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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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	Fo	or the	2013 calendar year, or tax year beginning and	ending		
В	Chi	eck if plicable	C Name of organization		D Employer identification	tion number
Г		Address	SOCIAL & ENVIRONMENTAL ENTREPRENEURS			
Ī	=	Name change	Doing Business As		95-41:	16679
Ī		Initial return	<u> </u>	Room/suit		
Ē		Termin- ated	·	A	(818)	<u> 225-9150                                     </u>
Ē		Amende return			G Gross receipts \$	6,275,677.
		Applica tion	CALABASAS, CA 31302		H(a) Is this a group retu	rn
	- 1	pending	F Name and address of principal officer ANDREW BEATH		for subordinates?	Yes X No
			SAME AS C ABOVE		H(b) Are all subordinates inclu	<sub>ided</sub> ? ☐ Yes ☐ No
Ī	Ta	ıx-exe	mpt status. X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 52	27 If "No," attach a lis	t (see instructions)
			E: ► WWW.SAVEOURPLANET.ORG		H(c) Group exemption r	
			organization: X Corporation Trust Association Other	L Yea	ar of formation: 1994 M S	State of legal domicile: CA
F	<sup>2</sup> är		Summary		·	
9	ָּעָ		Briefly describe the organization's mission or most significant activities: <b>ENVII</b>	RONME	NTAL AND SOCIA	AL JUSTICE
	{	_	PROJECTS.			
5	=		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mo	} I	_
Ì	3		Number of voting members of the governing body (Part VI, line 1a)		3	<u>5</u> 5
۰	ಶ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
	2		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	80
: 12	ACIIVIIIES		otal number of volunteers (estimate if necessary)		6	150
4014 2014	Į Į		otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.
_	+	_ b !	Net unrelated business taxable income from Form 990-T, line 34	ı	7b	0.
<b>~</b>				-	Prior Year	Current Year 6,062,170.
, :	빌		Contributions and grants (Part VIII, line 1h)	-	4,291,721.	
SEP	Ē		Program service revenue (Part VIII, line 2g)	-	0.	42 426
\rangle = \frac{1}{2}			nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	36,072.	42,426.
3			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0.	6 104 506
<b>Z</b> -	-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,327,793.	6,104,596.
SCANNED .			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
3			Benefits paid to or for members (Part IX, column (A), line 4)	-	1,780,604.	2,379,493.
D	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	<u> </u>
	ğ		Professional fundraising fees (Part IX, column (A), line 12e)	0.		
	ž	b 1	Total fundraising expenses (Part IX, column (Q) The 26)	<del>-                                    </del>	2,966,961.	3,086,771.
_	_ !	17 (	Other expenses (Part IX, column (A), linee 11a-11d, 11f-24e)	-	4,747,565.	5,466,264.
		18 1	Fotal expenses. Add lines 13-17 must equal Rart X, & dumn (A) ine 25) Revenue less expenses. Subtraction 18 from line 12		-419,772.	638,332.
_	<u>s</u>	19 F	100			
ts o	nd Balances	00 T	Total assets (Part X, line 16)	F'	Beginning of Current Year 2,519,899.	End of Year 3,131,529.
Asse	<u> </u>		Fotal assets (Part X, line 16)  Fotal liabilities (Part X, line 26)	-	86,034.	98,259.
let /	-1		Net assets or fund balances Subtract line 21 from line 20	-	2,433,865.	3,033,270.
		<u>22 ↑</u> rtୁII	Signature Block	<u> </u>	2, 233,003.	3,033,270.
_			ties of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ements, and to the hest of my k	nowledge and helief it is
			, and complete. Declaration of preparer (other than officer) is based on all information of wi			J
u	ue, t		, and complete. Decidion of proper (other mail office) grades of an infiliation of the		× 2 -	12-11
			Signature of officer	<del>-</del>	Date	12/4
	ign ere	1	ANDREW BEATH, CHAIRMAN			
п	ere	1	Type or print name and title			
_			Print/Type preparer's name		Date Check	PTIN
P	aıd		JOHN BOVARD MIRON	<u>~</u> ن	3/12/14 If self-employed	P01358141
		arer	Firm's name QUIGLEY & MIRON, CPA'S			95-4656881
	-	Only		660		
	_	1	LOS ANGELES, CA 90010-2481	=	Phone no. ( 21	3) 639-3550
M	lav	the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
_		1 10-29		ons.		Form <b>990</b> (2013)

	rt III   Statement of Program Service Accomplishments
га	
	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
1	TO SERVE AS A NONPROFIT ADMINISTRATIVE STRUCTURE FOR GRASSROOTS
	ENVIRONMENTAL AND SOCIAL JUSTICE PROJECTS.
	ENVIRONMENTAL AND SOCIAL COSTICE PROCECTS:
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O
4	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
4a	5 160 064
	FISCAL-SPONSORED PROGRAM SERVICE ACCOMPLISHMENTS INCLUDED ENVIRONMENTAL
	AND SOCIAL PROJECTS IN LAND PRESERVATION, HEALTH AND HEALING,
	ENVIRONMENTAL EDUCATION, WOMEN'S AND CHILDREN'S RIGHTS, HUMANITARIAN
	AND SOCIAL JUSTICE, ENVIRONMENTAL POLICY AND NATURAL RESOURCES,
	CULTURAL AND INDIGENOUS RIGHTS, AND ANIMAL RIGHTS.
4b	(Code) (Expenses \$ including grants of \$)         ) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 5.169.964.

