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Form **990**

Department of the Tisasury Internal Revenus Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047
2009
Open to Public

illici		illus de vice		mapection					
<u>A</u>	For th	e 2009 calendar year, or tax year beginning and ending							
В	Check if applicab	use IRS	D Employer identifi	cation number					
2	Addre	ss label or SOCIAL & ENVIRONMENTAL ENTREPRENEURS	_						
	Name chang	type	95-4	116679					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	E Telephone numbe	r					
	Termi ated	Specific 22231 MULHOLLAND HWY 209	(818) 225-9150					
	Amen	ded tions Communication or country and ZID . 4	G Gross receipts \$	3,462,379.					
	Application		H(a) Is this a group re						
	pendi		for affiliates?	Yes X No					
SAME AS C ABOVE H(b) Are all affiliates included? Yes									
I Tax-exempt status: X 501(c) (3) (insert no) 4947(a)(1) or 527									
		te: > WWW.SAVEOURPLANET.ORG	H(c) Group exemptio	n number 🕨					
			or of formation: 1994 N	A State of legal domicile: CA					
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: ENVIRONME	NTAL AND SOC	IAL JUSTICE					
Activities & Governance		PROJECTS.		<u> </u>					
rna	2	Check this box > If the organization discontinued its operations or disposed of mo	re than 25% of its net as	ssets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	6					
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6					
es	5	Total number of employees (Part V, line 2a)	5	30					
<u>viti</u>	6	Total number of volunteers (estimate if necessary)	6	100					
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
		RECEIVED	Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)	3,019,673.	<u>3,310,488.</u>					
en	9	Program service revenue (Part VIII, line 2g)							
Revenue		investment income (Part VIII, column (A), lines 3, 4, and Volt (U)	-1,973.	<u>-30,635.</u>					
_		Other revenue (Part VIII, column (A), lines 5.6d, 8c, 9c, 10c, and 1 e)	2 24 5 5 2 2						
_	Τ.	Total revenue - add lines 8 through 11 (must equal Farty III. gelumn (A), line 12)	3,017,700.	3,279,853.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,195.						
:		Benefits paid to or for members (Part IX, column (A), line 4)	076 202	1 000 046					
ses I		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	876,392.	1,020,946.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)							
, M	1	Total fundraising expenses (Part IX, column (D), line 25)	1,689,293.	1 712 771					
— ر ا	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,633,880.	1,713,771. 2,734,717.					
)	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	383,820.	545,136.					
<u>ا= %</u>	19	Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year	End of Year					
Net Assets or Fund Balances	200		1,837,068.	2,469,590.					
Balls	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	72,921.	36,778.					
und und	21	Net assets or fund balances Subtract line 21 from line 20	1,764,147.	2,432,812.					
P.	art II	Signature Block	1,/0=,1=/•	2,432,012.					
نا		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (other than officer) is based.	s, and to the best of my knowledg	ge and belief, it is true, correct,					
		and complete Declaration of preparer (other than officer) is based and complete Declaration of preparer has any knowledge		_					
Sig	n	(holim Dille)	x 1/-1	5-10					
Her		Signature of officer	Date						
1101	C	ANDREW BEATH, CHAIRMAN							
		Type or print name and title							
Preparer's Date Check If Preparer's identifying num (see instructions)									
Paid			elf- mployed ▶ ☐ (see ins	u uonona)					
	arer's	Firm's name or OUTGLEV & MIRON CPA'S	EIN ▶						
Use Only yours if Self-employed). 3550 WILSHIRE BOULEVARDSUITE 1660									
		ZIP+4 LOS ANGELES, CA 90010-2481	Phone no. ► (213) 639-3550					
May	the If	RS discuss this return with the preparer shown above? (see instructions)		Yes No					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	l		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1		
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	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.			
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part X.	i		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ŀ	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	_16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$- \downarrow$	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	1	
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		<u>X</u> _
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	200 10	<u>X</u>
		Form 9	7 9U (2	:UU9)

