report compens   |                            | the c                             | alen                 | dar           | year           | endi                            | ng v               |                                      |  |  |
| (A) Name and business address  (B) Description of services   |                            |                                   |                      |               |                |                                 |                    | of services                          | (C)<br>Compensation                      |  |
| Ryan Wiser 1012 Torney Ave. San Francisco, CA 94129   China Consultant                                       |                            |                                   |                      |               |                |                                 |                    | ıltant                               | 118,103.                                 |  |
| Tio, 103.  |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
|  |                            |                                   |                      |               |                |                                 | _                  |                                      | <del></del>                              |  |
|  |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
|  |                            |                                   |                      |               |                |                                 |                    |                                      |  |  |
| 2 Total number of independent contractors (including bu  |                            | ited to                           | o the                | ose I         | listed         | abo                             | ve)                | who received more                    | than                                     |  |
| \$100,000 of compensation from the organization  | 1                          |                                   |                      |               |                |                                 |                    |                                      |  |  |

|   |                             | Check if Schedule O  | contains a r      | espons         | se or note to an | y line in this Part V | <u> </u>                               |                                |  |
|---|-----------------------------|--|-------------------|----------------|------------------|-----------------------|--|--------------------------------|--|
|   |                             |  |                   |                |                  | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 2 2   | 1 a                         | Federated campaigns  |                   | 1 a            |                  |                       |  |                                |  |
| A PA  | ь                           | Membership dues  |                   | 1 b            |                  |                       |  |                                | 1  |
| S, G  | С                           | : Fundraising events.  |                   | 1 c            |                  |                       |  |                                | 1  |
| AR AR   | d                           | Related organizations  |                   | 1 d            |                  |                       |  |                                |  |
| SE  | е                           | Government grants (contributi  | ions)             | 1 e            |                  |                       |  |                                |  |
| 등   | f                           | All other contributions, gifts, a similar amounts not included           | grants, and       |                |                  |                       |  |                                |  |
| 題を  |                             |  | <u> </u>          | 1f             | 146,943.         |                       |  |                                |  |
| ES  | 9                           | Noncash contributions included   | d in lines 1a-1f. | \$             |                  |                       |  |                                | }  |
| <del>5</del>                                      | n                           | Total. Add lines 1a-1f   |                   |                | Business Code    | 146,943.              |  |                                |  |
| 暠   | 22                          | Combification  | £                 |                | Business Code    | 1 400 041             | 1 400 041                              |                                | <del> </del>   |
| 2   | Z a                         | Certification  | <u>tees</u>       |                |                  | 1,490,941.            | 1,490,941.                             |                                | <del></del>  |
| 3   | c                           | Contract fees<br>Conference fee  |                   |                |                  | 441,482.<br>176,060.  | 441,482.<br>176,060.                   |                                | <del> </del>   |
| ਣ   | ا                           | , Courerence Tee   | ş                 |                |                  | 110,000.              | 170,000.                               | <del></del>                    | <del> </del>   |
| <b>ぶ</b>  | e                           |  |                   |                | <del></del>      |                       | <del></del>                            |                                | <del> </del>   |
| ₹   | f                           | All other program servi  | ce revenue        |                |                  | <del></del>           |  | <del> </del>                   | <del> </del>   |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | g                           | Total. Add lines 2a-2f   |                   | <u> </u>       |                  | 2,108,483.            | •                                      |                                |  |
|   | 3                           | Investment income (inc   | luding divide     | ends, ır       | nterest and      |                       |  |                                |  |
|   | ١.                          | other similar amounts)   |                   |                | <b>&gt;</b>      | 1,072.                | <u> </u>                               |                                | 1,072.   |
|   | 4                           | Income from investmer  | nt of tax-exe     | mpt bo         | nd proceeds.     |                       |  |                                | ļ  |
|   | 5                           | Royalties  | (ı) Real          |                | (II) Personal    |                       |  |                                |  |
|   | ۱,                          | Gross rents  | (i) rical         |                | (ii) Fersonal    |                       |  |                                |  |
|   |                             | Less rental expenses   | <u> </u>          | <del>-  </del> | <u> </u>         |                       |  |                                |  |
|   |                             | Rental income or (loss)  | <del></del>       |                | <del></del>      |                       |  |                                |  |
|   | ı                           | Net rental income or (lo   | oss)              |                | <b>•</b>         |                       |  |                                |  |
|   | ı                           | Gross amount from sales of   | (i) Securiti      | es             | (ii) Other       |                       |  |                                |  |
|   | assets other than inventory |  |                   |                |                  |                       |  |                                | ļ  |
|   | b                           | Less, cost or other basis  |                   |                |                  |                       |  |                                |  |
|   |                             | and sales expenses   |                   |                |                  |                       |  |                                | 1  |
|   | 1                           | Gain or (loss)   |                   | L              |                  |                       |  |                                |  |
|   | ď                           | Net gain or (loss)   |                   | <b></b> -      |                  | <del></del>           |  | ·                              |  |
| ÆNUE  | 8 a                         | Gross income from fun<br>(not including . \$<br>of contributions reporte |                   |                |                  |                       |  |                                |  |
| 8   |                             | See Part IV, line 18   | a on mic re       | ′ a            |                  |                       |  |                                |  |
| OTHER REVEN                                       | l t                         | Less: direct expenses  |                   | ⊸լ             |                  |                       |  | ]                              |  |
| 5   |                             | : Net income or (loss) from  | om fundraisi      | ng ever        | nts ►            |                       |  |                                |  |
|   |                             | Gross income from gar<br>See Part IV, line 19                            |                   | · -            |                  |                       |  |                                |  |
|   | l t                         | Less: direct expenses  |                   | ь              |                  |                       |  |                                | <u> </u>   |
|   | c                           | : Net income or (loss) from  | om gaming a       | activitie      | s 🕨              |                       |  |                                |  |
|   | l .                         | 10a Gross sales of inventory, less returns and allowances                |                   |                |                  |                       |  |                                |  |
|   |                             | Less: cost of goods sol  |                   | ь              |                  | -                     |  | -                              |  |
|   | <u> </u>                    | : Net income or (loss) from  |                   |                |                  |                       | <b></b>                                |                                | <del> </del>   |
|   | 11 a                        | Miscellaneous Reven  | nue               | _+-            | Business Code    |                       |  |                                | 1  |
|   | 11 a<br>                    |  |                   |                |                  |                       |  | <del></del>                    | <del> </del>   |
|   |                             |  |                   |                | <del></del>      | <u> </u>              | <del> </del>                           |                                | <del>                                     </del>     |
|   | `                           | All other revenue  | ~ .               |                |                  |                       |  | <u> </u>                       | <del> </del>   |
|   |                             | Total. Add lines 11a-11  | 1d .              | <u> </u>       | •                |                       | l                                      |                                | <del>                                     </del>     |
|   | 12                          | Total revenue. See ins   | tructions_        |                |                  | 2,256,498.            | 2,108,483.                             | 0.                             | 1,072.   |
|   |                             |  |                   |                |                  |                       |  |                                |  |

| Sect     | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX.            |                    |                          |                                 |                      |  |  |  |  |  |  |
|----------|---|--------------------|--------------------------|---------------------------------|----------------------|--|--|--|--|--|--|
|          | not include amounts reported on lines   | (A) Total expenses | (B)                      | (C)                             | (D)                  |  |  |  |  |  |  |
| 6b, 1    | 7b, 8b, 9b, and 10b of Part VIII.   | Total expenses     | Program service expenses | Management and general expenses | Fundraising expenses |  |  |  |  |  |  |
| 1        | Grants and other assistance to governments and organizations in the United States See Part IV, line 21  |                    |                          |                                 |                      |  |  |  |  |  |  |
| 2        | Grants and other assistance to individuals in the United States See Part IV, line 22  |                    |                          |                                 | *                    |  |  |  |  |  |  |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                    |                          |                                 |                      |  |  |  |  |  |  |
| 4        |   |                    |                          |                                 |                      |  |  |  |  |  |  |
| 5        | Compensation of current officers, directors, trustees, and key employees  | 174,147.           | 77,849.                  | 61,317.                         | 34,981.              |  |  |  |  |  |  |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                 | 0.                       | 0.                              | 0.                   |  |  |  |  |  |  |
| 7        | Other salaries and wages  | 731,309.           | 590,595.                 | 116,126.                        | 24,588.              |  |  |  |  |  |  |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                    |                          |                                 |                      |  |  |  |  |  |  |
| 9        | Other employee benefits   | 40,191.            | 32,814.                  | 6,148.                          | 1,229.               |  |  |  |  |  |  |
|          | Payroll taxes   | 96,725.            | 73,808.                  | 22,683.                         | 234.                 |  |  |  |  |  |  |
| 10<br>11 | _ ·   | 70,220.            | 54,183.                  | 11,332.                         | 4,705.               |  |  |  |  |  |  |
|          | Management  |                    |                          |                                 |                      |  |  |  |  |  |  |
|          | b Legal   |                    |                          |                                 |                      |  |  |  |  |  |  |
|          | Accounting  | 02 041             |                          | 02 041                          |                      |  |  |  |  |  |  |
|          | Lobbying  | 93,041.            |                          | 93,041.                         |                      |  |  |  |  |  |  |
|          | Professional fundraising services. See Part IV, line 17   |                    |                          |                                 |                      |  |  |  |  |  |  |
|          | Investment management fees  |                    |                          |                                 |                      |  |  |  |  |  |  |
|          | Other. (If line 11g amt exceeds 10% of line 25, column  |                    |                          |                                 |                      |  |  |  |  |  |  |
| _        | (A) amount, list line 11g expenses on Schedule 0)Sch 4  | 420,501.           | 420,401.                 |                                 | 100.                 |  |  |  |  |  |  |
|          | Advertising and promotion   |                    |                          |                                 |                      |  |  |  |  |  |  |
| 13       | Office expenses   | 97,492.            | 20,773.                  | 74,891.                         | 1,828.               |  |  |  |  |  |  |
| 14       | Information technology  |                    |                          |                                 |                      |  |  |  |  |  |  |
| 15       | Royalties   | 120 404            | 00 007                   | 20 001                          | 11 226               |  |  |  |  |  |  |
| 16       | Occupancy   | 139,494.           | 89,237.                  | 38, 921.                        | 11,336.              |  |  |  |  |  |  |
| 17       | Travel Payments of travel or entertainment  | 34,074.            | 30,464.                  | 1,642.                          | 1,968.               |  |  |  |  |  |  |
| 10       | expenses for any federal, state, or local public officials  |                    |                          |                                 |                      |  |  |  |  |  |  |
| 19<br>20 | Conferences, conventions, and meetings Interest   | 146,803.           | 135,197.                 | 8,591.                          | 3,015.               |  |  |  |  |  |  |
| 21       | Payments to affiliates  |                    |                          |                                 |                      |  |  |  |  |  |  |
| 22       | Depreciation, depletion, and amortization   | 452.               |                          | 452.                            |                      |  |  |  |  |  |  |
| 23       | Insurance   | 19,175.            | 12,267.                  | 5,350.                          | 1,558.               |  |  |  |  |  |  |
| 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.)                   |                    |                          |                                 |                      |  |  |  |  |  |  |
|          | Professional Development  | 5,134.             | 2,749.                   | 2,385.                          |                      |  |  |  |  |  |  |
| -        |   |                    |                          | <del></del>                     |                      |  |  |  |  |  |  |
|          | `   |                    |                          | <del></del>                     | <del></del>          |  |  |  |  |  |  |
|          | All other expenses  |                    | ·                        | <del></del>                     |                      |  |  |  |  |  |  |
| 25       | Total functional expenses. Add lines 1 through 24e  | 2,068,758.         | 1,540,337.               | 442,879.                        | 85,542.              |  |  |  |  |  |  |
|          | , ·   | 2,000,700.         | <u> </u>                 | 442,073.                        | 03,342.              |  |  |  |  |  |  |
| 26       | Joint costs. Complete this line only if 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). |                    |                          |                                 |                      |  |  |  |  |  |  |