. .

		<b>,</b>	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_4_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		- 41
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	. A satistic	F	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
<b>h</b>	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	11a		<u>X</u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 110	Λ	
·	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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<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,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2013)

Form 990 (2013) SOCIAL & ENVIRONMENTAL ENTREPRENEURS 95-4116679 Page 4
Part IV Checklist of Required Schedules (continued)

				$\overline{}$
	T. 11		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	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 Part IX,			<b>₩</b>
	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	i		7,7
	Schedule J	23		<u> X</u>
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 25a	24a		<u> X</u>
	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		X
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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):	×2.	5	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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 (or a family member thereof) was an officer,			
	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 conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	•	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- <del></del> -
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	TOTAL STATE STATE STATE AND AND TOTAL TO CONTINUE TO C			(2013)

	Check if Schedule O contains a response or note to any line in this Part V					
_					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	192			,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			,
	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c		L
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	80	*	ay Sign Salas	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		×	-a -	2, 11 14 - 1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country ▶				- A	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts.		( )	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	•	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	anızatıon solıcıt			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				***	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a		X_
b				7b		<u> </u>
С		was req	uired	_		37
	to file Form 8282?	1	I	7c	À,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		200 40	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property, and the organization file in the contribution of qualified intellectual property in the contribution of qualified intellectual property in the contribution of qualified in the contribution			7g		
h	·			7h		7× 2°
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations in account of the section of the sect			8		
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	it arry iii	ne during the year.		,	<b></b>
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?			.₃ 9a	~	İ
a b				9b		
10	Section 501(c)(7) organizations. Enter:			*,		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		3.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		<u> </u> ;	×.	
11	Section 501(c)(12) organizations. Enter			١, ,		1
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					€'
	amounts due or received from them )	11b			X	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			·	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	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	1	1			
	organization is licensed to issue qualified health plans	13b		, ·		
С	Enter the amount of reserves on hand	13c		<u></u>		<u> A</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b	بيل	L
				Forn	1 <b>990</b>	(2013)

Form 990 (2013) SOCIAL & ENVIRONMENTAL ENTREPRENEURS 95-41100/9 Page
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 da, db, dr rob below, december the directional processes, or changes in concesse of coc manages in			
	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			
	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	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 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		35 a	
	officer, director, trustee, or key employee?	2		_X
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?	_6		X
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		X
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:		سد ک	
а	The governing body?	8a	_X	
b	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	*, ***********	XXX Max-	
	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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	_ <u>X</u>	
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	ξ,	%.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·	. <u></u> '.
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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		Х
þ	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			
<del></del>	exempt status with respect to such arrangements?	16b		
	tion 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 (Section 501(c)(3)s only) a	vallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply  X 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, and	ı tınan	ciai	
~	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the organization of the person who possesses the books and records of the organization of the orga	ion 🏓		
	THE ORGANIZATION - (818) 225-9150			
	23532 CALABASAS ROAD, NO. A, CALABASAS, CA 91302			

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-orm	990	1/1/1	.7)

#### SOCIAL & ENVIRONMENTAL ENTREPRENEURS

95-4116679

Page 7

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

X Check this box if neither the organization in	or any related	orga	anıza	ation	CO	mpe	nsat	ed any current officer, of	director, or trustee	<b>T</b>
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cerar	io a o	recto	T	Tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	9	8			ated		organization	(W-2/1099-MISC)	from the
	related	lste	E E		8	) Den		(W-2/1099-MISC)		organization
	organizations below	ag #	ion a		ploy	ie g				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREW BEATH	1.00									
PRESIDENT		X		Х	<u> </u>			0.	0.	0.
(2) ATOSSA SOLTANI	1.00	1								
VICE PRESIDENT		X	<u></u>	X				0.	0.	0.
(3) JOHN F. FELDSTED	1.00						}			
TREASURER		X		X				0.	0.	0.
(4) MAX GAIL	1.00	ļ								
DIRECTOR		Х		_		<u> </u>	L	0.	0.	0.
(5) SARAH VAILL	1.00	1			İ					
SECRETARY		Х		Х				0.	0.	0.
		1								
	ļ <u></u>			L	<u> </u>	<u> </u>	<u> </u>			
		<u> </u>				ļ	_			
		1								
						<u> </u>				
		-								
**************************************						├	<del> </del>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		1			1					
	-		_		$\vdash$	├-			-	
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		1								
	<del>  </del>			-						<del></del>
		1								
		$\vdash$						<del></del> .		
						<u> </u>	-			
		1								
	1				_	<del> </del>	$\vdash$		- <u> </u>	
		1								
- III			-			1-		<del> </del>		
		İ								
<del> </del>	1				_					