Form 990 (2009) SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			İ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		İ	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ı	
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u> </u>
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		<u>X</u>
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		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	_35		<u> </u>
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		<u> </u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	<u>,</u>	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form 9	9 9U (2	2009)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter 0 if not applicable 109			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		7.
	any contributions that were not tax deductible?	6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0 L		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
а	provided to the payor?	7a	_x	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c	ĺ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	l		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	ŀ		
	Initiation fees and capital contributions included on Part VIII, line 12	ĺ		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	ĺ	İ	
11	Section 501(c)(12) organizations. Enter			
-	Gross income from members or shareholders Cross income from other courses (Do not not amounts due or paid to other sources against	j		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
D	ii res, enter the amount of tax-exempt interest received of accided during the year.	Form	990 (20091
			(_000)

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

ta Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Bab Each committee with authority to act on behalf of the governing body? It 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.) To a Does the organization have local chapters, branches, or affiliates? In the governing body the internal Revenue Code.)		
Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee the organization have wintten policies and procedures governing the activities of such chapters, affiliates, an	Yes	No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization have a written conflict of interest policy? If "No," go to line 13 10c Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 10c Does the organization have a written whistleblower policy? 10d Describe or Schedule O how this is done 10e Does the organization have a written organization or disclose annually interests that could give rise to conflicts? 10b The organization have a written organization or the following persons incl		,
officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling 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.) 10a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11c All Secribe in Schedule O the process, if any, used by the organization review this Form 990 12c Does the organization have a written organization or review this Form 990 12d Does the organization have a written organization or review this Form 990 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written whistleblower policy? 12d D		
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12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 14 Does 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? 15a 15b 15d Other officers or key employees of the organization 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 15b 16a 17a 18b 18a 19a 19a 19b 19c 19c 19c 19c 19c 19c 19c		
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taxable entity during the year? b If "Yes," has the organization adopted 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? 16b		
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ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b	$-\!\!\!\!+$	<u>X</u>
exempt status with respect to such arrangements?		
Dection C. Disclosure		—
17 List the states with which a copy of this Form 990 is required to be filed ►CA		
18 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.		
Own website Another's website X Upon request		
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and finance	cial	
statements available to the public		
State the name, physical address, and telephone number of the person who possesses the books and records of the organization.		
THE ORGANIZATION - (818) 225-9150		
22231 MULHOLLAND HWY, NO. 209, CALABASAS, CA 91302		

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

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

X | Check this box if the organization did not compensate any current officer, director, or trustee

1a 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key 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.

X Check this box if the organization did not c		1				, aire	CIC			(5)
(A)	(B)				(C)			(D)	(E)	(F)
Name and Title	Average hours	/~!	Position (check all that apply)				4.4	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANDREW BEATH	4 00									
PRESIDENT	1.00	X	_	X		<u> </u>		0.	.0.	0.
MAX GAIL				ŀ						
DIRECTOR	1.00	X	_					0.	0.	0.
DOE MAYER										•
DIRECTOR	1.00	X	<u> </u>	_	<u> </u>		-	0.	0.	0.
ATOSSA SOLTANI	1 00	.,		,,						0
VICE PRESIDENT	1.00	X	-	X		├—		0.	0.	0.
JOHN FELDSTED	1.00	x		х				0.	0.	0
TREASURER SARAH VAILL	1.00	^				┢	1		0.	0.
SECRETARY	1.00	v		x	i			0.	0.	0.
						_				

95-4116679

Form 990 (2009)