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash — non-interest-bearing 390,339 1 592,050. 2 Savings and temporary cash investments 2 53,582 100,048. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 85,255 52,459 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 11,210 12,340 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 37,234 b Less: accumulated depreciation. 10b 36,744 942 10 c 490 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 541,328 16 757<u>,</u>387. 17 Accounts payable and accrued expenses 17 116,082 68,067 18 Grants payable 18 19 Deferred revenue 139,081 19 215,415 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 255,163 283,482 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 286,165 27 457,773 28 Temporarily restricted net assets 28 16,132 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 286,165. 473,905. Total liabilities and net assets/fund balances 34 34 541,328. 757,387 BAA Form 990 (2013)

| Forr | delignment of the state of the | <u>94-326556</u> | )    | Pa          | age <b>12</b> |  |
|------|---|------------------|------|-------------|---------------|--|
| Pa   | t XI Reconciliation of Net Assets   |                  |      |             |               |  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |                  |      |             | $\Box$        |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1                | 2,2  | 56,         | 498.          |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2                | 2,0  | 68,         | 758.          |  |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3                | 1    | 187,740.    |               |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  | 4                |      |             | 165.          |  |
| 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)  | 9                |      |             | 0.            |  |
| 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    | 73,         | 905.          |  |
| Pa   | t XII Financial Statements and Reporting  |                  |      | _           |               |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |                  |      |             |               |  |
|      |   |                  | _    | Yes         | No            |  |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |                  |      | •           |               |  |
|      | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |                  | -    | \. <u>.</u> |               |  |
| 2    | a Were the organization's financial statements compiled or reviewed by an independent accountant?   |                  | 2a   |             | X             |  |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:  | viewed on a      |      |             |               |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |                  |      |             |               |  |
| 1    | Were the organization's financial statements audited by an independent accountant?  |                  | 2 b  | Х           |               |  |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sibasis, consolidated basis, or both:   | eparate          |      |             | ,             |  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |                  |      |             |               |  |
|      | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?   | audıt,           | 2 c  | х           |               |  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$  |                  |      |             |               |  |
| 3    | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin<br>Audit Act and OMB Circular A-133?  | gle              | 3 a  |             | Х             |  |
|      | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | d audit          | 3 b  |             |               |  |
| BA/  | <u> </u>  |                  | Form | 990         | (2013)        |  |

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| Cent         | er for Resource   | Solutions   |  |                      |  |  |  | 94-32            | 265560                                  | 0                                |  |
|--------------|---|---|--|----------------------|--|--|--|------------------|---|----------------------------------|--|
|              | Reason for Publ   |   |  |                      |  |  |  | See II           | nstruct                                 | ions.                            |  |
| The or       | rganization is not a priva  | te foundation because   | e it is (For lines 1 throi   | ugh 11,              | check o  | nly one  | box.)  |                  |   |                                  |  |
| 1            | A church, convention  | of churches or assoc  | ciation of churches desc   | cribed in            | section  | 170(b)   | (1)(A)(1)  |                  |   |                                  |  |
| 2            |   |   |  |                      |  |  |  |                  |   |                                  |  |
| 3            | A hospital or a coope   | erative hospital service  | e organization describe  | d in <b>sec</b>      | tion 170   | 0(b)(1)(A  | l)(iii).   |                  |   |                                  |  |
| 4            | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's  |   |  |                      |  |  |  |                  |   |                                  |  |
|              | name, city, and state   | :<br>   |  |                      |  |  |  |                  |   |                                  |  |
| 5            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).            |   |  |                      |  |  |  |                  |   |                                  |  |
| 6            | 1 1   | · ·   |  |                      |  |  |  |                  |   |                                  |  |
| 7            | in section 170(b)(1)(/  | <b>A)(vi).</b> (Complete Par  |  |                      | -  | ental uni  | it or fron                                       | n the ger        | neral pub                               | lic described                    |  |
| 8            | <b>=</b> ′  |   | '0(b)(1)(A)(vi). (Complet  |                      | •  |  |  |                  |   |                                  |  |
| 9            | investment income a June 30, 1975 See s   | to its exempt functions<br>and unrelated business<br>section <b>509(a)(2).</b> (Con | •  | sections, a          | and (2) r<br>511 tax)                                | o more to<br>from b                              | than 33-<br>usiness                              | 1/3% of es acqui | its suppo                               | ort from gross                   |  |
| 10           | An organization orga  | inized and operated e   | xclusively to test for pu  | ıblıc safe           | ety. See   | section  | 1 509(a)   | (4).             |   |                                  |  |
| 11           |   |   |  |                      |  |  |  |                  |   |                                  |  |
|              | a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated  |   |  |                      |  |  |  |                  |   |                                  |  |
| e            | e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) |   |  |                      |  |  |  |                  |   |                                  |  |
| f            | If the organization rece<br>check this box  | eived a written determir  | nation from the IRS that i   | s a Type             | I, Type  | II or Typ  | e III sup  | porting c        | rganızat                                | ion,                             |  |
| g            | Since August 17, 200  | 06, has the organization  | on accepted any gift o   | r contrib            | ution fr   | om any   | of the f   | ollowing         | persons                                 | s?                               |  |
|              |   |   |  |                      |  |  |  |                  |   | Yes No                           |  |
|              | below, the gove   | erning body of the sur  |  | together             | with pe  | ersons d   | lescribe   | d in (ii)        | and (III)                               | 11 g (i)                         |  |
|              | (ii) A family memb  | er of a person describ  | oed in (i) above?  |                      |  |  |  |                  |   | 11 g (ii)                        |  |
|              | (iii) A 35% controlle   | ed entity of a person (   | described in (i) or (ii) a   | bove?                |  |  |  |                  |   | 11 g (iii)                       |  |
| h            | Provide the following   | information about the   | e supported organizatio  | on(s)                |  |  |  |                  |   |                                  |  |
|              | (i) Name of supported organization  | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | organız<br>column (i | s the<br>ation in<br>) listed in<br>verning<br>nent? | (v) Did yo<br>the organ<br>column (<br>supp      | ization in                                       | organiz<br>colur | s the ation in nn (i) ed in the         | (vii) Amount of monetary support |  |
|              |   |   |  | Yes                  | No   | Yes  | No   | Yes              | No                                      |                                  |  |
|              | <del></del>   |   |  |                      |  |  | <u> </u>   |                  | -                                       | <del></del>                      |  |
| (A)          |   |   |  |                      |  | <u> </u>   | <u> </u>   |                  |   |                                  |  |
| (B)          |   |   |  |                      |  |  |  |                  |   |                                  |  |
| (C)          |   |   |  |                      |  |  |  |                  |   |                                  |  |
| · <i>'</i> - |   |   | <del></del>  |                      |  | <del>                                     </del> | <del>                                     </del> |                  |   |                                  |  |
| (D)          |   |   |  |                      |  |  |  |                  |   |                                  |  |
| <b>(E)</b>   |   |   |  |                      | <br>   |  |  |                  |   |                                  |  |
|              |   |   |  |                      |  |  |  |                  |   |                                  |  |
| Total        | For Paperwork Reduction   | on Act Notice see the   | Instructions for Form  | 990 or 9             | 90-F7  | <u> </u>   | L  | Schedule         | ▲ (Form                                 | 1 990 or 990-EZ) 2013            |  |
|              | up  |   |  |                      |  |  | ,  |                  | - · · · · · · · · · · · · · · · · · · · |                                  |  |

