

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

•••	0	2013 calendar year, or tax year beginning and endir	<u>a</u>				
B Cr	neck if oplicable	C Name of organization	D	Employer identificat	ion number		
	Address change	CALCEF INNOVATIONS					
	Name change	Doing Business As		26-133	39988		
	]initial return	Transcription of the state of t		Telephone number			
	Termin- ated	5 THIRD BIREET	)	(415)	957-0167		
	Amende return	City or town, state or province, country, and zir or loreign postar code	G	Gross receipts \$	794,465		
	Applica	BAN TRANCIBEO, Ch 34103	Н	(a) Is this a group retui			
	pending	F Name and address of principal officer: DAN ADDER		for subordinates?	Yes X No		
		SAME AS C ABOVE	_	(b) Are all subordinates inclu-			
		mpt status: X 501(c)(3)	527	If "No," attach a list			
		e: ► WWW.CALCEF.ORG		(c) Group exemption n			
			L Year of fo	ormation 2007 M s	tate of legal domicile C.		
Pa	rt I	Summary	י זו או ד	NIEDCY MADYI	ZMC AND		
စ္ပ	1 E	Briefly describe the organization's mission or most significant activities: GROW CL	LEAN I	INERGY MARKI	TTS AND		
Activities & Governance	_	ACCELERATE ADOPTION OF CLEAN ENERGY TECHNOL					
ē		Check this box Full if the organization discontinued its operations or disposed o	of more the	1 _ 1	ts.		
હું		Number of voting members of the governing body (Part VI, line 1a)		3			
<b>∞</b>		Number of independent voting members of the governing body (Part VI, line 1b)		4	·		
ties		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5			
<u> </u>		Total number of volunteers (estimate if necessary)		6 7a	0		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0		
$\dashv$	ЬГ	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year		
		Seathbritish and greats (Dort VIII June 1h)		408,000.	792,621		
ĕ		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	479.	1,844		
<u>۾</u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11g)		0.	0		
		Fortal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		408,479.	794,465		
一		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		258,901.	251,166		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0		
per		Fotal fundraising expenses (Part IX, column (D), line 25) 6,320.	•				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		537,149.	431,579		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		796,050.	682,745		
	19 F	Revenue less expenses. Subtract line 18 from line 12		<387,571.>	111,720		
58			Begin	ning of Current Year	End of Year		
age age	20 1	Fotal assets (Part X, line 16)		367,537.	268,652		
Net Assets or Fund Balances	21 7	Fotal liabilities (Part X, line 26)		268,625.	58,020		
<u>5</u> 5	22 1	Net assets or fund balances. Subtract line 21 from line 20		98,912.	210,632		
Pa	rt li	Signature Block		· <u> </u>			
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statement:	s, and to the best of my k	nowledge and belief, it is		
true,	correct	, and complete Declaration of preparer (other than officer) is based on all information of which p	oreparer has	any knowledge			
				11/3/14			
Sigr	1	Signature of officer PRESIDENT	2.0	Date '			
Here	е	DAN ADLOR MANAGING MREET	246				
		Type or print name and title	15.		71 670		
		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN		
Paid	· •	LINDA D. GEERY Amde D. flew,	TA	1/2/14 self-employed	P00364484		
Prep		Firm's name GILBERT ASSOCIATES, INC.		Firm's EIN	68-0037990		
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100					
	l	SACRAMENTO, CA 95833  S discuss this return with the preparer shown above? (see instructions)		Phone no 916-646-6464			
					X Yes N		