			AL & ENVIRONMEN	TAL ENTREPRE	MEOKO	95-4116	Page s
Pa	rt VII	II Statement of Reve	nue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
					revenue	revenue	sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a				
gra our	b	Membership dues	1b				
s, c	С	Fundraising events	1c				
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d				
	е	Government grants (contribu	tions) <u>1e 119,89</u>	4.			
ti S	f	All other contributions, gifts, grai					
혈		similar amounts not included abo	ove 1f 319059	4.			
E 5	g	Noncash contributions included in line	s 1a-1f \$	_			
ğΈ	h	Total. Add lines 1a-1f		→ 3310488.			
			Business Co	ode			
စ္ပ	2 a						
Program Service Revenue	b						
Sign	С						
e a	d						
<u>6</u>	е						
٩	f	All other program service reve	enue				
	g	Total. Add lines 2a-2f		>			
	3	Investment income (including	dividends, interest, and				
		other similar amounts)]	► 11,770.			11,770.
	4	Income from investment of ta	x-exempt bond proceeds				
ŀ	5	Royalties		>			
			(i) Real (ii) Persona	al			
	6 a	Gross Rents					
	ь	Less: rental expenses					
	c	Rental income or (loss)					
ļ	d	Net rental income or (loss)		•			
1		Gross amount from sales of	(i) Securities (ii) Other				
		assets other than inventory	140121.		:		
ŀ	b	Less: cost or other basis					
ľ		and sales expenses	182526.				
	С	Gain or (loss)	-42405.				
	d	Net gain or (loss)		-42,405.	-42,405.		
Other Revenue		Gross income from fundraisin including \$	_				
ē		contributions reported on line					
œ"		Part IV, line 18	a				
je	ь	Less direct expenses	b	•			
δ		Net income or (loss) from fund	- L.				
		Gross income from gaming a					
	3 4	Part IV, line 19	а				
	h	Less: direct expenses	b				
		Net income or (loss) from gan					
İ		Gross sales of inventory, less	-				
	io a	and allowances	1				
			a				
		Less cost of goods sold		\dashv			
ł	с	Net income or (loss) from sale		1			
ŀ	44 -	Miscellaneous Revenu		ode			
	11 a						
	b	-		 			
	C	All adhan reconstruct					
	d	All other revenue	<u> </u>				
		Total. Add lines 11a-11d		2270052	12 105	0	11 770
93200	<u>12</u>	Total revenue. See instructions.		3279853.	-42,405.	0.	11,770.
02-04	10						Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in							
	the U.S. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the US							
	See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	932,561.	823,897.	108,664.				
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)							
9	Other employee benefits	9,540.	9,273.	267.				
10	Payroll taxes	78,845.	70,080.	8,765.				
11	Fees for services (non-employees):							
а	Management							
b	Legal	11,486.	11,486.					
С	Accounting	_14,000.		14,000.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other	763,762.	749,697.	14,065.	_ _			
12	Advertising and promotion	21,118.	21,118.					
13	Office expenses	358,617.	342,301.	16,316.				
14	Information technology	30,128.	29,718.	410.				
15	Royalties							
16	Occupancy	<u>173,163.</u>	156,150.	17,013.				
17	Travel	31,620.	31,415.	205.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	183,474.	174,658.	8,816.				
20	Interest							
21	Payments to affiliates				<u> </u>			
22	Depreciation, depletion, and amortization							
23	Insurance	76,815.	59,490.	17,325.				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	:						
а	COMMUNITY RELATIONS	49,588.	49,588.					
b								
С								
d								
е								
f	All other expenses							
25	Total functional expenses Add lines 1 through 24f	2,734,717.	2,528,871.	205,846.	0.			
26	Joint costs. Check here If following							
	SOP 98-2. Complete this line only if the organization							
	reported in column (B) joint costs from a combined	İ						
	educational campaign and fundraising solicitation							
					Form 990 (2009)			

rai	rt X	Balance Sheet	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing	651,476.	1	961,511
	2	Savings and temporary cash investments	753,400.	2	728,596
	3	Pledges and grants receivable, net	53,083.		369,067
	4	Accounts receivable, net		4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key			
	_	employees, and highest compensated employees. Complete Part II			
		of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		[
		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a		. [
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	379,109.	11	410,416
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,837,068.	16	2,469,590
	17	Accounts payable and accrued expenses	72,921.	17	<u>36,778</u>
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
တ္က	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u>.</u>	21	
Ě	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part	1		
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26_	Total liabilities. Add lines 17 through 25	72,921.	26	36,778.
		Organizations that follow SFAS 117, check here X and complet	e		
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	58,480.	27	41,043.
g	28	Temporarily restricted net assets	1,705,667.	28	2,391,769.
פ	29	Permanently restricted net assets		29	······································
7		Organizations that do not follow SFAS 117, check here and			
ò		complete lines 30 through 34.			
Sett	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 564 145	32	2 422 242
_	33	Total net assets or fund balances	1,764,147.	33	2,432,812.
	34	Total liabilities and net assets/fund balances	1,837,068.	34	2,469,590.