## 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  |  |  |   |   |  |                    |  |  |  |
|--------------|---|--|--|---|---|--|--------------------|--|--|--|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | (a) 2009                                 | <b>(b)</b> 2010                            | (c) 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.')   | 574,840.                                 | 106,698.                                   | 193,507.                                    | 176,360.                                    | 146,943.                                       | 1,198,348.         |  |  |  |
| 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  | 574,840.                                 | 106,698.                                   | 193,507.                                    | 176,360.                                    | 146,943.                                       | 1,198,348.         |  |  |  |
| 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) |  |  | ·   |   |  | 677,820.           |  |  |  |
| 6            | Public support. Subtract line 5 from line 4   |  |  |   |   |  | 520,528.           |  |  |  |
| Sec          | tion B. Total Support   |  |  |   |   |  |                    |  |  |  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2009                          | <b>(b)</b> 2010                            | <b>(c)</b> 2011                             | <b>(d)</b> 2012                             | <b>(e)</b> 2013                                | (f) Total          |  |  |  |
| 7            | Amounts from line 4   | 574,840.                                 | 106,698.                                   | 193,507.                                    | 176,360.                                    | 146,943.                                       | 1,198,348.         |  |  |  |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from<br>similar sources  | 2,548.                                   | 965.                                       | 1,059.                                      | 1,117.                                      | 1,072.   | 6,761.             |  |  |  |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   | •  |  | -,  |   |  | 0.                 |  |  |  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV   | 3,383.                                   | 2  |   |   |  | 3,383.             |  |  |  |
| 11           | Total support. Add lines 7 through 10   |  |  |   |   |  | 1,208,492.         |  |  |  |
| 12           | Gross receipts from related activ   | vities, etc (see ins                     | tructions)                                 |   |   | 12   | 9,248,223.         |  |  |  |
| 13           | First five years. If the Form 990 is organization, check this box and   |  | n's first, second, thi                     | rd, fourth, or fifth ta                     | ax year as a sectio                         | n 501(c)(3)                                    | ▶ []               |  |  |  |
|              | tion C. Computation of Pu   |  |  |   |   |  |                    |  |  |  |
|              | 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage from 2012 Schedule A, Part II, line 14  15 36, 65 %                        |  |  |   |   |  |                    |  |  |  |
|              |   | •  | •  |   |   | 15   | 36.65%             |  |  |  |
| 16 a         | a 33-1/3% support test – 2013. If<br>and stop here. The organization  | the organization of qualifies as a pub   | did not check the i<br>olicly supported or | box on line 13, an<br>ganization            | id the line 14 is 3                         | 3-1/3% or more,                                | check this box     |  |  |  |
| l            | o 33-1/3% support test — 2012. If and stop here. The organization   | the organization d<br>qualifies as a pul | id not check a boo<br>blicly supported or  | x on line 13 or 16<br>rganization           | a, and line 15 is                           | 33-1/3% or more,                               | check this box     |  |  |  |
| 17 :         | a 10%-facts-and-circumstances to<br>or more, and if the organization<br>the organization meets the 'facts   | meets the 'facts-a                       | and-circumstances                          | s' test, check this                         | box and stop her                            | e. Explain in Parl                             | IV how             |  |  |  |
|              | o 10%-facts-and-circumstances to or more and if the organization organization meets the 'facts-an   | meets the 'facts-a<br>id-circumstances'  | and-circumstances<br>test. The organiza    | s' test, check this<br>ation qualifies as a | box and <b>stop her</b><br>publicly support | r <b>e.</b> Explain in Part<br>ed organization | IV how the         |  |  |  |
|              | Private foundation. If the organi   | ization did not che                      | ck a box on line                           | 13, 16a, 16b, 17a,                          |   |  |                    |  |  |  |
| RAA          |   |  |  |   | C =1  | andula & Cause Of                              | 20 or 990 EZV 2012 |  |  |  |

Support Schedule for Organizations Described in Section 509(a)(2)
(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 fails to qualify under the tests listed below, please complete Part II.)

| <u>Sect</u> | tion A. Public Support   |                         |                          |                      |  |                   |                  |                |
|-------------|--|-------------------------|--------------------------|----------------------|--|-------------------|------------------|----------------|
|             | dar year (or fiscal yr beginning in) 🕨                                     | (a) 2009                | <b>(b)</b> 2010          | <b>(c)</b> 2011      | (d) 2012   | <b>(e)</b> 201.   | 3                | (f) Total      |
| 1           | Gifts, grants, contributions and membership fees received. (Do not include |                         |                          |                      |  |                   |                  |                |
| 2           | any 'unusual grants.') Gross receipts from admis-                          |                         |                          |                      |  |                   |                  |                |
| 2           | sions, 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              |                         |                          |                      |  |                   |                  |                |
| 4           | Tax revenues levied for the  |                         |                          |                      |  | 0                 |                  |                |
|             | organization's benefit and either paid to or expended on                   |                         |                          |                      |  |                   |                  |                |
|             | its behalf   |                         |                          |                      |  |                   | l                |                |
| 5           | The value of services or   |                         |                          |                      | <del></del>                                      |                   |                  |                |
|             | facilities furnished by a governmental unit to the                         |                         |                          |                      |  |                   |                  |                |
|             | organization without charge  |                         |                          |                      |  |                   |                  |                |
| 6           | Total. Add lines 1 through 5   |                         | •                        |                      | <del></del>                                      |                   |                  |                |
| -           | Amounts included on lines 1,   |                         | 7 T.:                    |                      |  |                   |                  |                |
|             | 2, and 3 received from   |                         |                          |                      |  |                   |                  |                |
| <b>.</b>    | disqualified persons  Amounts included on lines 2                          |                         |                          |                      |  |                   |                  | <del></del>    |
| U           | 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)                       |                         |                          |                      | ł  |                   |                  |                |
| Sec         | tion B. Total Support  |                         |                          |                      |  |                   | · · ·            |                |
|             | dar year (or fiscal yr beginning in)                                       | (a) 2009                | <b>(b)</b> 2010          | (c) 2011             | (d) 2012   | <b>(e)</b> 201:   | 3                | (f) Total      |
|             | Amounts from line 6  | <u> </u>                |                          | ``                   | , ·  |                   |                  | <u> </u>       |
| 10 a        | Gross income from interest,  |                         |                          |                      |  |                   | _                | <del></del>    |
|             | dividends, payments received   |                         |                          |                      | +  |                   |                  |                |
|             | on securities loans, rents, royalties and income from                      |                         |                          |                      |  |                   |                  |                |
|             | similar sources  |                         |                          |                      |  |                   |                  |                |
| b           | Unrelated business taxable   |                         |                          | <del></del>          |  |                   |                  |                |
|             | income (less section 511   |                         |                          |                      |  |                   |                  |                |
|             | taxes) from businesses acquired after June 30, 1975                        |                         |                          |                      |  |                   | 1                |                |
| c           | Add lines 10a and 10b  |                         |                          |                      | <del>                                     </del> |                   | $\rightarrow$    | <del></del>    |
|             | Net income from unrelated business   |                         |                          |                      | <del>                                     </del> |                   |                  |                |
|             | activities not included in line 10b,                                       |                         |                          |                      |  |                   | 1                |                |
|             | whether or not the business is regularly carried on .                      |                         |                          |                      | 1  |                   | - 1              |                |
| 12          | Other income Do not include  |                         |                          |                      |  |                   | <del></del>      |                |
|             | 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         | is for the organiza     | ation's first, secoi     | nd, third, fourth, c | or fifth tax year as                             | a section 5       | 01(c)(3          | )              |
| So~         | tion C. Computation of Pu  |                         | ercentage ·              | <del></del>          |  | -                 | -                |                |
|             | Public support percentage for 20   |                         |                          | ne 13, column (f)    | )  |                   | 15               |                |
| 16          | Public support percentage from   | 2012 Schedule A,        | Part III, line 15        |                      |  |                   | 16               | 8              |
|             | tion D. Computation of Inv   | <del></del>             |                          | <del></del> e        |  |                   |                  | <del></del>    |
|             | Investment income percentage f   |                         |                          |                      | ımn (f))   |                   | 17               | 8              |
|             | Investment income percentage f   |                         | • •                      | -                    | •  | ļ                 | 18               |                |
|             | 33-1/3% support tests - 2013. If   | f the organization      | did not check the        | box on line 14.      | and line 15 is mor                               | ا<br>e than 33-1/ | 3%, an           | nd line 17     |
|             | is not more than 33-1/3%, check  | this box and <b>sto</b> | <b>p here.</b> The organ | nization qualifies   | as a publicly supp                               | orted organi      | zation           | ▶              |
| b           | 33-1/3% support tests - 2012. If line 18 is not more than 33-1/3%          | the organization        | did not check a b        | oox on line 14 or    | line 19a, and line                               | 16 is more t      | han 33<br>Lorgan | -1/3%, and ▶·□ |
| 20          | Private foundation. If the organi  |                         | -                        |                      |  |                   | _                | H              |
|             | rate realization. It the organi  |                         |                          |                      |  |                   |                  | <u></u>        |

| Schedule / | (Form 990 or 990-EZ) 2013  | Center                  | for Resource                     | Solutions                                   | 94-3265560   | Page 4     |
|------------|--|-------------------------|----------------------------------|---|--|------------|
| Part IV    | Supplemental Informat<br>or 17b; and Part III, line<br>(See instructions). | ion. Provide 12. Also d | de the explanate complete this p | tions required by P<br>art for any addition | art II, line 10; Part II, line 17a<br>nal information. |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  | <b>-</b>                |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  | <b></b>                 |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  | <u>-</u> - |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   |  |            |
|            |  |                         |                                  |   | ·  |            |
|            |  |                         |                                  |   |  |            |
| ~~         |  |                         |                                  |   |  |            |
|            |  |                         |                                  | ,   |  |            |

