



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



# Short Form Return of Organization Exempt From Income Tax

2013

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionA For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable	C Name of organization <b>CALIFORNIA INSTITUTE FOR BIODIVERSITY</b>		D Employer identification number <b>94-3227003</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <b>1660 SCHOOL STREET</b>		E Telephone number <b>(925) 631-2481</b>
<input type="checkbox"/> Name change	Room/suite <b>105</b>		F Group Exemption Number ►
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>MORAGA, CA 94556</b>		G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
<input type="checkbox"/> Terminated			I Website: ► <b>WWW.CALALIVE.ORG</b>
<input type="checkbox"/> Amended return			J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<input type="checkbox"/> Application pending			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>185,416.</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	180,151.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	1.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)		
b Gross income from fundraising events (not including \$ 2,240 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		30.
c Less: direct expenses from gaming and fundraising events		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances		
b Less: cost of goods sold		2,240. of contributions
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1,530.
7b Direct expenses from sales of inventory (attach Schedule O and subtract line 7c)		
7c Net income or (loss) from sales of inventory (Subtract line 7b from line 7a)		3,687.
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		646. ► 1,560.
10 Grants and similar amounts paid (list in Schedule O)	7d	
11 Benefits paid to or for members	7e	
12 Salaries, other compensation, and employee benefits	7f	3,041.
13 Professional fees and other payments to independent contractors	7g	
14 Occupancy, rent, utilities, and maintenance	7h	17.
15 Printing, publications, postage, and shipping	7i	
16 Other expenses (describe in Schedule O)	7j	184,770.
17 Total expenses. Add lines 10 through 16	7k	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	10	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	11	
20 Other changes in net assets or fund balances (explain in Schedule O)	12	115,976.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	13	19,949.
	14	28,081.
	15	
	16	26,275.
	17	190,281.
	18	-5,511.
	19	-229,749.
	20	0.
	21	-235,260.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**Part II Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	20,547.	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	SEE SCHEDULE O	33,644.
25	<b>Total assets</b>	54,191.	24
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE O	283,940.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-229,749.	25
			47,408.
			282,668.
			-235,260.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

**Check if the organization used Schedule O to respond to any question in this Part III**

4)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	SEE SCHEDULE O			
29	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	48 , 656 .	
30	SEE SCHEDULE O			
31	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	11 , 684 .	
32	SEE SCHEDULE O			
33	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	8 , 068 .	
34	Other program services (describe in Schedule O) SEE SCHEDULE O			
35	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	899 .	
36	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	69 , 307 .	

**Part IV List of Officers, Directors, Trustees, and Key Employees**

**6** (list each one even if not compensated - see the instructions for Part IV)

1

Check if the organization used Schedule O to respond to any question in this Part IV.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a		X
35b		N/A

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35c		X
36		X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36		X
37b		X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

► 37a 0.

37a		X
38b		278,808.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

b Did the organization file Form 1120-POL for this year?

38b		278,808.
39a		N/A
39b		N/A

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39a		N/A
39b		N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39b		X
40b		X

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b		X
40c		

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers

or disqualified persons during the year under sections 4912, 4955, and 4958

► 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40c		X
40e		X

41 List the states with which a copy of this return is filed ► CA

42a The organization's books are in care of ► CAROL J. BAIRD

Telephone no. ► (925) 631-2481

Located at ► 1660 SCHOOL STREET, SUITE 105, MORAGA, CA

ZIP + 4 ► 94556

42b		X
42c		

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

43		N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a		X
44b		X
44c		X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d		
45a		X
45b		

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ► **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer

► CAROL BAIRD, EXECUTIVE DIRECTOR

Type or print name and title

May 5, 2015  
Date

Paid  
Preparer  
Use Only

Print/Type preparer's name

HYDEH GHAFFARI

Preparer's signature

H. Ghaaffari

Date

4/30/15

Check  if  
self-employed

P01228587

Firm's name ► DZH PHILLIPS LLP

Firm's EIN ► 26-4677183

Firm's address ► 1330 BROADWAY, SUITE 630  
OAKLAND, CA 94612

Phone no. 510-834-6542

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2013)

Department of the Treasury  
Internal Revenue Service

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

**4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

le A (Form 990 or 990-EZ) and its instructions

---

**Name of the organization**

**Employer identification number**

CALIFORNIA INSTITUTE FOR BIODIVERSITY 94-3227003

**Part** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h.
	a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> .
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
	(ii) A family member of a person described in (i) above?
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

114

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

**Schedule A (Form 990 or 990-EZ) 2013**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar 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")	410,172.	537,271.	452,473.	304,699.	180,151.	1,884,766.
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						
4 <b>Total.</b> Add lines 1 through 3	410,172.	537,271.	452,473.	304,699.	180,151.	1,884,766.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						937,890.
						946,876.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	410,172.	537,271.	452,473.	304,699.	180,151.	1,884,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4.	6.	47.	6.	1.	64.
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)						
<b>11 Total support.</b> Add lines 7 through 10	1,732.	4,801.	3,930.	4,778.	17.	15,258.
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	194,978.