Part III   Statement of Program Service Accomplishments   Check Schedule Contains a response or note to any line in this Part III	Form	990 (2013) CALCEF INNOVATIONS	26-1339988 Page <b>2</b>
1 Biefly describe the organization with semisors:  SEE SCHEDULE 0  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-62?  If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Ves \( \text{X} \) No if 'Yes,' describe these changes on Schedule O.  Describe the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses, section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service esported.  10 (Code () (Expenses 3.45 , 3.33 . including gents of 3.45 , 3.33 . including gents of 3.45 , 3.34 . including gents of 3.45 , 3.35 . including gents o	Pa	rt III Statement of Program Service Accomplishments	
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the prior Form 990 or 990-E27  If Yes, 'describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes \( \tilde{\text{No}} \) (if Yes, 'describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  48 (code	1	Briefly describe the organization's mission:	
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		DEPLOYMENT AND PHILANTHROPIC PARTNERS.	
Ad. Other program convices (Decembe in Schedule O.)		Other program convices (Describe in Schedule O.)	
4d Other program services (Describe in Schedule O.)  (Expenses \$ 57,555 • including grants of \$ ) (Revenue \$ )	40		<b>\</b>
(Expenses \$ 57,555 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 575,554 •	4e		

Form	990 (2013) CALCEF INNOVATIONS 26-	<u> 1339988</u>	Р	<u>age 3</u>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		X
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		X
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		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	or		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	I		
	If "Yes," complete Schedule D, Part IV	_ 9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perma	anent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or	or X		
	as applicable.	}		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	. D,		
	Part VI	11a	X	
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	11b		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	11c		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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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?			J.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business of the latest of the lat			:
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0	ı		X
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		X
4.0		13		
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		10	-	<del>-</del>
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lin			<del>                                     </del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
			•	i

19 20a

20b

complete Schedule G, Part III

 $\textbf{20a} \quad \text{Did the organization operate one or more hospital facilities? } \textit{If "Yes," complete Schedule H}$ 

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form	990 (2013) CALCEF INNOVATIONS	26-1339988	P	age 4
	rt 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 organization or			
	government 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 or other assistance to individuals in the United States on F	art IX,		
	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 c	urrent		ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	<u>.</u>		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a	s of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	ete		
	Schedule K If "No", go to line 25a	24a		X
	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 defe			
	any tax-exempt bonds?	24c	-	
	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	1 1		37
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year	·		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comp	1 1		v
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so			Х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family mem	nher		
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, F			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was a			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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 conservations	ion		
	contributions? If "Yes," complete Schedule M	30		X
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	ļ ļ		
	Schedule N, Part II	32		X
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, Part II, III, or IV, a		[	
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

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

Form **990** (2013)

X

Х

35b

37

36

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

CALCEF INNOVATIONS Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 9 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3ь b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5с c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 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? X 7a 7ь b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 7d d If "Yes." indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 9a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11a 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b if "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a

14b

X

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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.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
<u>Sec</u>	tion A. Governing Body and Management								
		<del></del>	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ							
	officer, director, trustee, or key employee?	2		Х					
3	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					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6 Did the organization have members or stockholders?									
7a	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?	7a		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	_X						
Ь	Each committee with authority to act on behalf of the governing body?	8b_		_X_					
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_		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u>_x</u>					
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?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		.,						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12						
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13_	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
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?			v					
	The organization's CEO, Executive Director, or top management official	15a		X					
D	Other officers or key employees of the organization	15b		<del></del>					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
108		40-		Х					
_	taxable entity during the year?	16a		Λ					
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 take steps to safeguard the organization's	j							
	exempt status with respect to such arrangements?	16b							
202	tion C. Disclosure	100							
<del>3ec</del> 17	List the states with which a copy of this Form 990 is required to be filed ►CA								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ما						
	for public inspection. Indicate how you made these available. Check all that apply.	avalidO	10						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina-	icial						
	statements available to the public during the tax year	u miai	i Ciai						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:							
	GRACE NITAFAN - (415)957-0167								
	5 THIRD STREET, NO. 900, SAN FRANCISCO, CA 94103								

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

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

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

- 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.
- 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.