Par	rt VII Section A. Officers, Director	rs, Trustees, Key Em	oloy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)	
	(A) Name and title	(B) Average hours per week	box,	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
		below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former			organizations
	Maril										
	Sub-total				-			<b>•</b>	0.		0.
	Total from continuation sheets to Total (add lines 1b and 1c)	Part VII, Section A						<b>▶</b>	0.		0.
2	Total number of individuals (including		ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportable	
	compensation from the organization	<u> </u>									Yes No
3	Did the organization list any former		stee	e, ke	y en	nplo	yee,	orl	highest compensated e	mployee on	344
4	line 1a? If "Yes," complete Schedule For any individual listed on line 1a, i		e co	mpe	ensa	ation	and	d oth	her compensation from	the organization	3 X
_	and related organizations greater th									d	4 X
5 	Did any person listed on line 1a recordered to the organization? If "Ye					_		elat	ed organization or indivi	dual for services	5 X
	ction B. Independent Contractors									#100 000 of	
1	Complete this table for your five hig the organization. Report compensations	•								•	insation from
		(A) usiness address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
	·····										· · · · ·
		·									
								_			
						_					
	<del></del>										
	Total number of independent contra	actors (including but n	ot lir	miter	d to	tho	se lie	sted	above) who received m	ore than	<del></del>
	\$100,000 of compensation from the		~· '''				0			,	<u> </u>

		Check if Schedule O contains a response or note to any li	ne in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a				
ira Our		Membership dues 1b	1			
S,E		Fundraising events 1c	1			
ar fr		Related organizations 1d	1			
9,5		Government grants (contributions)  1e 332,610				
e e		All other contributions, gifts, grants, and	j			
돌힐	•	similar amounts not included above 1f 5,729,560				
Ξō		Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	_		6,062,170.			
		Business Code				<del>                                     </del>
e l	2 a	<u> </u>				
ا کو	b					
Program Service Revenue	c					
E S	ď					
P. C.	e		<del></del>		<del></del>	<u> </u>
F	f	All other program service revenue	<u> </u>			
ľ	_	Total. Add lines 2a-2f			<del></del>	
	3	Investment income (including dividends, interest, and	·		-	
	_	other similar amounts)	42,355.			42,355.
	4	Income from investment of tax-exempt bond proceeds				127000
1	5	Royalties				
	_	(i) Real (ii) Personal		3,4,2		,
İ	6 a	Gross rents		ξ.		1
		Less. rental expenses		, ,		1
		Rental income or (loss)		, ·	٠ ١	
		Net rental income or (loss)	The market contracts to the same of		1467 XX \	***************************************
		Gross amount from sales of (i) Securities (ii) Other	,		, , , , , , , , , , , , , , , , , , ,	
ł		assets other than inventory 171, 152.	1	*	* , *	i
	b	Less: cost or other basis		*		i
		and sales expenses 171,081.		\$. \$.		1
	С	Gain or (loss) 71.	1	Ø		2 2
	d	Net gain or (loss)	71.			71.
e	8 a	Gross income from fundraising events (not				,
		including \$ of				:
ě		contributions reported on line 1c) See				
<u>ام</u>		Part IV, line 18 a	]			,
Other Reven	b	Less: direct expenses b		,		
١	С	Net income or (loss) from fundraising events		<u>:</u>		
	9 a	Gross income from gaming activities See	,		2 / - ` .	1
		Part IV, line 19 a				!
	b	Less: direct expenses b				
	C	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				i
		and allowances a				
	b	Less cost of goods sold . b		· `_	ζ.	
	с	Net income or (loss) from sales of inventory				
1		Miscellaneous Revenue Business Code				
	11 a					
	b					
	С		ļ			
İ		All other revenue	ļi		<u> </u>	<u> </u>
	е	Total. Add lines 11a-11d				
332009	12	Total revenue See instructions.	6,104,596.	0.	0.	
10-29-	13					Form <b>990</b> (2013)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	X
_	Check if Schedule O contains a respon		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				, **
	the United States. See Part IV, line 22				7 n. ž. 3 n
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				* % <sub>2</sub>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified			<del></del>	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,031,444.	1,844,080.	187,364.	
8	Pension plan accruals and contributions (include	<u> </u>	<u> </u>	20110030	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	166,628.	144,602.	22,026.	
_	Payroll taxes	181,421.	165,888.	15,533.	
10	- ·	101,441.	103,000.	13,333.	1
11	Fees for services (non-employees):				
a	Management	1 707	1 707		
b	Legal	1,707.	1,707.	16 000	
C	Accounting .	17,000.	1,000.	16,000.	
d	Lobbying	·		<u> </u>	
е	Professional fundraising services. See Part IV, line 17		" " " " " " " " " " " " " " " " " " "	* * * * * * * * * * * * * * * * * * * *	
f	Investment management fees				
g	, -	4 500 050	4 550 000	2 224	
	column (A) amount, list line 11g expenses on Sch O.)	1,582,253.	1,579,029.	3,224.	
12	Advertising and promotion	23,331.	23,331.		
13	Office expenses	331,576.	315,844.	15,732.	
14	Information technology	26,242.	25,002.	1,240.	
15	Royalties				
16	Occupancy	283,361.	265,507.	17,854.	
17	Travel	266,345.	258,384.	7,961.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	125,439.	123,914.	1,525.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	49,537.	43,909.	5,628.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	226 602	33C CO3	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	COMMUNITY RELATIONS	336,603.	336,603.	0 010	
b	MISCELLANEOUS EXPENSE	43,377.	41,164.	2,213.	
C					
d	<del></del>				
е	All other expenses	P / 65 5 5 5		006 006	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	5,466,264.	5,169,964.	296,300.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	445,878.	_ 1	1,238,379.
	2	Savings and temporary cash investments	1,270,728.	2	979,378
	3	Pledges and grants receivable, net	274,368.		322,591
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		-	
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L	A R 100 A	5	
	6	Loans and other receivables from other disqualified persons (as defined und	er		1
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	i j		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
g		employees' beneficiary organizations (see instr) Complete Part II of Sch L	٠, ٤	6	
Assets	7	Notes and loans receivable, net		_ <del></del>	
As	7	Inventories for sale or use		<del>'</del>	
	8		10,852.	9	17,432
	9	Prepaid expenses and deferred charges	10,832.	9	11,434
- 1	10a	Land, buildings, and equipment: cost or other	<b></b>		
l		basis. Complete Part VI of Schedule D			
ĺ		Less accumulated depreciation 10b		10c	<del>-</del>
	11	Investments - publicly traded securities	F10 073	11	F72 740
	12	Investments - other securities See Part IV, line 11	518,073.	12	573,749
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		_15_	2 4 24 5 20
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,519,899.	16	3,131,529
	17	Accounts payable and accrued expenses	86,034.	17	98,259
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	N
es	22	Loans and other payables to current and former officers, directors, trustees,		ř "	
∄		key employees, highest compensated employees, and disqualified persons	a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a	\$9 ~~ -	
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	86,034.	26	98,259
1		Organizations that follow SFAS 117 (ASC 958), check here ▶ X an	d   · · · · /	٠,	
S		complete lines 27 through 29, and lines 33 and 34.			
٤	27	Unrestricted net assets	118,189.	27	178,012
<u> </u>	28	Temporarily restricted net assets	2,315,676.	28	2,855,258
팔	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here	]		>
ō		and complete lines 30 through 34.			, , , , , , , , , , , , , , , , , , , ,
) St	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
		<b>3</b> , ,	0 100 055		2 022 070
Net	33	Total net assets or fund balances	2,433,865.	33	3,033,270