#### **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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

|            | nter for Resource Solutions   |   |  |                            | 94-3265560                             |                      |
|------------|---|---|--|----------------------------|--|----------------------|
| Pai        | Organizations Maintaining Dono Complete if the organization ans   | or Advised Funds or Ot  | her Similar Fund                                   | s or Acc                   | ounts.                                 |                      |
|            | Complete if the organization ans  | ,   |  |                            |  |                      |
| -          | Total growth and a start of   | (a) Donor advised   | d funds  | (b) F                      | unds and other a                       | ccounts              |
| 1          | Total number at end of year   |   |  |                            | <u> </u>                               | <del></del>          |
| 2          | Aggregate contributions to (during year)  |   |  |                            |  |                      |
| 3          | Aggregate grants from (during year) . Aggregate value at end of year .  |   |  |                            |  |                      |
| -          | •   |   |  |                            | <del></del>                            |                      |
| 5          | Did the organization inform all donors and dor are the organization's property, subject to the  | nor advisors in writing that th<br>organization's exclusive lega    | e assets held in dono<br>al control?               | or advised                 | funds Yes                              | ☐ No                 |
| 6          | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?                                     | rs, and donor advisors in wri<br>t of the donor or donor advisor    | ting that grant funds<br>or, or for any other p    | can be use<br>urpose con   | ed only iferring                       | ☐ No                 |
| Par        | t II Conservation Easements.  |   |  |                            |  | <u></u>              |
|            | Complete if the organization ans  | wered 'Yes' to Form 99  | 0, Part IV, line 7.                                |                            |  |                      |
| 1          | Purpose(s) of conservation easements held by  |   |  |                            |  |                      |
|            | Preservation of land for public use (e.g., r  | ecreation or education)   | Preservation of a                                  | an historica               | ally important land                    | d area               |
|            | Protection of natural habitat   |   | Preservation of a                                  | a certified l              | historic structure                     |                      |
|            | Preservation of open space  |   |  |                            |  |                      |
| 2          | Complete lines 2a through 2d if the organization hast day of the tax year.  | neld a qualified conservation co                                    | entribution in the form of                         | of a conserv               | vation easement or                     | n the                |
|            |   |   |  | Н                          | leld at the End of                     | the Tax Year         |
|            | a Total number of conservation easements  |   |  | 2 a                        |  |                      |
|            | Total acreage restricted by conservation ease   |   |  | 2 b                        |  |                      |
| •          | Number of conservation easements on a certi-  | fied historic structure include                                     | d ın (a)   | 2 c                        |  |                      |
| •          | Number of conservation easements included in structure listed in the National Register  | n (c) acquired after 8/17/06,                                       | and not on a historic                              | 2 d                        |  |                      |
| 3          | Number of conservation easements modified, trantax year ►   | nsferred, released, extinguished                                    | l, or terminated by the                            | organizatio                | n during the                           |                      |
| 4          | Number of states where property subject to conse  | ervation easement is located •                                      |  |                            |  |                      |
| 5          | Does the organization have a written policy re and enforcement of the conservation easemer  |   | ing, inspection, hand                              | ling of viola              | ations,                                | No                   |
| 6          | Staff and volunteer hours devoted to monitoring, i  | inspecting, and enforcing conse                                     | ervation easements du                              | ring the yea               | r                                      |                      |
| 7          | Amount of expenses incurred in monitoring, inspe  | ecting, and enforcing conservat                                     | on easements during t                              | he year                    |  |                      |
| 8          | Does each conservation easement reported or and section 170(h)(4)(B)(ii)?   | n line 2(d) above satisfy the                                       | requirements of secti                              | on 170(h)(4                | <sup>4)(B)(i)</sup>                    | □No                  |
| 9          | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is   | conservation easements in its to the organization's financia        | revenue and expense<br>I statements that des       | statement,<br>cribes the   | and balance sheet organization's ac    | and                  |
| r <u> </u> | conservation easements  |   |  |                            |  |                      |
| Par        | Complete if the organization ans  | wered 'Yes' to Form 99  | D, Part IV, line 8.                                | ther Sim                   | ıılar Assets.                          |                      |
| 1 a        | a If the organization elected, as permitted under<br>art, historical treasures, or other similar assets he<br>in Part XIII, the text of the footnote to its finar | eld for public exhibition, educati                                  | on, or research in furth                           | e statemen<br>nerance of p | nt and balance shoublic service, prov  | eet works of olde,   |
| ł          | If the organization elected, as permitted under<br>historical treasures, or other similar assets held for<br>following amounts relating to these items:           | r SFAS 116 (ASC 958), to re<br>or public exhibition, education,     | port in its revenue sta<br>or research in furthera | atement an                 | nd balance sheet<br>c service, provide | works of art,<br>the |
|            | (i) Revenues included in Form 990, Part VIII,   | line 1  |  |                            | <b>►</b> \$                            |                      |
|            | (ii) Assets included in Form 990, Part X  |   |  |                            | <b>►</b> \$                            |                      |
| 2          | If the organization received or held works of art, hamounts required to be reported under SFAS  | nistorical treasures, or other sin<br>116 (ASC 958) relating to the | nilar assets for financia<br>ese items:            | al gain, prov              | ride the following                     |                      |
| á          | Revenues included in Form 990, Part VIII, line  | e 1   |  |                            | <b>►</b> \$                            |                      |
| ı          | Assets included in Form 990, Part X   |   |  |                            | ►\$                                    |                      |

| Schedule D (Form 990) 2013 Cent   | er for Resou            | rce Solutio                        | ns                              | 94-326                       | 5560   | Page 2      |
|---|-------------------------|------------------------------------|---------------------------------|------------------------------|--|-------------|
| Part III Organizations Mainta   | ining Collection        | is of Art, Histo                   | orical Treasures, o             | r Other Similar Ass          | ets (contin                                  | ued)        |
| 3 Using the organization's acquisition items (check all that apply):        | n, accession, and oth   | er records, check a                | any of the following that a     | re a significant use of its  | collection                                   |             |
| a Public exhibition   |                         | <b>d</b> Loan                      | or exchange programs            |                              |  |             |
| <b>b</b> Scholarly research   |                         | e Other                            |                                 |                              |  |             |
| c Preservation for future gene  | rations                 | _                                  |                                 |                              |  |             |
| 4 Provide a description of the organi<br>Part XIII                          | zation's collections ai | nd explain how the                 | y further the organization      | 's exempt purpose in         |  |             |
| 5 During the year, did the organization to be sold to raise funds rather to |                         |                                    |                                 |                              | Yes  | No          |
| Part IV Escrow and Custodia line 9, or reported an                          |                         |                                    |                                 | swered 'Yes' to For          | m 990, Pai                                   | rt IV,      |
| 1 a Is the organization an agent, tru<br>on Form 990, Part X?               | stee, custodian, or     | other intermedian                  | y for contributions or other    | her assets not included      | Yes  | No          |
| <b>b</b> If 'Yes,' explain the arrangemen                                   | t in Part XIII and co   | mplete the follow                  | ing table:                      |                              |  |             |
|   |                         |                                    |                                 |                              | Amount                                       |             |
| c Beginning balance .   | •                       |                                    |                                 | 1 c                          |  |             |
| d Additions during the year   |                         |                                    |                                 | 1 d                          |  |             |
| e Distributions during the year   |                         | •                                  |                                 | 1 e                          |  |             |
| f Ending balance  |                         |                                    |                                 | 1f                           |  |             |
| 2 a Did the organization include an   | amount on Form 99       | 0, Part X, line 21                 | ?                               |                              | Yes  | No          |
| <b>b</b> If 'Yes,' explain the arrangemen                                   | t in Part XIII Check    | here if the expla                  | ntion has been provided         | d in Part XIII               |  |             |
| Part V Endowment Funds.   | Complete if the c       | rganization ar                     | nswered 'Yes' to Fo             | orm 990, Part IV, lin        |  |             |
|   | (a) Current year        | (b) Prior yea                      | r (c) Two years bac             | k (d) Three years back       | (e) Four yea                                 | ars back    |
| 1 a Beginning of year balance   |                         | <u> </u>                           |                                 |                              | <u> </u>                                     |             |
| <b>b</b> Contributions  | <del></del>             |                                    |                                 |                              |  |             |
| c Net investment earnings, gains, and losses                                |                         |                                    |                                 |                              |  |             |
| d Grants or scholarships  |                         | <del></del>                        |                                 |                              |  |             |
| <ul> <li>Other expenditures for facilities<br/>and programs</li> </ul>      |                         |                                    |                                 |                              |  |             |
| f Administrative expenses   |                         |                                    |                                 |                              |  |             |
| g End of year balance   |                         |                                    |                                 |                              | 1  |             |
| 2 Provide the estimated percentage  | ge of the current year  | r end balance (lii                 | ne 1g, column (a)) held         | as:                          |  |             |
| a Board designated or quasi-endown  | nent ►                  | 8                                  |                                 |                              |  |             |
| <b>b</b> Permanent endowment  | 8                       | <del></del>                        |                                 |                              |  |             |
| c Temporarily restricted endowme  | nt ►                    | %                                  |                                 |                              |  |             |
| The percentages in lines 2a, 2b   | and 2c should equa      | al 100%                            |                                 |                              |  |             |
| <b>3a</b> Are there endowment funds not in organization by:                 | the possession of the   | organization that                  | are 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                                       | organizations listed    | as required on S                   | chedule R?                      |                              | 3b   |             |
| 4 Describe in Part XIII the intende   | d uses of the organ     | ızatıon's endowm                   | ent funds                       |                              | <u>-                                    </u> |             |
| Part VI Land, Buildings, and  | Equipment.              |                                    |                                 |                              |  |             |
| Complete if the organ   |                         | d 'Yes' to Forr                    | m 990, Part IV, line            | 11a. See Form 990            | ), Part X, Iı                                | ine 10.     |
| Description of property   | (a) Co                  | est or other basis<br>(investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v                                   |             |
| 1 a Land .  |                         |                                    |                                 |                              |  |             |
| <b>b</b> Buildings.   | <del> </del>            |                                    |                                 |                              |  |             |
| c Leasehold improvements  |                         |                                    | ,                               | <del></del>                  |  | <del></del> |
| <b>d</b> Equipment  |                         | <del></del> -                      | 37,234.                         | 36,744.                      |  | 490.        |
| e Other   | <del> </del>            |                                    | 31,234.                         | 20, 124.                     |  | _ = 50.     |
| Total. Add lines 1a through 1e (Colui                                       | nn (d) must eaual F     | orm 990. Part X                    | column (B), line 10(c)          | . ▶                          |  | 490.        |
| BAA   | (c) oqual (             |                                    |                                 |                              | ule <b>D</b> (Form 99                        |             |
|   |                         |                                    |                                 | = =                          | ,  |             |