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3a

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number 95-4116679 SOCIAL & ENVIRONMENTAL ENTREPRENEURS Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III · Functionally integrated d ____ Type III - Other a L Type I 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (v) Did you notify the (iv) is the organization (i) Name of supported (vii) Amount of (ii) EIN organization organizátion in col. in col. (i) listed in your organization in col. (i) organized in the support organization (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) Yes No

	(Complete only if you checke	ed the box on line f	5, 7, or 8 of Part I)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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,				1		
	column (f)						
	**				-		
	Public support. Subtract line 5 from line 4		ı	<u> </u>	<u> </u>	<u> </u>	
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4			T , 1			
8	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			ļ		ļ	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ırd, fourth, or fıfth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2009 (column (f))		14	%
	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual		-				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟_
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						P
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 160, 1/a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2009

Sch Pa	edule A (Form 990 or 990-EZ) 2009 S	OCIAL & E	NVIRONMEN Described in	TAL ENTRE Section 509(a)	PRENEURS (2) (Complete only	95-411	.6679 Page 3	
	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions, and	(4) 2000	(5)2000	(0) 2007	(4) 2000	(6) 2000	(i) rotai	
•	membership fees received (Do not							
	include any "unusual grants ")	1,993,799	1,599,213.	1,927,180	3.019.673.	3,310,488,	11 050 252	
2	Gross receipts from admissions,	1,993,799,	1,399,213.	1,927,180,	3,019,673,	3,310,400,	11,850,353	
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that		-		•			
3	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf			-				
5	The value of services or facilities furnished by a governmental unit to the organization without charge			•				
6	Total. Add lines 1 through 5	1,993,799.	1,599,213,	1,927,180.	3,019,673.	3,310,488.	11,850,353,	
	Amounts included on lines 1, 2, and	1,333,733,	1,399,213,		3,019,073,	3,310,400,	11,650,353,	
ı a	3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received			-				
_	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b						0.	
_	Public support (Subtract line 7c from line 6)			İ			11.850.353.	
	tion B. Total Support		•				1	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 6	1,993,799.	1,599,213,	1,927,180.	3,019,673,	3,310,488.	11,850,353,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,110.	7,441.	33,524.	44,186.		103,031.	
b	Unrelated business taxable income			-	·		•	
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b	6,110.	7,441.	33,524.	44,186.	11,770.	103,031.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	, = = <u>0</u>	.,,					
12	Other income. Do not include gain or loss from the sale of capital				· -			
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	1 999 909.	1 606 654.	1,960,704.	3 063 859	3,322,258.	11.953.384.	
	First five years. If the Form 990 is for							
-	check this box and stop here	the organization s	mst, second, ume	i, louidi, or illur ta.	A year as a section	iroor(c)(o) organiz	.ation,	
Sec	tion C. Computation of Publ	ic Support Per	rcentage					
				olumo (fl)		45	99.14 %	
	Public support percentage for 2009 (I		-	olumin (1))		15		
	Public support percentage from 2008					16	99.04 %	
	tion D. Computation of Inves			. 10			06	
	Investment income percentage for 20	•	•	e 13, column (f))		17	<u>.86 %</u>	
	Investment income percentage from 2				45	18	<u>.96 %</u>	
19a	33 1/3% support tests - 2009. If the	•						
	more than 33 1/3%, check this box as	= -					▶ X	
	33 1/3% support tests - 2008. If the						and	
	line 18 is not more than 33 1/3%, che		-					
<u>20</u>	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009							