orm	1990 (2013) SOCIAL & ENVIRONMENTAL ENTREPRENEURS	<u>95-4110</u>	<u> 5679</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		ı			
1	Total revenue (must equal Part VIII, column (A), line 12)		5,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,46		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>32.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	2,43		
5	Net unrealized gains (losses) on investments	5	-3	<u>8,9</u>	<u>27.</u>
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,03	3,2	<u>70.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			ليا
				Yes	No
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	0	_	~ ~6	J
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l i
	separate basis, consolidated basis, or both				٠ ا
	Separate basis Consolidated basis Both consolidated and separate basis			-	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	2 3		
	consolidated basis, or both		1 26		
	X Separate basis Consolidated basis Both consolidated and separate basis			**************************************	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ŽŽ.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			i
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			[]
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			1
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		36		i .

Form **990** (2013)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS 95-4116679

Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	ist complet	e this par	t) See ins	tructions				
he organ	zation is not a	private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🔲	A church, co	nvention of church	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 1	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)	)							
з 🔲			ital service organization			170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital	's nar	ne,
	city, and stat		·						•	•		
5 🔲	•		benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	oed in		
	_	(b)(1)(A)(iv). (Comp	=	•		•	_					
6			nent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7			ceives a substantial part					or from the	general	public desc	rıbed	ın
	-	b)(1)(A)(vi). (Compl	•	• • •		•			3	• • • • • • • • • • • • • • • • • • • •		
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II )							
9 X	-		ceives (1) more than 33			rom contri	ibutions in	nembershi	n fees a	and aross rea	ceints	from
•	ū	•	inctions - subject to certa						•	•	•	
		•	taxable income (less sec			•				-		
		509(a)(2). (Complet	•		,	0		y and orga		and dance	, , , ,	
10			perated exclusively to te	st for publ	lic safety. S	See sectio	n 509(a)(4	4).				
	_	-	perated exclusively for the	-	· ·			•	v out the	e purposes d	of one	or
	ŭ	•	ations described in secti		•				•			•
	-	-	organization and compl				-,		<b>-</b> /( <b>-</b> /,			
	a Type I				inctionally			Typ	e III - No	n-functional	lv inte	arated
е 🔲	• •		at the organization is not		-	-		* -			-	-
•—			than one or more publicly									
f			itten determination from						ν(α)(1) σ.	00011017 000	(4)(4)	
•	_	ganization, check t			at it is a 13	po 1, 13po	, or 13pc					
		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing ner	sons?			
g	_		directly controls, either al			•		• •		,	Yes	No
	• •	-	supported organization?	one or tog	journer with	porsons	Jesembea	iii (ii) ai ia (	iii) belevi	11g(i)	163	110
	-		on described in (i) above?	,				•		11g(ii)		
		•	a person described in (i) (		e?					11g(iii)		
h		-	a bout the supported or							(Tig(iii)		1
	1 TOVIGE THE I	Showing information	rabout the supported of	gamzation	1(3).							
. ,	of supported	(iı) EIN	(iii) Type of organization		organization sted in your		u notify the	(vi) Is organizatio	the	(vii) Amount	of mo	netary
orga	ınızatıon		(described on lines 1-9 above or IRC section		document?		r support?	(i) organız U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	r			
				res	NO	res	NO	165	No			
								ł				
					<del>                                     </del>							
		- 1-										
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		77						, , 1	*			
ntal		(، د ټو ۲۰۰۷)	81 & B	1.27 (Caller)	18 .W.A.	i * `%	LWW	1 3 1.4	ı	1		

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

Schedule A (Form 990 or 990-EZ) 2013

Part II	A (Form 990 or 990 EZ) 2013  Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi	Page 2
	(Complete only if you checke			_	n failed to qualify	under Part III If the	organization
	fails to qualify under the tests	s listed below, pleas	se complete Part				
	A. Public Support	T				T	
	ear (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
memb	grants, contributions, and pership fees received (Do not de any "unusual grants ")						
ızatıoı	evenues levied for the organ- n's benefit and either paid to bended on its behalf						
furnis	alue of services or facilities hed by a governmental unit to rganization without charge						
4 Total.	. Add lines 1 through 3						
by ea	ortion of total contributions ch person (other than a	\$ .	ź.	*,			
suppo	rnmental unit or publicly orted organization) included					*	
	e 1 that exceeds 2% of the int shown on line 11,			. 🐉	-		
colum	nn (f)					ļ.,	-
	C support. Subtract line 5 from line 4	X.	· %		•	<i>''</i>	
<del></del>	B. Total Support	( ) 0000	4 ) 0010	(.) 0011	(-D-0010	(-) 0010	(A) T-4-1
	ear (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	s income from interest,						
	ends, payments received on						
	rities loans, rents, royalties						
	ncome from similar sources						
	ncome from unrelated business						
_	ties, whether or not the						
	ess is regularly carried on						
10 Other	income Do not include gain	:					
or los	s from the sale of capital	ŀ					
asset	s (Explain in Part IV.)						. <u></u>
11 Total	support. Add lines 7 through 10	1 5 4 4 4 A	, 13 .		, , ,	· On J. John	
12 Gross	s receipts from related activities,	, etc (see instructio	ns)			12	
13 First	five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectı	on 501(c)(3)	
	c. Computation of Publ		centage				▶□_
	c support percentage for 2013 (	line 6, column (f) div	vided by line 11, o	olumn (f))		14	%
						15	0/
14 Public	c support percentage from 2012	2 Schedule A, Part I	I, line 14		•		%
14 Public 15 Public	c support percentage from 2012 3% support test - 2013. If the o			n line 13, and line	14 is 33 1/3% or	<del></del>	<del>'</del>
14 Public 15 Public 16a 33 1/3 stop l		organization did not as a publicly suppo	check the box o	ı		more, check this box	and

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

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

(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)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants ")	3,310,488,	3,292,341.	4,824,824.	4,291,721,	6,062,170.	21,781,544.	
	Gross receipts from admissions,		,		• •			
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
	Gross receipts from activities that					. ••=		
Ū	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							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5	3 310 488.	3,292,341.	4.824.824.	4,291,721.	6.062.170.	21.781.544.	
	Amounts included on lines 1, 2, and	3,310,400.	<u> </u>	3,023,023.	- 121, 12L.	0,002,170.	21,701,344.	
	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.	
С	Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6)	., ,	<u></u>	* <u>- </u>			21 781 544.	
	tion B. Total Support		T	·	-	· ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
-	Amounts from line 6	3,310,488.	3,292,341.	4,824,824.	4,291,721.	6,062,170.	21,781,544.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties	11,770.	15,058.	17,238.	24,441.	12 355	110,862.	
	and income from similar sources	11,770.	15,056.	11,230.	24,441.	42,333.	110,002.	
	Unrelated business taxable income	,						
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	11,770.	15 050	17,238.	24 441	42,355.	110 060	
-	Add lines 10a and 10b  Net income from unrelated business	11,//0.	15,058.	11,238.	24,441.	42,333.	110,862.	
	activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital							
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	3 322 258.	3,307,399.	4,842,062.	4,316,162.	6,104,525.	21,892,406.	
	First five years. If the Form 990 is for							
• •	check this box and stop here	o organization o		.,	,, you, ao a oooo		<b>▶</b> □	
Sec	tion C. Computation of Publ	ic Support Per	rcentage					
	Public support percentage for 2013 (I			olumn (fl)		15	99.49 %	
	Public support percentage from 2012		•	J. J. J. J. J. J. J. J. J. J. J. J. J. J		16	99.40 %	
						101	<u> </u>	
	Section D. Computation of Investment Income Percentage  17 Investment Income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  17 .51 %							
	17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 60 %							
	•			n line 14 and line	15 is more than 3			
198	33 1/3% support tests - 2013. If the	-					→ X	
L.	more than 33 1/3%, check this box at	•	-					
	33 1/3% support tests - 2012. If the	•		•				
	line 18 is not more than 33 1/3%, che		•	•		•		
20	Private foundation. If the organization	n uju not check a t	JOX OII IIII 14, 198	i, or Tab, check th	is DOX and see Ins	uuctions	P	

Schedule A	(Form 990 or 990-EZ)	2013 SOCIAL &	ENVIRONM	ENTAL ENT	REPRENEURS	95-4116679 Page 4
Part IV	Supplemental I	nformation. Provide	e the explanations	required by Part I	I, line 10, Part II, line 17	a or 17b; and Part III, line 12
	Also complete this p	oart for any additional in	nformation (See in:	structions)		
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#### **SCHEDULE D**

(Form 990)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 95-4116679

	SOCIAL & ENVIRONMENT		95-4116679
Pa			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		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised t	funds
J	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv		
Ū	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?	,,	Yes No
Pa		nization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recreation or edu		cally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conservation easement on the last
_	day of the tax year		
	ca, or 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
c	Number of conservation easements on a certified historic struct	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the org	ganization during the tax
	year >		_
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easements durin	g the year ►
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above :	satisfy the requirements of section 170(h)(4	I)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
	conservation easements		···
Pa	t III Organizations Maintaining Collections of A	-	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, 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		<b>S</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures	•	ın, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

_		& ENVIRONM							Page <b>2</b>
Pa	rt III   Organizations Maintaining C	collections of A	rt, His	storical Tr	easures, or O	ther Si	<u>milar Asse</u>	ts(contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, che	ck any of the	following that are	a signific	ant use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	(	a 🗀	Loan or exc	hange programs				
b	Scholarly research	(	e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how	they further t	he organization's e	exempt p	urpose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, I	nistorical trea	sures, or other sim	ıılar asse	ts	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Pa	rt IV Escrow and Custodial Arran		lete if th	e organizatio	n answered "Yes"	to Form	990, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other interme	diary fo	r contribution	ns or other assets i	not includ	bet	_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:		_			
								Amount	
С	Beginning balance						lc		
d	Additions during the year						ld		
ę	Distributions during the year					1	le		
f	Ending balance					Ŀ	1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIII								
Pa	rt V , Endowment Funds. Complete	f the organization ar	nswered	d "Yes" to Fo	rm 990, Part IV, lin	e 10		·	
		(a) Current year	(b)	Prior year	(c) Two years back	(d) Th	ree years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .								
е	Other expenditures for facilities								
	and programs		<u></u>						
f	Administrative expenses								
g	End of year balance							<u> </u>	
2	Provide the estimated percentage of the curr	rent year end baland	ce (line	1g, column (a	a)) held as				
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administered fo	or the org	anization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sche	edule R?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds					
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	J "Yes" to Form 990	), Part I	V, line 11a S	ee Form 990, Part	X, line 10	)		
	Description of property	(a) Cost or o		1		Accumu		(d) Book	value
		basis (investi	ment)	basis	(other)	deprecia	tion		
1a	Land .			<u> </u>					
b	Buildings			ļ					
С	Leasehold improvements								
d	Equipment .								
<u>       e</u>	Other			<u></u>					
Total	Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	Y colu	mn (R) line 1	0(c) )				Λ.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.	VIIIOIIIIII I	211221120112	<u> </u>
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	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			···
(3) Other			
(A) BOND FUNDS	210,340.	END-OF-YEAR MARKE	T VALUE
(B) EQUITIES FUNDS	363,409.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	573,749.	* * *	\$ "
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	end-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"		11d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)	<del> </del>		
(9)	<u>.</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	<del></del>		25.
1. (a) Description of liability		(b) Book value	•
(1) Federal income taxes			5. -5
(2)			
(3)			*\ *
(4)			
(5)			\$1 971 c
(6)			

Total. (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

ightharpoons

(7) (8)

Sche	dule D (Form 990) 2013 SOCIAL & ENVIRONMENTAL ENT			<u>4116679                                  </u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Returr	1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements		1	6,065,	<u>,669.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		1	
а	Net unrealized gains on investments	2a -38,927	•	1	
b	Donated services and use of facilities	2b	-	1	
С	Recoveries of prior year grants	2c	_	1	
d	Other (Describe in Part XIII.)	2d	-	20	007
е	Add lines 2a through 2d		2e	$\frac{-36}{6,104}$	,927.
3	Subtract line 2e from line 1		3	0,104,	, 396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	145	1	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	1	
b	Other (Describe in Part XIII.) Add lines 4a and 4b	[ 4b ]	4c	1	0.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	6,104,	
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe			, 5501
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		1	5,466,	264.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		7		
a	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b	1 1	1	
c	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d	]	1	
e	Add lines 2a through 2d		2e	1	0.
3	Subtract line 2e from line 1		3	5,466,	264.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	1	
b	Other (Describe in Part XIII.)	4b	المناشا	1	
С	Add lines 4a and 4b	•	4c		0.
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,466,	<u>, 264.</u>
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	t IV, lines 1b and 2b, Part V, line	4, Part	X, line 2, Part >	KI,
lınes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information			
				<del></del>	
	OM V TIME O				
PAL	RT X, LINE 2:				
200	COUNTING STANDARDS REQUIRE AN ORGANIZATION	ר הייט בינוג מונים אוים אוים	c		
ACC	COUNTING STANDARDS REQUIRE AN ORGANIZATION	I TO EVALUATE IT	5		
ר אידו	R POSITIONS AND PROVIDE FOR A LIABILITY FO	DINCTUTE OF ANY DOCUMEN	יעות	ת.זזז∩ע ידי	NOT
IAZ	POSITIONS AND PROVIDE FOR A DIRBIDITI FO	M ANT FOSTITONS	TILL	I WOODD	NOI
BE	CONSIDERED 'MORE LIKELY THAN NOT' TO BE U	PHELD UNDER A T.	AX A	UTHOR TTV	7
22	COMBIBLICIO HORE ELIMENT MOT TO DE O			0111011111	
EXA	AMINATION. MANAGEMENT HAS EVALUATED ITS TA	X POSITIONS AND	HAS	CONCLUI	DED
	111111111111111111111111111111111111111				
THA	AT A PROVISION FOR A TAX LIABILITY IS NOT	NECESSARY AT DE	CEMB	ER 31,	
201	13. GENERALLY, THE ORGANIZATION'S INFORMAT	ION RETURNS REM	AIN (	OPEN FOR	2
EXA	AMINATION THREE (FEDERAL) OR FOUR (STATE O	F CALIFORNIA) Y	EARS	FROM TH	HE
				<u> </u>	
DA'	TE OF FILING.				
		<del></del>			

Schedule D (Form 990) 2013	SOCIAL	& EN	VIRONMENTAL	ENTREPRENEURS	<u>95-4116679</u>	Page 5
Schedule D (Form 990) 2013 Part XIII   Supplemental Info	rmation (cont	inued)			•	
		: <i>Z</i>				
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#### SCHEDULE O (Form 990 or 990-FZ)

Department of the Treasury

Internal Revenue Service

## 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

Name of the organization

SOCIAL & ENVIRONMENTAL ENTREPRENEURS

Inspection Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 95-4116679

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY OUR OUTSIDE AUDITOR. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND A DRAFT OF FORM 990. THE OUTSIDE AUDITOR MET WITH THE DIRECTOR OF FINANCE TO REVIEW THE FINANICAL STATEMENTS AND FORM 990 TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, COMMENTS AND QUESTIONS WERE ACCURATE. FORM 990, PART VI, SECTION B, LINE 12C: EACH NEW RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THIS POLICY AND TO ACKNOWLEDGE THAT HE OR SHE HAS DONE SO. EACH RESPONSIBLE PERSON SHALL ANNUALLY DISCLOSE ANY RELATIONSHIPS, POSITIONS, CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. SUCH RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES MIGHT INCLUDE OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO THE ORGANIZATION. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR OF THE BOARD, THE MANAGING DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS. FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S BOARD HAS A COMPENSATION COMMITTEE

RESPONSIBLE FOR ANNUALLY REVIEWING AND DETERMINING SUGGESTED COMPENSATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization  SOCIAL & ENVIRONMENTAL ENTREPRENEURS	Employer identification number 95-4116679
AMOUNTS FOR MANAGEMENT PERSONNEL. DETERMINATION IS BASED	ON THE COMMITTEE'S
USE OF THE ORGANIZATION'S ANNUAL BUDGET, FINANCIAL AND PR	OGRAM PERFORMANCE
REPORTING, AND SURVEYS OF MARKET-BASED COMPENSATION RATES	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND AUDITED FINANC	IALS
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAMMATIC SERVICES:	
PROGRAM SERVICE EXPENSES	1,579,029.
MANAGEMENT AND GENERAL EXPENSES	3,224.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,582,253.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,582,253.
	<del></del>