| 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             |  |
|---|-------------------------|--|--|
| (1) Financial derivatives   | (b) book value          | (C) medica of valuation, cost of en              | 3-or-year market value                 |
| (2) Closely-held equity interests   | <del></del>             |  |  |
| (3) Other   |                         | <del>                                     </del> |  |
| (A)   |                         |  |  |
| (B)   |                         |  |  |
| (C)   |                         | <del>                                     </del> | <del></del>                            |
| (D)   |                         | <del>                                     </del> |  |
| (E)   |                         | <u> </u>   |  |
|   |                         | <del> </del>                                     |  |
| (F)<br>(G)  |                         | <del> </del>                                     |  |
| (H)   |                         |  |  |
| (I)   | <del></del>             |  |  |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)  |                         |  |  |
| Part VIII Investments - Program Related.  | <u></u>                 | N/A  | alternative to the state of the second |
| Complete if the organization answered   | I 'Yes' to Form 990     | D, Part IV, line 11c. See Form                   | 990, Part X, line 13                   |
| (a) Description of investment type  | (b) Book value          | (c) Method of valuation: Cost or er              | nd-of-year market value                |
| (1)   |                         |  |  |
| (2)   |                         |  |  |
| (3)   |                         |  | <del></del>                            |
| (4)   |                         |  |  |
| (5)   |                         | <del></del>                                      |  |
| (6)   |                         |  |  |
| (7)   |                         |  |  |
| (8)   | ***                     |  |  |
| (9)   |                         |  |  |
| (10)  |                         |  |  |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  |                         |  |  |
| Part IX Other Assets.   | N/A                     | A Doubly Line 11d Co. Farms                      | 000 Dark V Ivan 15                     |
| Complete if the organization answered   | scription               | o, Part IV, line 11d. See Form                   | (b) Book value                         |
| (1)   | scription               |  | (b) Book Value                         |
| (2)   |                         |  | <del> </del>                           |
| (3)   |                         |  | <del> </del>                           |
| (4)   | <del></del>             |  |  |
| (5)   |                         |  |  |
| (6)   |                         |  |  |
| (7)   |                         |  |  |
| (8)   |                         |  | <u> </u>                               |
| (9)   |                         |  |  |
| (10)  | <del></del>             |  |  |
| Total. (Column (b) must equal Form 990, Part X, column (l   | B), line 15 )           |  | <u> </u>                               |
| Part X Other Liabilities.   | arms 000 Dard IV loss 1 | 1 116 C Farm 000 Dark V I.m. 0                   | r                                      |
| Complete if the organization answered 'Yes' to Fo   | (b) Book value          | 1e of 111. See Form 990, Part X, line 2          | 5                                      |
| (1) Federal income taxes  | (b) Book value          | · ·  |  |
| (2)   |                         |  |  |
| (3)   | <del></del>             | ,  |  |
| (4)   | <del></del>             |  |  |
| (5)   | <del></del>             |  |  |
| (6)   |                         | <u> </u>   |  |
| (7)   |                         |  |  |
| (8)   |                         |  |  |
| (9)   |                         |  |  |
| (10)  |                         |  |  |
| (11)  |                         |  |  |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  | <b>•</b>                |  |  |
|   |                         |  |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

See Part XIII

| 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.). 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 2,256,498.  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses and losses and 5 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IX, line 2, Part X, line 2, Part X, lines 2 and 4b, and Part XII, lines 2d and 4b, Also complete this part to provide any additional information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part IIII, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IX, line 2, Part X, line 2, Part X, line 2, Part X, | Complete if the organization answered 'Yes' to Form 99                               | 90, Part IV, line 12a.  |                               |                          |
|---|--|---|-------------------------------|--------------------------|
| a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12. but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 4 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments C Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)  Fart XIII Supplemental Information.  Part XII Supplemental Information.  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.   | 1 Total revenue, gains, and other support per audited financial statements           |   | . 1                           | 2,256,498.               |
| b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII). e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Z, 256, 498.    Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Z, 068, 758. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII) 5 Z, 068, 758.   Part XIII   Supplemental Information.  | 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |   |                               |                          |
| c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 22 through 2d. 3 Subtract line 2e from line 1 3 2, 256, 498. 4 Amounts included on Form 990, Part VIII, line 12. b Other (Describe in Part XIII.) c Add lines 43 and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2, 256, 498.  Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on his of but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIII.) d Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2, 068, 758.  4a b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2, 068, 758.  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part XII-FINAB Footnote  The Organization has evaluated its current tax positions for which a reserve would be necessary.   |  | 2 a   |                               |                          |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3 2, 256, 498.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Investment expenses in cliculated on Form 990, Part IV, line 11a a lovestment expenses in cliculated on Form 990, Part IV, line 12  4 Amounts included on Form 990, Part IX, line 25: b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2, 068, 758.  4 Amounts included on Form 990, Part IX, line 25: but not on line 1: a livestment expenses in cliculated on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Part XIII Supplemental Information.  Part XIII Supplemental Information.  Part XIII Supplemental Information.  Part XIII Supplemental Information.  1 Amounts as of December 31, 2013 and 1 is not aware of any significant uncertain tax positions as of December 31, 2013 and 1 is not aware of any significant uncertain tax positions for which a reserve would be necessary.  | <b>b</b> Donated services and use of facilities                                      | 2 Ь   |                               |                          |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 6 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 7 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 7 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part XIII Supplemental Information.  Part XIII Supplemental Information.  Part XIII Part X, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part XIII Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part XIII Part X, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.   | c Recoveries of prior year grants  | 2 c   |                               |                          |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 2, 256, 498.  4a  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 2, 256, 498.  Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses and losses per audited financial statements 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Z, 068, 758.  Part XIII Supplemental Information.  Provide the descriptions required for Fart II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 4B Footnote The Organization has evaluated its current tax positions for which a reserve would be necessary.  | d Other (Describe in Part XIII.).  | . 2d  |                               |                          |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 2, 256, 498.  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 4c 5 Z, 068, 758.  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X-FIN.48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | <u> </u>   |   | 2 e                           |                          |
| a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2, 256, 498.  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2d   | 3 Subtract line 2e from line 1   | · .   | 3                             | 2,256,498.               |
| b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and toses per audited financial statements With Expenses per Return.  Complete if the organization answered Yes' to Form 990, Part IV, line 12a.  1 Total expenses and toses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Fart XIII   Supplemental Information.  Part XIII   Supplemental Information.  Part X. FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.  |  | 1 1   |                               |                          |
| c Add Ines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 2, 256, 498.  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2, 068, 758.  Part XIII Supplemental Information.  Part X FIN.48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.  | •  |   |                               |                          |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 2, 256, 498.  Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2, 068, 758.  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4: Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X-FIN.48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | <b>b</b> Other (Describe in Part XIII )  |   |                               |                          |
| Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.    Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.   |  |   | <u> </u>                      |                          |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4: Part IV, lines 1b and 2b: Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X-FIN.48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.   |  |   |                               |                          |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Part XIII   Supplemental Information.  Provide the descriptions reguired for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | · · · · · · · · · · · · · · · · · · ·  | •   | per Return.                   | i                        |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X-FIN 48 Footnote The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary  | Complete if the organization answered 'Yes' to Form 99                               | 90, Part IV, line 12a.  |                               |                          |
| a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary  | Total expenses and losses per audited financial statements                           |   |                               | 2,068,758.               |
| b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X-FIN.48 Footnote The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |   |                               |                          |
| c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2,068,758.  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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | a Donated services and use of facilities.  | 2 a   |                               |                          |
| d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary  | <b>b</b> Prior year adjustments  | 2 b   |                               |                          |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | c Other losses   | 2 c   |                               |                          |
| 3 2,068,758.  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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | d Other (Describe in Part XIII)  | 2 d   |                               |                          |
| 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | e Add lines 2a through 2d  |   | 2 e                           |                          |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X-FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | 3 Subtract line 2e from line 1   |   | 3                             | 2,068,758.               |
| b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary  | 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |   |                               |                          |
| The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   |  |   |                               |                          |
| The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   | · · · · · · · · · · · · · · · · · · ·  | 4 b   |                               |                          |
| Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary  |  | 10.   | <del> </del>                  |                          |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary  |  | e 18.)  |                               | 2,068,758.               |
| Part X - FIN 48 Footnote  The Organization has evaluated its current tax positions as of December 31, 2013 and is not aware of any significant uncertain tax positions for which a reserve would be necessary   |  |   |                               |                          |
| is not aware of any significant uncertain tax positions for which a reserve would be necessary  | line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Als | and 4; Part IV, lines 1b and 2 to complete this part to provi | b; Part V,<br>de any addition | al information.          |
| necessary   | The Organization has evaluated its current tax                                       | positions as of De  | ecember 31                    | , 2013 and               |
|   | is not aware of any significant uncertain tax p                                      | ositions for which  | <u>a reserv</u>               | e_would_be               |
| BAA Schedule <b>D</b> (Form 990) 2013   | necessary  |   |                               |                          |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               |                          |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               |                          |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               |                          |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               | _ <b></b>                |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               |                          |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               | - <i>-</i>               |
| BAA Schedule <b>D</b> (Form 990) 2013   |  |   |                               |                          |
| BAA Schedule D (Form 990) 2013  |  |   | <del> </del>                  |                          |
|   | BAA  |   | Schedule                      | <b>D</b> (Form 990) 2013 |

#### Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

94-3265560

Center for Resource Solutions Partis General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (a) Region (d) Activities conducted in (f) Total (e) If activity listed in region (by type) (e.g., fundraising, program offices in the employees, expenditures for (d) is a program region agents, and and investments service, describe services, investments, grants to recipients independent in region specific type of contractors service(s) in region in region located in the region) Renew Energy (1) Europe 2 Program Service Consult 65,446. Renew Energy North America (2) (Canada) Program Services Cert 27,019. (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17) 3 a Sub-total 92,465 **b** Total from continuation sheets to Part I C Totals (add lines 3a and 3b) 92,465

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Center for Resource Solutions Schedule F (Form 990) 2013

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| (i) Method of valuation (book, FMV, appraisal, other) |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      |  |
|---|------------|---|-----|-----|----------|---|---|----------|---|------|------|------|------|------|------|------|--|
| (h) Description of<br>non-cash<br>assistance          |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      | 1  |
| (g) Amount of<br>non-cash<br>assistance               |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      | doubling as the  |
| (f) Manner of cash disbursement                       |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      | 201 off ut tamore set as beginning   |
| (e) Amount of cash grant                              |            |   |     |     |          |   |   |          |   |      |      |      | •    |      |      |      | Transfer interior  |
| (d) Purpose of grant                                  |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      | setation animals and and animals are bosen                                 |
| (c) Region  |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      |  |
| (b) IRS code section and EIN (if applicable)          |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      | as tedt events betall acc  |
| (a) Name of organization                              |            |   |     |     |          |   |   |          |   |      |      |      |      |      |      |      | Enter total mimber of recipient organizations listed above that are recogn |
| -   | <b>(i)</b> | 8 | (3) | (4) | <b>©</b> | 9 | 8 | <b>@</b> | ව | (10) | (11) | (12) | (13) | (14) | (15) | (16) | с<br>П   |