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**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	49.83	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	57.24	%
16a <b>33 1/3% support test - 2013.</b> 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			► <input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2012.</b> 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization'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

**7a** Amounts included on lines 1, 2, and 3 received from disqualified persons

**b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

**c** Add lines 7a and 7b

**8 Public support** (Subtract line 7c from line 6)

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
<b>6 Total.</b>						
<b>7a</b>						
<b>b</b>						
<b>c</b>						
<b>8 Public support</b>						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

**9** Amounts from line 6

**10a** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

**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 carried on

**12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

**13 Total support.** (Add lines 9, 10c, 11, and 12)

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b>						
<b>10a</b>						
<b>b</b>						
<b>c</b>						
<b>11</b>						
<b>12</b>						
<b>13 Total support.</b>						

**14 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**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV****Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS RECEIPTS**

2009 AMOUNT: \$ 1,732.

2010 AMOUNT: \$ 4,801.

2011 AMOUNT: \$ 2,606.

2012 AMOUNT: \$ 3,681.

**REFUNDS AND REIMBURSEMENTS**

2011 AMOUNT: \$ 1,324.

2012 AMOUNT: \$ 1,097.

2013 AMOUNT: \$ 17.



## **Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CAROL BAIRD

(C) PURPOSE OF LOAN: GENERAL SUPPORT

(A) NAME OF PERSON: ALAN HARPER

(C) PURPOSE OF LOAN: GENERAL SUPPORT

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization

CALIFORNIA INSTITUTE FOR BIODIVERSITY

Employer identification number  
94-3227003

### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

1.

### FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	3,687.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	3,687.
4. COST OF GOODS SOLD (LINE 13)	646.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	3,041.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	646.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	646.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	646.

### FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

REFUNDS AND REIMBURSEMENT

17.

### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

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

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

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

CALIFORNIA INSTITUTE FOR BIODIVERSITY

Employer identification number  
94-3227003

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEALS AND ENTERTAINMENT	6,539.
TEACHER WORKSHOP MATERIALS	92.
STIPENDS	3,800.
FEES & LICENSES	107.
HONORARIA	323.
MERCHANT & PROCESSING FEES	30.
TRAVEL ACCOMODATIONS	9,289.
BANK FEES	804.
MISCELLANEOUS EXPENSES	2.
REFUND	3,000.
STAFF DEVELOPMENT	1,811.
SUPPLIES	427.
COMPUTER SOFTWARE & SUPPLIES	51.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>26,275.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	14,249.	14,641.
INVENTORIES	19,395.	18,749.
UNDEPOSITED FUNDS	0.	907.
CONTRA COSTA PROPERTY TAX	0.	160.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>33,644.</b>	<b>34,457.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
-------------	--------------	-------------

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

332211  
09-04-13

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

**2013**

Open to Public  
Inspection

Name of the organization

CALIFORNIA INSTITUTE FOR BIODIVERSITY

Employer identification number  
94-3227003

ACCOUNTS PAYABLE	4,232.	4,232.
PAYABLES TO CURRENT OFFICERS	279,708.	278,808.
SALES TAX PAYABLE	0.	-372.
TOTAL TO FORM 990-EZ, LINE 26	283,940.	282,668.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CREATE AND PUBLISH  
EDUCATIONAL MATERIALS & CONDUCT PROFESSIONAL DEVELOPMENT.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

JOURNALING PROGRAM 2013

A) REFINED OUR FIELD JOURNALING PROGRAM FOR TEACHERS WHO

WANT TO USE SCIENTIFIC JOURNALING WITH THEIR STUDENTS.

PRINTED 180 COPIES.

B) CONDUCTED PROFESSIONAL DEVELOPMENT PROGRAM IN SCIENTIFIC JOURNALING

IN THE SIERRA NEVADA. ENROLLED 50 TEACHERS (SUMMER 2013)

C) CONDUCTED PROFESSIONAL DEVELOPMENT PROGRAM IN SCIENTIFIC JOURNALING

IN THE BAY AREA. ENROLLED 22 TEACHERS (FALL 2013)

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

SNCP CLIMATE PROGRAM 2013

A) SIERRA NEVADA CLIMATE CHANGE - 1) PLANNED, IMPLEMENTED

A TEACHER INSTITUTE (SEVEN-DAY RESIDENTIAL PROGRAM IN THE SIERRA NEVADA

MOUNTAINS OF CENTRAL CALIFORNIA. ENROLLED 77 TEACHERS; 2) PRODUCED A

CLIMATE CHANGE CD-ROM AND PRINTED 250 COPIES; PLANNED AND

IMPLEMENTED FOLLOW-UP WITH TEACHERS IN 2013-14.

B) PREPARED AND WROTE A SHORT CURRICULUM FOR TEACHERS ATTENDING THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

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

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CALIFORNIA INSTITUTE FOR BIODIVERSITY

Employer identification number  
94-3227003

INSTITUTE. PRINTED 300 COPIES AND DISTRIBUTED THEM TO ALL SECONDARY  
TEACHERS ATTENDING OUR SIERRA PROGRAMS.

C) FILMED THE SIERRA PROGRAM AND USED THE VIDEO FOR MARKETING PURPOSES.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

CAL ALIVE! PROGRAM 2013-14

A) TEACHER GUIDES - 1) COMPILED, DESIGNED, AND FINALIZED

THE FOUR TEACHER MANUALS IN THE EARTH

SCIENCES (EARTH, WIND, FIRE, WATER) FOCUSED ON CALIFORNIA'S NATURAL  
ECOSYSTEMS

B) WIND CD-ROM - PRINTED A SECOND RUN OF 150 COPIES.

C) FIRE CD-ROM - PRINTED A SECOND RUN OF 100 COPIES.

D) BAY ALIVE! INSTITUTE 2014 - PLANNED & CONDUCTED THE SECOND YEAR OF  
THIS PROFESSIONAL DEVELOPMENT PROGRAM FOCUSED ON EMERGING ISSUES IN SAN  
FRANCISCO BAY AREA (CLIMATE CHANGE; OIL SPILL POLLUTION; OCEAN  
ACIDIFICATION.) 2) DISTRIBUTED TEACHER GUIDES TO A NUMBER OF SCHOOL  
DISTRICTS ATTENDING THE PROGRAM.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

COAST ALIVE! PROGRAM 2013

A) PRINTED A SECOND RUN OF OUR TEACHER RESOURCE GUIDE FOR THE DELTA  
REGION (150 COPIES). DISTRIBUTED GUIDES TO A NUMBER OF SCHOOL DISTRICTS  
IN THE DELTA REGION.

B) WORKED WITH THE BIG BREAK VISITOR CENTER OF EAST BAY REGIONAL PARK  
DISTRICT ON WORKSHOPS.

C) SACRAMENTO-SAN JOAQUIN DELTA INSTITUTE 2013 - PLANNED & CONDUCTED A

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization

CALIFORNIA INSTITUTE FOR BIODIVERSITY

Employer identification number  
94-3227003

PROFESSIONAL DEVELOPMENT PROGRAM FOR THE SACRAMENTO-SAN JOAQUIN DELTA  
REGION. ENROLLED 40 TEACHERS.

D) DEVELOPED YEARLONG TEACHER-RESEARCHER PROJECTS WORKING WITH CONTRA  
COSTA/ALAMEDA COUNTY SERVICE LEARNING COLLEAGUES.

GRANTS \$ 0. EXPENSES \$ 899.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. <b>CALIFORNIA INSTITUTE FOR BIODIVERSITY</b>	Employer identification number (EIN) or <b>94-3227003</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1660 SCHOOL STREET, NO. 105</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MORAGA, CA 94556</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return 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)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CAROL J. BAIRD**

- The books are in the care of ► **1660 SCHOOL STREET, SUITE 105 - MORAGA, CA 94556**
- Telephone No. ► **(925)631-2481** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER SUFFICIENT INFORMATION IN ORDER TO FILE A COMPLETE INFORMATIONAL RETURN.**

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	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Carol Baird Title ► **EXECUTIVE DIRECTOR** Date ► May 5 2015  
Form 8868 (Rev. 1-2014)