Schedule D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

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

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	SOCIAL & ENVIRONME	95-4116679						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, lin	e 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?		Yes No					
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7					
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).						
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	torically important land area					
	Protection of natural habitat	Preservation of a cert	ified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year							
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	_2c					
d	Number of conservation easements included in (c) acquired		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·						
_	violations, and enforcement of the conservation easements in		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	_						
7	Amount of expenses incurred in monitoring, inspecting, and							
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(i)(4)(B)(i)					
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation	on essements in its revenue and expense	— · · · · — · · ·					
9	include, if applicable, the text of the footnote to the organization							
	conservation easements	tion 5 intericial statements that describes	the organization s accounting for					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form							
_								
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic service, provide, in Part XIV, the text of					
	the footnote to its financial statements that describes these	tems.						
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	ce sheet works of art, historical treasures,					
	or other similar assets held for public exhibition, education, of	r research in furtherance of public service	, provide the following amounts relating to					
	these items							
	(i) Revenues included in Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial						
	the following amounts required to be reported under SFAS 1							
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		► \$ ► \$					

		& ENVIRONM						<u>95-41</u>			Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	<u>ar Asse</u>	ts (cont	linued	1)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply)										
а	Public exhibition	(a 🗀	Loan or exc	hange progi	rams					
b	Scholarly research	•	e 🗔	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla-	ın how t	hev further t	he organizat	tion's exe	mpt purpe	ose in Par	t XIV		
5	During the year, did the organization solicit of			-							
-	to be sold to raise funds rather than to be ma								Yes		□No
Pa	rt IV Escrow and Custodial Arran					es" to For	m 990. Pa	art IV. line			
	reported an amount on Form 990, Pa		•	J				, -	-, -		
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other a	ssets not	ıncluded				
	on Form 990, Part X?								Yes		□No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table:							
	ii 100, Oxplair tild arrangomont ii i at xiv	and complete the re	J	tabio.					Amoun	+	
c	Beginning balance						1c		74110411	•	
	Additions during the year						1d		-		
u	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fi	orm 990 Part Y line	212				<u></u>		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIV		. 21:					L	7 162		_ INU
	rt V Endowment Funds. Complete		nswered	"Yes" to Fo	rm 990. Parl	t IV. line 1	0				
		(a) Current year	I	Prior year	(c) Two year			ears hack	(e) Four	r vears	hack
1a	Beginning of year balance	(a) contine year	(0).	noi you	10/11/0/00	aro cuok	(4) 111100)	ouro buok	(6)100.	yours	back
b	Contributions		-						<u>- </u>		
0	Net investment earnings, gains, and losses										
d	Grants or scholarships		<u> </u>								
_	Other expenditures for facilities										
e	and programs								ĺ		
	Administrative expenses			•							
f	End of year balance				<u> </u>						
g	Provide the estimated percentage of the year	r and halance held :	<u></u>								
2		i end balance neid a	45 %								
_	Board designated or quasi-endowment ► Permanent endowment ►	 %	— ′°								
b											
_	Are there endowment funds not in the posse		ation the	at are hold a	nd administr	arad for ti	he organia	zation			
Sa	Are there endowment funds not in the posse	SSION OF THE ORGANIZ	auon un	at ale lielu a	na aunimisi	erea for a	ne organiz	.auon	ſ	Yes	N ₂
	(i) unrelated organizations								1 1	162	NO
	•								3a(i)		-
	(ii) related organizations	a lieted on required c	on Cobo	dula D2					3a(ii)		
	If "Yes" to 3a(ii), are the related organizations	•							3b		
Dai	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Part V Ima	10					
<u> </u>							nou mu ilata	<u></u>	(d) Poo		
	Description of investment	(a) Cost or o basis (investr		, , ,	or other (other)		ccumulate preciation		(d) Bool	s valu	U
	Land		-		/						
	Buildings										
	Leasehold improvements								_		
	•	-		 		 			_		
	Equipment Other										
	Add lines 1a through 1e. (Column (d) must e	agual Form 000 Port	Y colu	nn (R) line 1				_			0.
<u>ı utal</u>	, Aug mies ra univugn re. (Odiumin (u) must e	quari omi 330, Part	n, colui	(D), IIIIC I	U1U//						

Schedule D (Form 990) 2009

	NVIRONMENTAL E	NTREPRENEURS	95-4116679 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12	(- N M - Al-	
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
Financial derivatives			
Closely-held equity interests		·	
Other			
	<u> </u>		
			<u> </u>
		#* ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			-
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		od of valuation: of-year market value
	_		
		<u> </u>	
<u></u>		 	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, Irr	i) Description		(b) Book value
(6	i) Description		(b) Book value
			
	 		
			
		 	
	- · · · · · · · · · · · · · · · · · · ·		
		 · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15)		•
Part X Other Liabilities. See Form 990, Part >			
1. (a) Description of liability		(b) Amount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 25.)		
2. FIN 48 Footnote In Part XIV, provide the text of the fo		inancial statements that repo	rts the organization's liability for
uncertain tax positions under FIN 48.			
932053 02-01-10		-	Schedule D (Form 990) 2009

	edule D (Form 990) 2009 SOCIAL & ENVIRONMENTAL ENTREPS				4116679	Page 4	
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audi	ted Financ	ial Sta	temen	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,279	,853.	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,734		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,136.	
4	Net unrealized gains (losses) on investments	[4			,529.	
5	Donated services and use of facilities		5				
6	Investment expenses	ļ	6				
7	Prior period adjustments	ŀ	7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add lines 4 through 8	-	9		123	,529.	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10			665	
	rt XII Reconciliation of Revenue per Audited Financial Statements V	Vith Reven		Return		, , , , , , ,	
1	Total revenue, gains, and other support per audited financial statements			1	3,403	382.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				3,103	, 502.	
	Net unrealized gains on investments 2a	1 123	3,529	.			
a	Donated services and use of facilities 2b		,, 525	4			
	Recoveries of prior year grants 2c			\dashv			
C	· · ·						
d		<u></u>		ا ہے ا	1 2 2	E 2.0	
e	Add lines 2a through 2d			2e 3	3,279	<u>,529.</u>	
3	Subtract line 2e from line 1			3	3,419	000.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b			-			
þ	Other (Describe in Part XIV)	l .		+ . $ $		^	
_C	Add lines 4a and 4b			4c	2 270	0.	
Da:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XIII Reconciliation of Expenses per Audited Financial Statements \	Mith Eypor	1606 DC	5 Potu	3,279	853.	
		with Exper	ises he			717	
1	Total expenses and losses per audited financial statements			1	2,734,	/1/•	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1					
а	Donated services and use of facilities 2a						
b	Prior year adjustments 2b			-			
С	Other losses 2c	ļ	 .	_			
d	Other (Describe in Part XIV)					•	
е	Add lines 2a through 2d			2e	0 704	0.	
3	Subtract line 2e from line 1			3	2,734,	/1/.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	-		-			
b	Other (Describe in Part XIV.)	l		-		_	
С	Add lines 4a and 4b			4c		<u> </u>	
5				5	<u>2,734</u> ,	<u>717.</u>	
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines					4; Part	
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete thi			dditional	information.		
PAF	RT X: UNDER FINANCIAL ACCOUNTING STANDARDS BOA	RD (FAS	SB)				
					_		
<u>ACC</u>	COUNTING STANDARDS CODIFICATION (ASC) TOPIC 74	0, INCC	ME T	<u>AXES</u>	, AN		
<u>ORG</u>	SANIZATION MUST ALSO EVALUATE ITS TAX POSITIO	NS AND	PROV	IDE 1	FOR A		
LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN							
NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS							
EVALUATED ITS TAX POSITIONS USING THE GUIDANCE OF FASB ASC TOPIC 450,							
CON	TINGENCIES, AND HAS CONCLUDED THAT A PROVISIO	N FOR A	XAT A	LIA	BILITY I	S_	
и∩т	NOT NECESSARY AT DECEMBER 31. 2009.						

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS	95-4116679
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARE	RED BY OUR OUTSIDE
AUDITOR. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDIT	TED FINANCIAL
STATEMENTS AND A DRAFT OF FORM 990, THE OUTSIDE AUDITOR M	MET WITH THE
DIRECTOR OF FINANCE TO REVIEW THE FINANICAL STATEMENTS AN	ID FORM 990 TO
ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, CO	DMMENTS AND
QUESTIONS WERE ACCURATE.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	GOVERNING
DOCUMENTS AND AUDITED FINANCIALS STATEMENTS ARE AVAILABLE	UPON REQUEST.

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

● If Do i	you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II polete Part II unless you have already been granted an automatic 3-month extension on a	on page previously	2 of this form)		
Pa	rt l	Automatic 3-Month Extension of Time. Only submit original (no copies need	eded).			
	orporation	on required to file Form 990-T and requesting an automatic 6-month extension—chec	k this box	and complet	e . ► □	
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form acome tax returns.	7004 to r	equest an ext	ension of	
one elect retur	of the r tronically rns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at eturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ver, you s 990-BL nd signed	cannot file Fo , 6069, or 887 page 2 (Part II	orm 8868 70, group 1) of Form	
Туре		Name of Exempt Organization	Employer identification number			
print		Social & Environmental Entrepreneurs	95	41166	79	
File b	y the late for	Number, street, and room or suite no. If a P.O. box, see instructions.				
filing y return		11948 West Washington BI No 201				
	ctions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles, CA 90066, US				
Che	ck type	of return to be filed (file a separate application for each return):				
	orm 990	· · · · · · · · · · · · · · · · · · ·		Form 4720		
	orm 990	-BL] Form 5227		
□F	orm 990	P-EZ Form 990-T (trust other than above)		Form 6069		
□ F	orm 990	P-PF] Form 8870		
Tele ● If t ● If t for th	ephone the organ this is fon the whole	The Organization are in the care of ► 11948 West Washington BI No 201, Los Angeles, CA 90066, I No. ► 310-737-9148 FAX No. ► Dization does not have an office or place of business in the United States, check this a Group Return, enter the organization's four digit Group Exemption Number (GEN). group, check this box ►	box .	If this		
	until for the c ▶ ☑ c	st an automatic 3-month (6 months for a corporation required to file For 8/15/2010 to file the exempt organization return for the organization named all organization's return for: alendar year 2009 or ax year beginning, and ending			of time	
2						
		oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	1 _	a \$		
•		oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta		 		
		s made. Include any prior year overpayment allowed as a credit.	31	b \$		
c	Balance deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer See instructions.	, t			
	-	u are going to make an electronic fund withdrawal with this Form 8868, see Form 84 istructions.	53-EO and	d Form 8879-I	EO	

Form 8868 (Rev. 4-2009)	Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ox 🕨 🗓		
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed			
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies needed).		
Name of Exempt Organization	Employer identification number		
Type or			
print SOCIAL & ENVIRONMENTAL ENTREPRENEURS	95-4116679		
File by the extended Number, street, and room or suite no. If a P.O box, see instructions.	For IRS use only		
due date for 11948 WEST WASHINGTON BOULEVARD, NO. 201			
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions			
LOS ANGELES, CA 90066			
Check type of return to be filed (File a separate application for each return).	_		
X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870		
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly filed Form 8868.		
THE ORGANIZATION - 11948 WEST WASHINGTO	N POULEVARD NO		
• The books are in the care of ► 201 - LOS ANGELES, CA 90066	M BOOLEVARD, NO.		
Telephone No ► (310) 737-9148 FAX No ►			
If the organization does not have an office or place of business in the United States, check this box			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, chock this		
box . If it is for part of the group, check this box and attach a list with the names and EINs of all			
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.	members the extension is for.		
5 For calendar year 2009, or other tax year beginning , and ending			
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting p			
7 State in detail why you need the extension	20.03		
ADDITIONAL TIME IN NEEDED TO COMPLETE CERTAIN ACCOUNTI	NG		
PROCEDURES RELATED TO THE BOOKS OF THE ORGANIZATION.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.	8a \$		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made Include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868.	8b \$		
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$ N/A		
Signature and Verification			
Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	best of my knowledge and belief,		
t is true, correct, and complete, and that Lam authorized to prepare this form.	0/1-/12		
Signature Dan Grant Grant CPA	Date ► 8/5/10		
<i>)</i>	Form 8868 (Rev. 4-2009)		