© 0 0 Schedule F (Form 990) 2013

TEEA3502L 06/26/13

z Enter total number or recipient organizations listed above that are recognized as charities by the foreign country, recognized as fax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities BAA

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Center for Resource Solutions Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA € ල € 9 2 9 6 € 9 9 £ (22) (13) <u>1</u> (12) (16) E

| Sche | edule F (Form 990) 2013 Center for Resource Solutions  | 94-3265560    | Page 4 |
|------|--|---------------|--------|
| Pa   | rt IV Foreign Forms  |               |        |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | Yes           | X No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Confereign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | ertain<br>Yes | X No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Co. Foreign Corporations (see Instructions for Form 5471)   | ertain<br>Yes | X No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)                  | ified         | X No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreig Partnerships (see Instructions for Form 8865)  | n Yes         | X No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)  | Yes           | X No   |

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Schedule **F** (Form 990) 2013

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| Scriedule | F (Form 990) 2013 Center for Resource Solutions   | 94-3265560 | Page 5      |
|-----------|---|------------|-------------|
| Part V    | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Pai (accounting method; amounts of investments vs expenditures per region); method); Part III (accounting method); and Part III, column (c) (estimated applicable. Also complete this part to provide any additional information (s) |            |             |
|           |   |            |             |
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#### 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.

2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Center for Resource Solutions 94-3265560 **Questions Regarding Compensation** Part I Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?.. 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes\_for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4 a b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4 b c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 a Х b Any related organization? 5 b Х If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 a b Any related organization? 6 b X If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

section 53.4958-6(c)?

Schedule J (Form 990) 2013

Page 2

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Schedule J (Form 990) 2013 Center for Resource Solutions

Partill 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)(I)-(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              | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation                            | (C) Retirement                        | (D) Nontaxable            | (E) Total of                  | (F) Compensation                             |
|--------------------|--------------|-------------------------------|--|---|---------------------------------------|---------------------------|-------------------------------|--|
| (A) Name and Title | <u> </u>     | (I) Base<br>compensation      | (ii) Bonus and incentive compensation              | (iii) Other<br>reportable<br>compensation | and other<br>deferred<br>compensation | benefits                  | columns(B)(I)·(D)             | reported as<br>deferred in prior<br>Form 990 |
| Jennifer Martin    | ε            | 143, 325.                     | 6,825.   | 0.  | 8, 292.                               | 16,840.                   | 175, 282.                     |  |
| 1 Executive Dir.   | <b>(E)</b>   | 0.                            | 0  | 0.  | 0                                     |                           | 0                             |  |
|                    | Θ            |                               |  |   |                                       |                           |                               |  |
| 2                  | (ii)         |                               |  |   |                                       |                           |                               | <br>   |
|                    | Θ            |                               |  |   |                                       |                           |                               |  |
| 8                  | (ii)         |                               |  |   |                                       |                           |                               | <br>   |
|                    | (3)          |                               |  |   |                                       |                           |                               |  |
| 4                  | (jj)         |                               |  |   |                                       |                           | )<br> <br>                    |  |
|                    | Θ            |                               |  |   |                                       |                           |                               |  |
| 9                  | (ii)         |                               |  |   |                                       |                           |                               |  |
|                    | (j)          |                               |  |   |                                       |                           |                               |  |
| 9                  | (jj)         |                               |  |   |                                       |                           |                               |  |
|                    | (i)          |                               |  |   |                                       |                           |                               |  |
| 7                  | (E)          |                               |  |   |                                       |                           |                               |  |
|                    | Θ            |                               |  |   |                                       |                           |                               |  |
| 8                  | (ii)         |                               |  |   |                                       |                           |                               |  |
|                    | Θ            |                               |  |   |                                       |                           |                               |  |
| 6                  | (ii)         |                               |  |   |                                       |                           |                               |  |
|                    | Θ            |                               |  |   |                                       |                           |                               |  |
| 10                 | (ii)         |                               |  |   |                                       |                           |                               |  |
|                    | <u> </u> (j) | 1 1                           |  |   |                                       |                           | 1 1                           |  |
| 11                 | €            |                               |  |   |                                       |                           |                               |  |
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| 12                 | €            |                               |  |   |                                       |                           |                               |  |
|                    | <u></u>      | <br>                          | <br>   | 1   | <br>                                  |                           |                               |  |
| 13                 | €            |                               |  |   |                                       |                           |                               |  |
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| 14                 | €            |                               |  |   |                                       |                           |                               |  |
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| 15                 | €            |                               |  |   |                                       |                           |                               |  |
| -                  | <u>∈</u>     | 1 1 1                         |  | 1 1 1                                     | 1 1 1                                 | 1 1 1                     |                               | <br>  1<br> <br> <br> <br> <br>              |
| 16                 | €            |                               |  |   |                                       |                           |                               |  |
| ВАА                |              |                               | TEEA4102L 07/08/13                                 | 13  |                                       |                           | Schedule J                    | Schedule J (Form 990) 2013                   |

Schedule J (Form 990) 2013

TEEA4103L 07/08/13

BAA

#### **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.

OMB No 1545-0047 2013

Open to Public Inspection

94-3265560

Department of the Treasury Internal Revenue Service Name of the organization

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

Center for Resource Solutions Form 990, Part III, Line 4a - Program Service Accomplishments Green-e & Policy The Green-e programs continued to give individuals and organizations the tools and means to increase their use of the renewable energy and reduce carbon emissions, by providing not just consumer protection, but also advocacy, education, and oversight Together, the three Green-e programs-Green-e Climate, Green-e Energy, and Green-e Marketplace-create tools for the private sector to develop markets for sustainable energy faster than policy can do on its own. Green-e is beginning to expand beyond its North American roots, with increasing interest from organizations in Europe and Latin America. We continue to work on making Green-e a global recognized standard that represents quality in environmental commodities Green-e Climate serves an important consumer protection role by ensuring the integrity and transparency of sales to individuals and businesses looking to reduce the environmental impact of their flying and driving, heating, and other activities that produce greenhouse gas emissions. Green-e Climate remains the only certification program ensuring the quality of carbon reductions and accuracy and transparency along the entire chain of custody, from the project to the end consumer. Green-e Climate saw tremendous growth in 2013 (even after reporting a 47% growth in 2012), with a total of 324,414 metric tons CO2e certified-continuing the trend of double-digit annual growth. This brought the program's total to over one million metric tons reduced since its founding in 2008. There were five participating offset providers offering 11 different certified offset options from 14 different offset projects in North and South America and Asia. Green-e Climate welcomed a new participant, San Francisco-based TerraPass, and as well as the American Carbon Registry (ACR) as a new Endorsed Program. One way that our certification programs extend their reach is by their adoption and integration into other standards. In November 2013 the U.S. Green

| Center for Resource Solutions                                     | 94-3265560              |
|---|-------------------------|
| Form 990, Part III, Line 4a - Program Service Accomplishments     |                         |
| Building Council updated their market-leading LEED green-buildi   | ng standard to include  |
| Green-e Climate certification of carbon offsets. Green-e Climat   | e is also referenced    |
| in the Cradle to Cradle and Living Building Challenge standards   | s, the California       |
| Energy Commission's RPS Eligibility Guidebook, The Climate Regist | ry's General Reporting  |
| Protocol 2.0, and the Department of Energy's "Greenhouse Gas (G   | GHG)_Offsets/Retail_GHG |
| Offset Products" online reference.                                |                         |
| Green-e Energy is North America's largest certification program   | for renewable energy    |
| products sold to consumers and businesses in the voluntary mark   | cet. Established in     |
| 1997, the program certifies utility green-power programs, renew   | wable energy            |
| certificate products, and green electricity programs offered by   | energy service          |
| providers in states that offer consumer choice. Green-e Energy    | continued to grow at    |
| double-digit rates, and in 2013 reported a new milestone-certif   | ied residential and     |
| commercial retail sales in 2012 represented nearly three-quarte   | ers of the entire U.S.  |
| retail voluntary market, a total of almost 36 million MWh, and    | a 29% increase over     |
| 2011. Total certified sales, including wholesales, totaled 51.7   | million MWh, a 32%      |
| increase. By November 2013 there were nearly 300 companies part   | icipating in Green-e    |
| Energy, selling 130 certified products across the U.S. and Cana   | nda. Green-e certified  |
| renewable energy sales in the U.S. have increased an average of   | almost 30% each year    |
| since 2008, and now Green-e certifies over 1% of the total U.S.   | electricity supply.     |
| Nearly half of the installed wind capacity in the country is su   | pplying_renewable       |
| electricity_used_in_Green-e_Energy_certified_transactionsAft      | er a two-year process   |
| and in-depth stakeholder consultations, on April 9, 2013 the Gr   | reen-e Governance Board |
| approved revisions to the Green-e Energy National Standard crit   | eria for hydropower     |
| repowering and efficiency upgrades and biomass eligibility, and   | l_removed_municipal     |
| solid waste as an eligible fuel type. The program also completed  | some "under the hood"   |
| improvements, including updates to the web-based verification s   | software supporting the |