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Applicution for Extension of Time Tc ∴ile an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		1	ightharpoons
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).		
Do n	ot complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Elect	ronic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a cor	rporation
	red to file Form 990-T), or an additional (not automatic) 3-mor					
	ne to file any of the forms listed in Part I or Part II with the exc					
	onal Benefit Contracts, which must be sent to the IRS in paper					
	www.irs.gov/efile and click on e-file for Chanties & Nonprofits.		,		J	
Păi	TI Automatic 3-Month Extension of Time	. Only s				
A cor	poration required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and	complete		
Part I	only				.1	▶ []
All ot	her corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an exten:	sion of time	
to file	income tax returns.			Enter file	r's identifying nu	umber
Туре	or Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nur	nber (EIN) or
print	' · ·					
	SOCIAL & ENVIRONMENTAL ENTR	REPREI	NEURS		95-41166	79
File by	the Number street and room or suite no. If a D.O. hov or			Social sec	curity number (SS	
due da filing ye					,	•
return instruc	See		ress see instructions			
	CALABASAS, CA 91302	roigii aaa	. ooo, ooo mendonene.			
	CAHADADAD, CA 31302					
Entor	the Return code for the return that this application is for (file	a congrat	te application for each return)			0 1
Enter	the Return code for the return that this application is for the	a separa	te application for each return,			0,1
A 13		Return	Application			Return
	cation	_	Is For			Code
<u>ls Fo</u> 		Code				07
	990 or Form 990-EZ	01	Form 990-T (corporation)			08
	990-BL	02	Form 1041-A	•		
	4720 (ındıvidual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATIO			_ ~ ~	- 01000	
	e books are in the care of  23532 CALABASAS	ROAL		AS, C	A 91302	
	lephone No. ► <u>(818) 225-9150</u>		Fax No 🕨		<del></del>	
	the organization does not have an office or place of business					▶ □
	this is for a Group Return, enter the organization's four digit (					
box	. If it is for part of the group, check this box				ers the extension	ıs for.
1	I request an automatic 3-month (6 months for a corporation	required 1	to file Form 990-T) extension of time	untıl		
	AUGUST 15, 2014 , to file the exempt	t organiza	tion return for the organization name	ed above.	The extension	
	is for the organization's return for:					
	► X calendar year 2013 or					
	tax year beginning	, an	d ending		_·	
2	If the tax year entered in line 1 is for less than 12 months, cl	heck reas	on· Initial return	Final returi	n	
	Change in accounting period					
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions	,	•	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$					0.	
С	Balance due. Subtract line 3b from line 3a. Include your pa					-
-	by using EFTPS (Electronic Federal Tax Payment System)			3с	\$	0.
Caut	ion. If you are going to make an electronic funds withdrawal				nd Form 8879-F∩	
vaul	ione in too are gening to make an electronic large with a tangent	,	,	u		

instructions.

Form 8868 (Rev. 1-2014)		<del></del>			Page 2	
If you are filing for an Additional (Not Automatic) 3-Month E.					► LXJ	
Note. Only complete Part II if you have already been granted an			led Form	8868.		
If you are filing for an Automatic 3-Month Extension, complete					<del></del>	
Part II Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the origin	al (no c	opies ne	eded).	
		Enter filer's	identifyir	ng number	, see instructions	
Type or Name of exempt organization or other filer, see instru				Employer identification number (EIN) or		
File by the SOCIAL & ENVIRONMENTAL ENTR	the SOCIAL & ENVIRONMENTAL ENTREPRENEURS			95-4116679		
Number, street, and room or suite no. If a P.O. box, see instructions. gryour m See 23532 CALABASAS ROAD, NO. A			Social se	cunty num	ber (SSN)	
City, town or post office, state, and ZIP code. For a f	foreign add	dress, see instructions.				
Enter the Return code for the return that this application is for (fil	le a senara	te application for each return)		-	01	
	<del></del>	1		· ··		
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990 BL	02	Form 1041-A			08	
Form 4720 (Individual)	03	Form 4720 (other than individual) Form 5227			09	
Form 990-PF	05	Form 6069			10	
Form 990-T (sec. 401(a) or 408(a) trust)	06	Form 8870			12	
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted	<del></del>		ouch file	d Form 99		
5 For calendar year 2013, or other tax year beginning	s in the Ur Group Exe and atta	Fax No.  inited States, check this box	this is for all memb	the whole	>	
6 If the tax year entered in line 5 is for less than 12 months, o	cneck reas	on: Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	COMPL	ETE CERTAIN ACCOUNT	PTNG	PROCEI	TIRES	
RELATED TO THE BOOKS OF THE O			1110	LICCHI	JOILED	
REMAILED TO THE DOORD OF THE O	1101111	DITT TOXY	<del></del>			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any				
nonrefundable credits. See instructions.				\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter an	v refundable credits and estimated	8a	<del>- 7</del> -		
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868.		,	8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.	
Signature and Verifica	tion mu	st be completed for Part II o	nly.			
Under penalties of periury, I declare that I have examined this form, includit is true, correct, and complete, and that I amount it is true, correct, and complete, and that I amount it is true, correct to prepare this f	ding accomp			f my knowle	dge and belief,	
Signature > / out of Life >	CPA		Date	<b>▶</b> //:	31/14	
, , , , , , , , , , , , , , , , , , ,				Form	8868 (Rev. 1-2014)	