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Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2013

Open to Public
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| | |
|---|---|
| A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CALIFORNIA INSTITUTE FOR BIODIVERSITY Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1660 SCHOOL STREET 105 City or town, state or province, country, and ZIP or foreign postal code MORAGA, CA 94556 |
| D Employer identification number 94-3227003 | E Telephone number (925) 631-2481 |
| G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ | F Group Exemption Number ▶ |
| I Website: ▶ WWW.CALALIVE.ORG | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| 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 | |
| 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 \$ 185,416. | |

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 ☒

| | | | | |
|------------|--|--|----------|-----------|
| Revenue | 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 | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | 6 | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 30. |
| | 6b | Gross income from fundraising events (not including \$ 2,240 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 1,530. |
| 6c | Less: direct expenses from gaming and fundraising events | 6c | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 1,560. | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 3,687. | |
| 7b | Less: cost of goods sold | 7b | 646. | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 3,041. | |
| 8 | Other revenue (describe in Schedule O) | 8 | 17. | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 184,770. | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 115,976. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 19,949. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 28,081. |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 26,275. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 190,281. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -5,511. |
| | 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) | 19 | -229,749. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | -235,260. |

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

Form 990-EZ (2013)

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 ☒

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 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 | | <input checked="" type="checkbox"/> |
| 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) | | <input checked="" type="checkbox"/> |
| 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)? | | <input checked="" type="checkbox"/> |
| 35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | N/A | |
| 35c 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | 0. | |
| 37b Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | |
| 38b If "Yes," complete Schedule L, Part II and enter the total amount involved | 278,808. | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| 39a Initiation fees and capital contributions included on line 9 | N/A | |
| 39b Gross receipts, included on line 9, for public use of club facilities | N/A | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | |
| section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0. | | |
| 40b 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 | | <input checked="" type="checkbox"/> |
| 40c 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. | |
| 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | 0. | |
| 40e 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 | | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed <input checked="" type="checkbox"/> CA | | |
| 42a The organization's books are in care of <input checked="" type="checkbox"/> CAROL J. BAIRD Telephone no. <input checked="" type="checkbox"/> (925) 631-2481 | | |
| Located at <input checked="" type="checkbox"/> 1660 SCHOOL STREET, SUITE 105, MORAGA, CA ZIP + 4 <input checked="" type="checkbox"/> 94556 | | |
| 42b 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)? | | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country: <input type="checkbox"/> | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country: <input type="checkbox"/> | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> 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 | | <input checked="" type="checkbox"/> |
| 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44c Did the organization receive any payments for indoor tanning services during the year? | | <input checked="" type="checkbox"/> |
| 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 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) | | |

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

| | | |
|----|--|---|
| 48 | | X |
|----|--|---|

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

| | | |
|-----|--|---|
| 49a | | X |
|-----|--|---|

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

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

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

☒ Yes ☐ No

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

May 5, 2015

Date

CAROL BAIRD, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

HYDEH GHAFFARI

H. Ghaffari

4/30/15

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

▶ **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

2013

**Open to Public
Inspection**

Name of the organization

CALIFORNIA INSTITUTE FOR BIODIVERSITY

| | |
|--------------------------------|--|
| Employer identification number | |
|--------------------------------|--|

94-3227003

| | |
|---------------|--|
| Part I | 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** ☐ A church, convention, conference of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

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) | | |

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

[illegible]

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 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 Total. 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) | | | | | | 937,890. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 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) | 1,732. | 4,801. | 3,930. | 4,778. | 17. | 15,258. |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,900,088. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 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 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2013

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) ► | (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.") | | | | | | |
| 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.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 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.) | | | | | | |
| 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 <input type="checkbox"/> | | | | | | |

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.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at 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 |
|--------------------------------|------------|

| | |
|---------------|--|
| Part I | Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). |
|---------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

| | |
|----------------|---|
| Part II | Loans to and/or From Interested Persons. |
|----------------|---|

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| CAROL BAIRD | | GENERAL | X | | 285,521. | 277,813. | | X | X | | X | |
| ALAN HARPER | | GENERAL | X | | 3,000. | 995. | | X | X | | X | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ 278,808. | | | | | | |

| | |
|-----------------|--|
| Part III | Grants or Assistance Benefiting Interested Persons. |
|-----------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|---------------|---------------------------------|
| Part V | Supplemental Information |
|---------------|---------------------------------|

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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:

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)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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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. |
| TOTAL TO FORM 990-EZ, LINE 16 | 26,275. |

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. |
| TOTAL TO FORM 990-EZ, LINE 24 | 33,644. | 34,457. |

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. | | |

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

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Department of the Treasury
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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.

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

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09-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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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

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

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

332211
09-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public
Inspection

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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. | Employer identification number (EIN) or |
| | CALIFORNIA INSTITUTE FOR BIODIVERSITY | 94-3227003 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 1660 SCHOOL STREET, NO. 105 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | MORAGA, CA 94556 | |

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 Balance due. 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)