|   | Employer identification number 94-3265560 |
|---|---|
| Form 990, Part III, Line 4a - Program Service Accomplishments     |   |
| annual_audit_of_program_participants. Green-e Energy_welcomed_a   | number of new                             |
| participants into the program in 2013, including Ethical Electric | ic, Just Energy,                          |
| MidAmerican Energy, Northern Indiana Public Service Company, NY   | C Clean Energy, and                       |
| South Jersey Energy. According to the U.S. Green Building Council | cil, buildings                            |
| represent 73% of U.S electricity consumption, which makes them    | an excellent market                       |
| opportunity for renewable energy. The release of the LEED v4 gr   | een-building standard                     |
| in_November_2013 included points for multi-year renewable energy  | y purchases, and                          |
| included Green-e Energy certification or equivalent in the requ   | irements. Green-e                         |
| Marketplace is a program that works with organizations and busing | nesses of all sizes to                    |
| help them reduce the impact of their energy use and promote the   | ir_environmental                          |
| actions to their stakeholders and employees. Forty-eight compan   | ies_participated_in                       |
| 2013, offering a total of 500 Green-e certified products in many  | y different sectors,                      |
| including printing and packaging, health and beauty, food and be  | everage, home and                         |
| office, and media and communications. Green-e Marketplace incre   | eased its presence in                     |
| the printing and packaging industry through the Green-e re:print  | t initiative, in which                    |
| print customers can include the Green-e certified logo on their   | finished pieces if                        |
| both the paper and printing are sourced from certified companies  | s. As a                                   |
| resource-intensive industry, printers and paper companies have    | long been sensitive to                    |
| the environmental concerns of their customers. Green-e Marketple  | ace hosted several                        |
| events around the country to introduce the program to printers,   | including in Chicago,                     |
| Seattle, and Austin.  |   |
| Policy Outreach - An important part of our mission at CRS is to   | assist lawmakers,                         |
| regulators, and advocates in developing policy solutions that a   | dvance clean energy                       |
| and_reduce_carbon_emissions. We_continually_work_at_state, nation | onal, and                                 |
| international levels to ensure that policy decisions are inform   | ed_with_an                                |
| understanding of environmental commodity markets and promote the  | e_accelerated_growth                      |

| Name of the organization   | Employer identification number          |
|--|---|
| Center for Resource Solutions                                    | 94-3265560                              |
| Form 990, Part III, Line 4a - Program Service Accomplishments    |   |
| of clean energy solutions. In 2013 we provided lawmakers and re  | gulators with critical                  |
| information on matters impacting renewable energy markets, writ  | ing over a dozen                        |
| comments to trade associations, policy organizations, state pub  | lic utility                             |
| commissions, and government agencies. Staff also held a busy sp  | eaking schedule,                        |
| including presentations at American Bar Association conferences  | , industry and                          |
| regulatory conferences, and quest presenting at an energy law of | lass at the University                  |
| of California at Berkeley. In 2013 CRS was active in a number    | of states, and CRS                      |
| Executive Director Jennifer Martin presented expert witness tes  | timony in Arizona and                   |
| Missouri on the role of solar energy in voluntary and RPS marke  | ts and green power                      |
| program design. CRS staff was also engaged throughout the year   | submitting comments                     |
| and participating in ongoing discussions with a broad set of st  | akeholders over                         |
| guidance for greenhouse gas accounting. These activities include | led active                              |
| participation in technical working groups, organized by the Wor  | ld Resources                            |
| Institute, addressing greenhouse gas accounting for electricity  | purchases, and                          |
| engaging with both the Carbon Disclosure Project and The Climat  | e Registry on similar                   |
| issues. Our goal for our carbon accounting work is to support s  | ystems that accurately                  |
| reflect the emissions associated with electricity use, and to r  | ecognize the benefits                   |
| created by organizations that make meaningful commitments to cl  | ean power through                       |
| clear and transparent emissions accounting practices. CRS was    | also active in dozens                   |
| of public processes and interactions with other sustainability   | organizations and                       |
| government agencies to promote the use of sustainable energy, i  | ncluding the                            |
| California Air Resources Board and California Energy Commission  | , the U.S. Green                        |
| Building Council, the U.S. Energy Information Administration, a  | and several state                       |
| public utilities commissions, among many others.                 |   |
|  | . – – – – – – – – – – – – – – – – – – – |
|  |   |

| Center for Resource Solutions                                     | 94-3265560             |
|---|------------------------|
| Form 990, Part III, Line 4b - Program Service Accomplishments     |                        |
| China Sustainable Energy Program                                  |                        |
| In_2013, CRS continued its relationship with the Regulatory Ass   | sistance Project in    |
| managing the long-running efforts of the China Sustainable Energy | gy Program to make     |
| renewable energy a significant component of China's national en   | ergy_system            |
| CRS manages the China Sustainable Energy program staff and cont   | ractors, and           |
| completed projects ranging from examining transmission loss rat   | es in China, to        |
| reporting on U.S. electricity curtailment policies, and policies  | es addressing the use  |
| of_biomass_as_a thermal_energy_fuel. Program_staff_traveled_to    | China in May and       |
| October 2013, and held meetings with the China Electric Power F   | Research Institute,    |
| State Grid Energy Research Institute, and others to discuss ren   | newable energy grid    |
| integration, wind integration studies and modeling, renewable     | energy quotas,         |
| dispatch order, and energy storage.                               |                        |
| Form 990, Part III, Line 4c - Program Service Accomplishments     |                        |
| Renewable Energy Markets Conference and Green Power Leadership    | Awards                 |
| CRS held the 18th Renewable Energy Markets conference in Austin   | 1, Texas, from         |
| September 22-24, 2013. The conference continues to be indispens   | sable_to_renewable     |
| energy market participants, and this year offered 85 speakers     | in nearly 30 sessions  |
| supported by 26 sponsors and supporting organizations, including  | ng the Presenting      |
| Sponsor, NextEra Energy Resources, and the Organizing Sponsor,    | the U.S. EPA. Federal  |
| Energy Regulatory Commission Chairman Jon Wellinghoff opened th   | ne conference and      |
| launched discussions on the technological, policy, and market of  | drivers that will      |
| shape renewable energy markets in the coming years.               |                        |
| One of the most exciting trends at the REM conference is the in   | ncreasing diversity of |
| the types of companies and organizations attending and speaking   | g. This trend reflects |
| the growing importance of clean energy to new sectors of the ed   | conomy that are        |
| increasingly socing it as a possessivy part of doing business.    | Phis new demographic   |

| Center for Resource Solutions   | 94-3265560           |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|
| Form 990, Part III, Line 4c - Program Service Accomplishments                     |                      |  |  |  |  |  |
| also elevated attendee conversations and programming, and facil                   | itated new           |  |  |  |  |  |
| partnerships among attendees. An attendee survey found 85% of r                   | espondents rated the |  |  |  |  |  |
| conference as Excellent or Very Good, up 11% from the year before                 | re                   |  |  |  |  |  |
| The Green Power Leadership Awards are annual awards presented by CRS and the U.S. |                      |  |  |  |  |  |
| EPA to recognize the actions of individuals, companies and orga                   | nizations that are   |  |  |  |  |  |
| significantly advancing the development and use of renewable el                   | ectricity sources.   |  |  |  |  |  |
| This year's awards ceremony was held during the banquet lunch on t                | the first day of the |  |  |  |  |  |
| Renewable Energy Markets conference, and honored some of the ha                   | rdest-working and    |  |  |  |  |  |
| most innovative companies and individuals in the industry in 20                   | 13                   |  |  |  |  |  |
| CRS recognized five organizations and one individual with Marke                   | t Development Awards |  |  |  |  |  |
| for their role in building and shaping the market for renewable                   | energy over the      |  |  |  |  |  |
| previous year:  |                      |  |  |  |  |  |
| Women of Wind Energy, Best Green Power Education Outreach Progr                   | am                   |  |  |  |  |  |
| BMW, Best Marketing Campaign by a Green Power Purchaser                           |                      |  |  |  |  |  |
| Clean Currents, Best Marketing Campaign by a Green Power Suppli                   | .er                  |  |  |  |  |  |
| Pacific Power and Rocky Mountain Power, Best Marketing Campaign                   | by a Green Power     |  |  |  |  |  |
| Supplier  |                      |  |  |  |  |  |
| Jon Wellinghoff, Chairman of the Federal Enegry Regulatory Comm                   | ission, Green Power  |  |  |  |  |  |
| Leader of the Year  |                      |  |  |  |  |  |
| Form 990, Part III, Line 4d - Other Program Services Description                  |                      |  |  |  |  |  |
| Other - Expert Assistance   |                      |  |  |  |  |  |
| Throughout 2013 CRS provided technical and policy assistance in                   | a variety of areas,  |  |  |  |  |  |
| including greenhouse gas accounting, legal, regulatory and mark                   | et design issues     |  |  |  |  |  |
| affecting renewable energy markets, corporate sustainability, a                   | and policy design.   |  |  |  |  |  |
| These are a few highlights from our work in these areas in 2013                   | 3                    |  |  |  |  |  |
|   |                      |  |  |  |  |  |

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| Center for Resource Solutions                                    | 94-3265560                     |
| Form 990, Part III, Line 4d - Other Program Services Description |                                |
| Department of Defense - CRS completed our report with Bay Area   | Economics for the              |
| U.S. Department of Defense (DoD), on a lifecycle carbon calcula  | tion for buildings             |
| owned and managed by the DoD. Our work for the report, "Demonst  | rating the                     |
| Environmental & Economic Cost-Benefits of Reusing DoD's Pre-Wor  | ld War II Buildings,"          |
| identified the lifetime greenhouse gas benefits of improving bu  | ilding design and              |
| efficiency upgrades for DoD's existing building stock. We also   | included the supply            |
| chain effects of construction materials as well as the energy u  | se and carbon impacts          |
| of the building scenarios over a 30-year period.                 |                                |
|  |                                |
| Tracking Emissions Associated with Energy Serving Load in the R  | GGI States: a                  |
| Feasibility Study - The Regional Greenhouse Gas Initiative (RGG  | I) is a cap and trade          |
| program on the electricity sector for nine states in the northe  | ast U.S. A                     |
| significant portion of the electricity consumed in these states  | is imported, which             |
| is not captured under the current carbon cap and trade program.  | This report, jointly           |
| written with the Regulatory Assistance Project, assesses the fe  | asibility of                   |
| capturing electricity imports under the cap and trade program.   | The paper explores             |
| the capacity of the Generation Attribute Tracking System in the  | PJM renewable energy           |
| tracking system and New England's Generation Information System  | to assist regional             |
| regulators in capturing emissions from electricity imports, wit  | h several key                  |
| findings and recommendations                                     |                                |
|  |                                |
| The Legal Basis for Renewable Energy Certificates - This whitep  | aper, published in             |
| June 2013, provides a summary of the legal and regulatory defin  | itions and functions           |
| of RECs in the U.S. A key finding is that there is a strong leg  | al basis for the use           |
| of renewable energy certificates as instruments that represent   | the attributes of              |
| renewable electricity generation, and that existing laws, regul  | ations, and court              |