(A)	(B)			) D=	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c	ss pe	more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JACKALYNE PFANNENSTIEL	3.00							_		_	
CHAIRWOMAN		X	L		<u>_</u>			0.	0.	0.	
(2) BARBARA LLOYD	3.00	]			}	]					
SECRETARY	<del></del>	X				<u> </u>		0.	0.	0.	
(3) JAN SCHORI	3.00	ļ							_	_	
TREASURER		X				╙	<u> </u>	0.	0.	0.	
(4) KAREN EDSON	3.00									•	
BOARD MEMBER	<del> </del>	X	ļ		<u> </u>	<u> </u>		0.	0.	0.	
(5) MASON WILLRICH	3.00									0	
BOARD MEMBER	1 2 00	X	_	_		<u> </u>		0.	0.	0.	
(6) HORST SIMON	3.00	١.,							_	0	
BOARD MEMBER	50.00	X			-	├		0.	0.	0.	
(7) PAUL FRANKEL	30.00	┨		X				164,300.	0.	15,348.	
MANAGING DIRECTOR	<del></del>	┝	┡	^		┼	$\vdash$	104,300.	0.	13,340.	
		1									
				_						<del></del>	
		_			-					· · · · · · · · · · · · · · · · · · ·	
			_			-					
	<del>  -</del>	<u> </u>	_								
		ļ			_					<del></del> -	
										<del></del>	
		-		$\vdash$	<del>                                     </del>		t				

	(A) Name and title	(B) Average hours per week (list any	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensati from related organization	on d	ar	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	sc)	org an	rom th anizat d relat anizati	ion ed
								_				_		
							_							
							_				,			
C	Sub-total Total from continuation sheets to Part V	II, Section A		<u> </u>			L	<b>&gt;</b>	164,300. 0. 164,300.		0.		5,3 5,3	0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but necessarian from the organization	ot limited to th	ose	liste	ed at	bove	e) wh	no re	<del></del>	0,000 of reportab		1	Yes	1 No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	such individual										3	163	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	0,000? <i>If "Yes,</i> accrue compe	" <i>co</i> . nsati	mple ion f	ete S rom	Sche any	edule unr	e J f	or such individual	•		<b>4</b> 5	Х	х
Sect	ion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto				npens		rom	
	the organization. Report compensation for (A) Name and business			ONE		vitti	<u> </u>		(B) Description of s			(Compe	) nsatio	n
								1						
								1						
	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lii	mite	d to	tho:	se lis	sted	above) who received m	ore than			000 "	

CALCEF INNOVATIONS 26-1339988 Page 9 Form 990 (2013) Statement of Revenue Part VHI Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 16 Membership dues 1c c Fundraising events 522,621. 1d d Related organizations 50,000. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 220,000 similar amounts not included above Noncash contributions included in lines 1a-1f \$\_ 792,621 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue ▶ g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,844. 1,844. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ▶ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ▶ c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

794,465.

0.

b

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

1,844.

Part 1% Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	se or note to any line in	this Part IX		(D) X
	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	( <b>D)</b> 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			<del></del>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	170 640	120 141	43,187.	6,320.
	trustees, and key employees	179,648.	130,141.	43,107.	0,320
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	52,016.	38,994.	13,022.	
7	Other salaries and wages	52,010.	30,994.	13,022.	
8	Pension plan accruals and contributions (include	2 152	1,610.	542.	
	section 401(k) and 403(b) employer contributions)	2,152. 3,250.	2,438.	812.	<del></del>
9	Other employee benefits	14,100.	10,677.	3,423.	
10	Payroll taxes	14,100.		3,423.	<u></u>
11	Fees for services (non-employees):				
а	Management	67,769.	59,073.	8,696.	
Ь	Legal	50,103.	37,577.	12,526.	
С	Accounting		37,377.	12,320.	
d	, ,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	214,732.	204,420.	10.312	
	column (A) amount, list line 11g expenses on Sch O)	31,562.	30,963.	10,312.	<del></del>
12	Advertising and promotion	7,020.	5,263.	1,757.	·-····································
13	Office expenses	16,407.	16,407.		
14	Information technology	10/10/0	20/20	•	
15	Royalties	6,000.	4,500.	1,500.	
16 17	Occupancy	27,076.	24,810.	2,266.	
17 10	Travel Payments of travel or entertainment expenses			•	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,006.	6,571.	435.	
20	Interest				
20 21	Payments to affiliates	·			
21 22	Depreciation, depletion, and amortization	-			
22 23	Insurance	3,809.	2,110.	1,699.	
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 0)				11111
а	maybe/rre/pppe	95.		95.	
b					
c					
d					
e	A.II				·
25	Total functional expenses. Add lines 1 through 24e	682,745.	575,554.	100,871.	6,320
<del></del> -	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 I if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) Part X Balance Sheet

Pai	r X '	Charle & Sabadula Capataina a response or not	e to cr	w line in this Part Y			
	- <del>-</del> -	Check if Schedule O contains a response or not	e to ar	iy inte in this Part A	(A)		(B)
					Beginning of year		End of year
	1	Cash · non-interest-bearing				1	
	2	Savings and temporary cash investments			364,543.	2	243,813.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,367.	4	
	5	Loans and other receivables from current and for	rmer c	officers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
	,	Part II of Schedule L		ļ		5	
	6	Loans and other receivables from other disquair	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			<u> </u>	7	
∢	8	Inventories for sale or use				8	1 267
	9	Prepaid expenses and deferred charges			1,627.	9	1,367.
	10a	Land, buildings, and equipment: cost or other		0 005			
		basis. Complete Part VI of Schedule D	10a	2,205.	•		0
	ь	Less: accumulated depreciation	10b	2,205.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments · program-related. See Part IV, line			13	<del></del>	
	14	Intangible assets		0.	14	22 472	
	15	Other assets. See Part IV, line 11	367,537.	15	23,472. 268,652.		
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	141,572.	16	58,020.
	17	Accounts payable and accrued expenses		141,372.	17	30,020.	
	18	Grants payable		19			
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities	Dart IV	of Sahadula D		21	
	21	Escrow or custodial account liability. Complete Loans and other payables to current and former					
Liabilities	22	key employees, highest compensated employee					
Ē		Complete Part II of Schedule L	, and	a disquaimed persons.		22	
Ξ.	23	Secured mortgages and notes payable to unrela	ated th	urd narties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			127,053.	25	0.
	26	Total liabilities. Add lines 17 through 25			268,625.	26	58,020.
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ▶ X and			
S		complete lines 27 through 29, and lines 33 ar	nd 34.				
Š	27	Unrestricted net assets			23,132.	27	134,762.
3ala	28	Temporarily restricted net assets			75,780.	28	75,870.
Ā	29	Permanently restricted net assets				29	······
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	<del> </del>
Ass	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come	or other funds	00 012	32	210,632.
-	33	Total net assets or fund balances			98,912. 367,537.		268,652.
	34	Total liabilities and net assets/fund balances	_		301,331.	34	Form <b>990</b> (2013)

orm	990 (2013) . CALCEF INNOVATIONS	26-133	9988	Pag	je <b>12</b>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	T			
			70		<i>-</i> -
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98	3,9	12.
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,		0.17		22
	column (B))	10	210	),6	<u>32.</u>
Pa	t XII Financial Statements and Reporting				(TZ)
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
				res	140
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O	_	- 1	х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			l
	separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis		_	х	l
b	Were the organization's financial statements audited by an independent accountant?		2b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			İ
	consolidated basis, or both:				į
	X Separate basis Consolidated basis Both consolidated and separate basis				İ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		Х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	<b></b>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			х
	Act and OMB Circular A-133?		_3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	urea auait			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_

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.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CALCEF INNOVATIONS

Employer identification number 26-1339988

Part I	Reason	for Public Char	ity Status (Ali organiza	ations mus	st complet	e this part	.) See inst	ructions.					
he orga	anization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)						
1 [	A church, co	nvention of churches	s, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	•					
2	A school des	cribed in section 17	<b>70(b)(1)(A)(ii)</b> . (Attach Sch	hedule E)									
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).						
4	A medical res	search organization	operated in conjunction v	with a hos	pıtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's nam	ne,	
	city, and stat												
5 🗆	An organizati	ion operated for the	benefit of a college or un	iversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ite, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1	)(A)(v).						
7 X			eives a substantial part o					r from the	general	public desc	:ribed i	ın	
	-	(b)(1)(A)(vi). (Comple											
8 <u></u>	_		section 170(b)(1)(A)(vi). (	Complete	Part II.)								
9 🗔						om contri	butions, m	embershi	p fees, a	nd gross re	ceipts	from	
	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												
			axable income (less sect										
		509(a)(2). (Complete											
10			perated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	).					
11 🗀			perated exclusively for th						y out the	purposes o	of one	or	
			ations described in section										
			organization and comple										
	a Type				nctionally i		d	ı 🗀 Тур	e III · No	n-functional	ly inte	grated	
е 🗔	By checking	this box, I certify that	at the organization is not	controlled	directly o	rindirectly	by one or	more dis	qualified	persons oth	ner tha	an	
			than one or more publicly										
f			tten determination from t										
		rganization, check tl										L	
g			organization accepted an	y gift or co	ontribution	from any	of the follo	owing per	sons?			· · · ·	
-	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons c	lescribed i	n (II) and (	(III) below	, <u> </u>	Yes	No	
			upported organization?							11g(i)			
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)	<u> </u>		
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (II) above	e?					11g(iii)	r		
h			about the supported or										
(i) Nar	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) is		(vii) Amoun	t of mo	netary	
	rganization	(,	(described on lines 1-9		sted in your			organizati (i) organiz	zed in the	sup	port		
			above or IRC section (see instructions))	governing	document?	(I) or you	r support?	`` °US	5 7				
			(SEE INSTITUTIONS))	Yes	No	Yes	No	Yes	No				
									ļ				
							ļ	<del></del>	<del> </del>				
				<del>  -</del>	<del> </del>	ļ	<del> </del>		-				
				<u> </u>	-			-	<del> </del>				
					<del> </del>				<del> </del>				
T-4-1													

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

Schedule A (Form 990 or 990-EZ) 2013

26-1339988 Page 2 Schedule A (Form.990 or 990-EZ) 2013 CALCEF INNOVATIONS 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.) Section A. Public Support (f) Total (e) 2013 (c) 2011 (d) 2012 Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 1 Gifts, grants, contributions, and membership fees received. (Do not 968,600. 408,000. 792,621. 2291721. 92,500. 30,000. include any "unusual grants.") 2 Tax revenues levied for the organization'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 408,000. 792,621. 2291721. 30,000. 968,600. 92,500. 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, 1778977. column (f) 512,744. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2010 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (a) 2009 (c) 2011 792,621. 2291721. 92,500 30,000 968,600 408,000. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,839. 554 962. 479. 1,844. 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.) 2295560. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 22.34 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14  $21.\overline{38}$ 15 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2013

ightharpoons X

# Schedule A (Form.990 or 990-EZ) 2013 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 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 \

Se	ction A. Public Support	elow, please com	olete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
(	c Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support	<u> </u>			<b>T</b>	1	
Çale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				1		
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)   First five years. If the Form 990 is for	the organization's	e firet second thu	d fourth or fifth t	ay vear as a section	on 501(c)(3) organiz	ration
,	check this box and stop here	ine organization		o, 1001111, 01 111111 1	, cui as a scott	oo nonon organiz	<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (			column (fl)		15	<u> </u>
	Public support percentage from 2012					16	%
	ction D. Computation of Inves					!	
17				ne 13, column (f))		17	%
18	· · · · · · · · · · · · · · · · · · ·					18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						▶ □
	b 33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check 1	his box and see in	structions	<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2013 CALCEF INNOVATIONS 26-	·1339988 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and	nd Part III, line 12.
Also complete this part for any additional information. (See instructions).	
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:	
EXPLANATION: CALCEF INNOVATION'S STAFF MAINTAIN EFFORTS TO PROC	URE PUBLIC
SUPPORT. STAFF HAVE SECURED "CMAS" (CALIFORNIA MULTIPLE AWARD S	CHEDULE)
STATUS, WHICH GIVES ADVANTAGE TO THE COMPANY IN COMPETING FOR C	ONTRACTS
WITH STATE AND LOCAL GOVERNMENT AGENCIES IN CALIFORNIA. ADDITIO	NALLY,
STAFF ACTIVELY AND CONTINUALLY PURSUE REVENUE OPPORTUNITIES WIT	H CITY,
STATE, AND FEDERAL AGENCIES, INCLUDING BUT NOT LIMITED TO THE C	ITY OF SAN
FRANCISCO, THE US DEPARTMENT OF ENERGY, THE ADVANCED RESEARCH P	ROJECTS
AGENCY FOR ENERGY (ARPA-E), LAWRENCE BERKELEY NATIONAL LABORATO	RY, THE
CALIFORNIA AIR RESOURCES BOARD (CARB), THE CALIFORNIA ENERGY CO	MMISSION
(CEC), THE STATE TREASURER'S OFFICE OF CALIFORNIA, AND OTHERS.	PROGRAMS OF
THE ORGANIZATION BENEFIT THE PUBLIC THROUGH FREE AND BROAD DISS	EMINATION
OF ITS ORIGINAL INTELLECTUAL PROPERTY, THE COLLABORATIVE PARTNE	RSHIPS IT
INITIATES, AND THE POLICY AND BUSINESS INNOVATIONS FOR WHICH IT	RAISES
FINANCING.	
<del></del>	
	<del></del>
	<del></del>

332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

### SCHEDULE D

(Form 990)

Department of the Treasury ma<u>l R</u>evenue Ser<u>vic</u>

## Supplemental Financial Statements

Complete if the organization answered "Yes." to Form 990. Part IV, line 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 Open to Public Inspection

Employer identification number Name of the organization CALCEF INNOVATIONS 26-1339988 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

2,205.

Schedule D (Form 990) 2013

2,205.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

d Equipment e Other

Schedule D (Form 990) 2013 CALCEF INN	OVATIONS	2	6-1339988 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		7	
Part VIII Investments - Program Related.			
Complete if the organization answered 'Yes	s* to Form 990. Part IV. line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		***************************************
Part IX Other Assets.			
Complete if the organization answered "Yes	s" to Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	) Description		(b) Book value
(1) DUE FROM CALIFORNIA CLEA	N ENERGY FUND		23,472.
(2)			
(3)			
(4)			
(5)	·		
(6)	·		
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			-
Total. (Column (b) must equal Form 990, Part X, col (B)	ine 15 )		23,472
Part X Other Liabilities.			• • • • • • • • • • • • • • • • • • • •
Complete if the organization answered "Yes	s" to Form 990. Part IV. line	e 11e or 11f See Form 990, Part X, line	25.
(a) Decemption of liability		(b) Book value	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

ightharpoonsTotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X Schedule D (Form 990) 2013

(7) (8)

Schedule D (Form 990) 2013 CALCEF INNOVATIONS		26-1339988 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per	Return.
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statement	ts	1 794,465.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	_]
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		3 794,465.
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	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		7 4c 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5 794,465.
Part XII Reconciliation of Expenses per Audited Financia		
Complete if the organization answered "Yes" to Form 990, Part I		
1 Total expenses and losses per audited financial statements		1 682,745.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Pnor year adjustments	2b	
c Other losses	2c	7
d Other (Describe in Part XIII.)	2d	7
e Add lines 2a through 2d	<del></del>	2e 0.
3 Subtract line 2e from line 1		3 682,745.
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	4a	
b Other (Describe in Part XIII.)	4b	7 1
c Add lines 4a and 4b	40	4c 0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18 )	5 682,745.
Part XIII Supplemental Information.	me roy	3027: 233
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4: Part IV lines 1h and 2h: Part V line	A: Part X line 2: Part XI
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	and 4, t art iv, lines it and 2D, i art v, line	
	ide any additional information	.,
nes 20 and 45, and Part All, lines 20 and 45. Also complete this part to prov	ide any additional information.	
nes 20 and 4b, and Part All, lines 20 and 4b. Also complete this part to prov	ide any additional information.	
	ide any additional information.	
	ide any additional information.	
PART X, LINE 2:		
PART X, LINE 2:		
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO	HE AMENDED ACCOUNTING	PRINCIPLES
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO	HE AMENDED ACCOUNTING	PRINCIPLES
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY	HE AMENDED ACCOUNTING	PRINCIPLES AS DETERMINED
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY	HE AMENDED ACCOUNTING	PRINCIPLES AS DETERMINED
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY CHAT THERE IS NO MATERIAL IMPACT ON THE	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT	PRINCIPLES  AS DETERMINED  S. WITH SOME
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY CHAT THERE IS NO MATERIAL IMPACT ON THE	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT	PRINCIPLES  AS DETERMINED  S. WITH SOME
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SUNCOME TAX EXAMINATIONS BY TAX AUTHORITY	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE
PART X, LINE 2: EXPLANATION: INNOVATIONS HAS APPLIED TO RELATED TO ACCOUNTING FOR UNCERTAINTY THAT THERE IS NO MATERIAL IMPACT ON THE EXCEPTIONS, INNOVATIONS IS NO LONGER SU	HE AMENDED ACCOUNTING IN INCOME TAXES AND H E FINANCIAL STATEMENT UBJECT TO U.S. FEDERA	PRINCIPLES  AS DETERMINED  S. WITH SOME  L AND STATE

Schedule D (Form 990) 2013

### SCHEDULE J. (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CALCEF INNOVATIONS

**Employer identification number** 26-1339988

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			ĺ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			ł
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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.		<b>[</b>	
	X Compensation committee X Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	Х
	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.			
5	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:			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b	ļ	Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	ļ	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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	ļ	X
8	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	ļ	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9	1	

Schedule J (Form 990) 2013

Part if 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 column (D) and (E) amounts for that individual.

							- - - -	
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(U) Nontaxable	(E) lotal of columns (B)(I)-(D)	(r) Compensation reported as deferred
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) PAUL FRANKEL	8	164,300.	0	0	7,072.	8,276.	179,64	0
MANAGING DIRECTOR	: 📵	0	0	0.	0	0	0	0
	Θ							
1:	(II)							
	8							
	<b>(E)</b>							
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332112							Schedi	Schedule J (Form 990) 2013

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

Department of the Treasury Internal Revenue Service

332211 09-04-13

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 Open to Public

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

Inspection

Name of the organization

CALCEF INNOVATIONS

Employer identification number 26-1339988

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO IDENTIFY AND ADDRESS ISSUES IMPACTING THE LONG-RUN TRANSFORMATION OF
THE ENERGY ECONOMY TOWARDS SUSTAINABILITY, INCLUDING THE FORMATION OF
ENTERPRISES, THE CONTINUED FLOW OF CAPITAL INTO TECHNOLOGIES AND
INFRASTRUCTURE, AND THE BROADENING OF POPULAR SUPPORT FOR THE CLEAN
ENERGY TRANSITION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THROUGH OUR ENTREPRENEURS-IN-RESIDENCE PROGRAM, WE DEVELOPED NEW
CONCEPTS AROUND PENSION FUND ENGAGEMENT WITH THE CLEAN ENERGY
TRANSITION, LEADING TO MULTIPLE NEW EXECUTION OPPORTUNITIES IN 2014 AND
BEYOND. WE ALSO FURTHER DEVELOPED OUR RELATIONSHIP WITH THE CITY AND
COUNTY OF SAN FRANCISCO AROUND CLEANTECH SF, AN INITIATIVE TO INCREASE
THE PRESENCE OF CLEAN ENERGY TECHNOLOGY AND ENTREPRENEURSHIP WITHIN THE
BOUNDARIES OF SAN FRANCISCO.
EXPENSES \$ 57,555. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: CALCEF INNOVATIONS HAS NO SUCH COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: CALCEF INNOVATIONS' INTERIM PRESIDENT, DAN ADLER, WILL REVIEW
THE 990 PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANNUAL DISCLOSURE BY DIRECTORS, CORPORATE OFFICERS, TOP

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

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization  CALCEF INNOVATIONS	Employer identification number 26–1339988
MANAGEMENT AND GENERAL EXPENSES	312.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,248.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	214,732.
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE FULL BOARD ASSUMES OVERSIGHT OF THE AUD	IT AND THE
SELECTION OF AN INDEPENDENT ACCOUNTANT.	
<del></del>	
<del></del>	gran,
332212 09-04-13 Sche	edule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ See separate instructions.

Open to Public Inspection 2013

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

**Employer identification number** 26-1339988

Name of the organization

Part

CALCEF INNOVATIONS

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income চ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled ş × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) <u>e</u> Exempt Code section 501(C)(4) ত্ত Legal domicile (state or foreign country) PROMOTES CREATION OF CLEAN ENERGY INSTITUTIONS AND Primary activity INVESTMENT VEHICLES CALIFORNIA CLEAN ENERGY FUND - 77-0640000 Name, address, and EIN of related organization 94103 5 THIRD STREET #900 SAN FRANCISCO, CA

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

26-1339988

Page 2

CALCEF INNOVATIONS Schedule R (Form 990) 2013

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

| Predominant income   Share of total   Share of   Disproportionate   Share of total   Share of   Disproportionate   Income   ancestors   Area   N/A   (a)   |
|--|---|
| N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A  | Legal Direct controlling domicile (state or cattry) |
| N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A  | country)  |
| N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A  | _   |
| N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A  |   |
| N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A  |   |
| N/A N/A N/A N/A N/A  | CA N/A  |
| N/A N/A N/A N/A  |   |
| N/A N/A N/A N/A N/A  |   |
| N/A N/A N/A N/A N/A  |   |
|  | CA N/A  |
|  |   |
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part fV

	<u>.</u>	(2) (2) (2) (3) (4)	ž									
		512(i contr	Yes									
	Ξ	Percentage 512(b)(13) ownership controlled				_					-	
	(6)	Share of end-of-year	assets									
		Ŗ										
	<b>②</b>	Type of entity (C corp, S corp,	or trust)					_				
	9	Legal domicile Direct controlling (state or entity							-			
	<u>©</u>	Legal domicile (state or	country)									
	(q)	Primary activity										
	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<b>λ</b>	Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan quarantees to or for related organization(s)				2		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				£	1	×
i Exchange of assets with related organization(s)				÷	$\dashv$	×
j Lease of facilities, equipment, or other assets to related organization(s)				;-		×
k Lease of facilities, equipment, or other assets from related organization(s)				<b>¥</b>	,	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			두		×
o Sharing of paid employees with related organization(s)				9	-	×
					···	
				+	+	×
q reimoursement paid by related organization(s) for expenses				5	-	
r Other transfer of cash or property to related organization(s)				1.		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CALIFORNIA CLEAN ENERGY FUND	υ	522,621.	522,621.CASH VALUE			
(2) CALIFORNIA CLEAN ENERGY FUND	Ъ	177,152.	CASH VALUE			
(6)						
(4)						]
(9)						
(9)						
332163 09-12-13			Schedule R (Form 990) 2013	(Form 9	90) 2(	913

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26-1339988

Schedule R (Form 990) 2013 CALCEF INNOVATIONS

Part 时 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

					9		7,"	5		
(a) Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign	(a)   Predominant incom (related, unrelated, excluded from tax	40 Are all 501(c)(3) ongs?	Share of total	(9) Share of end-of-year	Disproportonate	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	General o managing partner?	(K) Percentage ownership
		1	under section 512-514) Ye	Yes No		SDECED	Yes	(Form 1065)	V 88 NO	
				_						
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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 CALCEF INNOVATIONS  Part VII Supplemental Information	26-1339988 Page 5
Provide additional information for responses to questions on Schedule R (see instruction	ons)
Provide additional information for responses to questions on ochequie 11 (see instruction	ni3).
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332165 09-12-13

Schedule R (Form 990) 2013