| Name of the organization  Center for Resource Solutions                        | Employer identification number 94–3265560 |
|--|---|
| Form 990, Part III, Line 4d - Other Program Services Description               |   |
| cases support the use of these instruments to track and document               | it the trading and use                    |
| of renewable electricity.  |   |
|  |   |
| Transparency and Integrity in the Voluntary Carbon Market - In                 | April 2013, the                           |
| Rockefeller Brothers Fund awarded a grant to CRS to develop rec                | commendations_to                          |
| protect_carbon_markets_from_fraudulent_and_deceptive_sales_and_                | investment activity,                      |
| a documented problem overseas that could threaten the integrity                | of U.S. carbon                            |
| markets. Research tasks associated with this project were begu                 | n in 2013, and will                       |
| conclude in 2014 with the preparation of a final report and sha                | ring of key findings                      |
| with stakeholders.   |   |
| Education - CRS provides a link between markets and market part                | icipants by providing                     |
| educational materials and forum, including introductory session                | s on renewable energy                     |
| and carbon offsets at the annual Renewable Energy Markets Confe                | rence, offering over                      |
| a dozen public educational webinars throughout the year, provide               | ling the in-depth                         |
| resources in a "Learn" section on our website, co-authoring the                | report "Guide to                          |
| Purchasing Green Power" with the U.S. EPA, U.S. Department of E                | nergy and the World                       |
| Resources Institute, and hosting the Buy Clean Energy (www.buyo                | :leanenergy.org)                          |
| website that has resources for learning about and purchasing gr                | een_power                                 |
|  |   |
| Form 990, Part VI, Line 11b - Form 990 Review Process                          |   |
| The accountant reviews the 990 making sure it matches to the au                | dited financial                           |
| statements. It is then reviewed by the Fiduciary Committee of                  | the Board and the                         |
| Executive Director. Final version is given to every Board members.             | er prior to filing.                       |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con | flicts                                    |
| Members are required to sign a statement yearly and the Board r                | eviews each members                       |
| disclosures  |   |

| Schedule <b>0</b> (Form 990 or 990-EZ) 2013                                    | Page 2                                      |
|--|---|
| Name of the organization Center for Resource Solutions                         | Employer identification number 94 – 3265560 |
| Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, 1  | op Management                               |
| The Board reviews the Executive Director's compensation annua                  | ally, and the                               |
| Organization uses an executive search firm and salary surveys                  | s as appropriate.                           |
| Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officer | rs & Key Employees                          |
| The Organization uses an executive search firm and salary sur                  | rveys as appropriate.                       |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available   | e   |
| The annual report and Board policies are published on the organization         | ganization's website                        |
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| 013                    | Schedule      | A, Part | IV - \$ | Supple    | me | ental I | nforn       | natio | n        |           | Page             |
|------------------------|---------------|---------|---------|-----------|----|---------|-------------|-------|----------|-----------|------------------|
| ient CRS07             |               |         |         | esource S |    |         |             |       |          |           | 94-3265          |
| 22/14                  | <del></del>   |         | -       |           | •  |         |             |       |          |           | 12:3             |
| Part II, Line 10 - Oth | er Income     |         |         |           |    |         |             |       |          |           |                  |
| Nature and Source      | ce            | 2013    |         | 2012      |    | 2011    |             | 2010  | <u> </u> |           | 2009             |
| Miscellaneous          | m <del></del> |         |         |           |    |         | <del></del> |       | 0.       | \$        | 3,383.<br>3,383. |
|                        | Total \$      | 0.      | \$      | <u> </u>  | \$ |         | 0. \$       |       | 0.       | <u>\$</u> | 3,383.           |
|                        |               |         |         |           |    |         |             |       |          |           |                  |
|                        |               |         |         |           |    |         |             |       |          |           |                  |
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|                        |               |         |         |           |    |         |             |       | •        |           |                  |
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|                        |               |         |         |           |    |         |             |       |          |           |                  |
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|                        |               |         |         |           |    |         |             |       |          |           |                  |
|                        |               |         |         |           |    |         |             |       |          |           |                  |
|                        |               |         |         |           |    |         |             |       |          |           |                  |

| 2013 Schedule O - Supplemental Information |                       |                      |                   |   |  |  |   | Page 8   |  |
|--|-----------------------|----------------------|-------------------|---|--|--|---|--|--|
| Client CRS07 Center for Resource Solutions |                       |                      |                   |   |  |  |   | 9  | 94-3265560   |
| ne 11a                                     |                       |                      |                   |   |  |  |   |  | 12:36PM  |
| ces  |                       |                      |                   |   |  |  |   |  |  |
|  |                       |                      | (A)               | Pro   | gram   | Manage   | ment  | Fı   | (D)<br>ind-  |
| nses                                       |                       |                      | 100.              |   | _  | <u>&amp; Gene</u>  | eral_   | ra:  | <u>lsing</u><br>100.   |
| onsultants<br>ers                          | Total                 | ج                    | 44,457.           | 4   | 14,457.  | <u> </u>   |   | <del>-</del>   | 100.   |
|  | TOCAL                 | <u>~</u>             | 420,301.          | <del>9</del> 42   | .0, 401.   |  | <u>_</u>  | <del></del>  | 100.   |
|  | ne 11g<br>ces<br>nses | ces  nses onsultants | Center ne 11g ces | Center for Resource  (A)  Total  nses onsultants 275,944. 44,457. | Center for Resource Solution  The 11g cases  (A) (I) Product Serve and Serve | Center for Resource Solutions  (A) (B) Program Total Services  100. 275,944. 375,944. 275. 44,457. 44,457. | Center for Resource Solutions  (A) (B) (C)  Program Manage  Total Services & General Services  100. 375,944. 375,944. 44,457. 44,457. | Center for Resource Solutions  (A) (B) (C)  Program Management  Services & General  100. 375,944. 375,944. 44,457. 44,457. | Center for Resource Solutions  (A) (B) (C)  Program Management For |

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

►Information about Form 8868

OMB No 1545-1709

| nal Revenue Service      | Information about Form 8868 and its instructions is at www.irs.gov/form8868. |  |
|--------------------------|--|--|
| If you are filing for an | Automatic 3-Month Extension, complete only Part I and check this box         |  |

| _ | in you are said to an extension and an extension, complete only I are and chock this cox                              |
|---|---|
| • | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) |

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to

| Associated  | extension of time to file any of the forms listed in Part<br>I With Certain Personal Benefit Contracts, which m<br>filing of this form, visit www.irs.gov/efile and click of  | ust be sent  | to the IRS in paper format (see instruc   | n Returr<br>tions). f | for Transfer<br>For more de | s<br>tails on the |  |  |  |
|---|---|--|---|-----------------------|-----------------------------|-------------------|--|--|--|
| Part I  | Automatic 3-Month Extension of Time. Only submit original (no copies needed).   |  |   |                       |                             |                   |  |  |  |
| A corporat  | on required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only  |  |   |                       |                             |                   |  |  |  |
| All other co  | orporations (including 1120-C filers), partnerships,  |  |   |                       |                             |                   |  |  |  |
| income tax  | x returns   |  | Enter filer's ident   | ifvina n              | umber. see                  | instructions      |  |  |  |
|   | Name of exempt organization or other filer, see instructions  |  | nployer identification number (EIN) or  |                       |                             |                   |  |  |  |
| Type or   |   |  |   |                       |                             |                   |  |  |  |
| print   | Center for Resource Solutions   |  |   | 94-3265560            |                             |                   |  |  |  |
| File by the   | Number, street, and room or suite number. If a P.O. box, see in   | structions   |   |                       | security number             | (SSN)             |  |  |  |
| due date for<br>filing your                             | 1012 Torney Ave. 2nd Floor  |  |   | į                     |                             |                   |  |  |  |
| return See  | City, town or post office, state, and ZIP code. For a foreign add   | ress, see instru   | uctions   | <u> </u>              |                             |                   |  |  |  |
| instructions  | San Francisco, CA 94129   | <u></u>  |   |                       |                             |                   |  |  |  |
| Enter the I   | Return code for the return that this application is fo  | or (file a se  | parate application for each return)   |                       |                             | 01                |  |  |  |
| Applicatio<br>Is For                                    | n ,   | Return<br>Code   | Application is For  | -                     |                             | Return<br>Code    |  |  |  |
| Form 990 o  | or Form 990-EZ  | 01   | Form 990-T (corporation)  |                       |                             | 07                |  |  |  |
| Form 990-   | BL  | 02   | Form 1041-A   | -                     |                             | 08                |  |  |  |
| Form 4720   | (individual)  | 03   | Form 4720 (other than individual)   | 09                    |                             |                   |  |  |  |
| Form 990-   | PF  | 04   | Form 5227   |                       |                             |                   |  |  |  |
| Form 990-   | T (section 401(a) or 408(a) trust)  | 05   | Form 6069   | 11                    |                             |                   |  |  |  |
| Form 990-   | T (trust other than above)  | 06   | Form 8870   |                       |                             | 12                |  |  |  |
| Telepho If the c If this check the exi I requ until The | one No • 415–561–2100  organization does not have an office or place of but is for a Group Return, enter the organization's four this box • If it is for part of the group, of tension is for.  The stan automatic 3-month (6 months for a corporation 8/15 , 20 14 , to file the exempt organization is for the organization's return for:  X calendar year 20 13 or  I tax year beginning , 20  The tax year entered in line 1 is for less than 12 months change in accounting period | siness in the digit Group check this be required to anization re | Exemption Number (GEN)  and attach a list with the natifile Form 990-T) extension of time eturn for the organization named above. |                       | nd EINs of a                | · ·               |  |  |  |
| nonr  | s application is for Forms 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions   |  | <del></del>   | 3a                    | \$                          | 0.                |  |  |  |
| tax p   | s application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayments.  | nt allowed a   | as a credit   | 3 b                   | \$                          | 0.                |  |  |  |
| c Bala<br>EFTI  | i <b>nce due.</b> Subtract line 3b from line 3a. Include you<br>PS (Electronic Federal Tax Payment System). See   | ir payment<br>instruction  | with this form, if required, by using s   | 3 c                   | \$                          | 0.                |  |  |  |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions