Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning JULY 01 , 2010, and ending JUNE 30 2011 Check if applicable: C Name of organization The Edible Schoolyard Project D Employer Identification number Doing Business As Address change 94-3248671 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/Suite E Telephone number 517 Shattuck Ave Initial return (510)843-3811 City or town, state or country, and ZIP + 4 Terminated G Gross Amended return Berkeley CA 94709 receipts \$ 1,168,391 Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Yes X No H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ N/A H(c) Group exemption number > K Form of organization: X Corporation Trust Other > L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: See attachment #1 ACTIVITIES GOVERNANO 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 9 5 17 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a b Net unrelated business taxable income from Form 990-T, line 34..... 0 Prior Year **Current Year** REVENUE Contributions and grants (Part VIII, line 1h) 1,190,561 711,181 Program service revenue (Part VIII, line 2g) 9 85,216 129,703 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 66,816 64,752 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 25,363 210,760 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 12 1,367,956 1,116,396 13 120,415 87,939 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 EXPERSES Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 15 673,876 642,981 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 17 473,643 620,250 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,267,934 1,351,170 19 Revenue less expenses. Subtract line 18 from line 12 100,022 -234,774N O R Beginning of Current Year End of Year 20 3,355,675 3,339,997 AUCOM-C UZCH WHOZY Total liabilities (Part X, line 26) 21 75,736 98,820 22 Net assets or fund balances. Subtract line 21 from line 20 3,279,939 3,241,177 Part II Signature Block 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, eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. LINE Signature of officer Sign Here Krissa Nichols Operations Manager Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if PTIN Paid KEN SUN 2-2-20/2 self-employed Preparer Firm's name ▶ KEN SUN CPA Firm's EIN ▶ Use Only Firm's address ▶ 111 JACKSON ST Phone no. HAYWARD CA 94544 (510)886-7680 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes X No

10 99012

_	1990 (2010) The Edible Schoolyard Proj 94-3248671	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	2
	The mission of The Edible Schoolyard Project is to build and	share a
	national food curriculum for the education system. The Organi	zation
	envisions this "edible education" as part of the core curricu	lum of
	every school in the country.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	res 🛛 No
	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	
		(a.
		∕es ⊠ No
	If "Yes," describe these changes on Schedule O.	
. 4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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	(Code:) (Expenses \$ 1,046,991 including grants of \$) (Revenue \$ 136	,444)
	See attachment #2	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
40	(Code:) (Expenses S including grants of S) (Revenue S	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	-	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	Y.
40	Total program service expenses > 1 0.46 0.01	1

7.1711.100.000			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? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the		ia	
	right to 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		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,			23
	or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			anamete.
•	D, Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	114	21	
***	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	110	21	
30	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		21
u	Part X, line 16? If ``Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If ``Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		- 2\
8	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.11		Λ
124	Schedule D, Parts XI, XII, and XIII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If ``Yes," and if	120		
D	the organization answered ``No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		v
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		7	X
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Δ
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b	e	v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	140		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		V
16		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			37
47	to individuals located outside the United States? 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	4		W
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	4.0	17	
40	lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.7
20	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospitals? If ``Yes," complete Schedule H.	20a		Χ
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers			
	that operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	

Checklist of Required Schedules (continued)

Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
02/2	United States on Part IX, column (A), line 1? If ``Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
00	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,"			
24-	complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
24	any tax-exempt bonds? N/A	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
a	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,"			
00	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
00	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
120	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	100		
0200	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,			
350	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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If ``Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	2		585
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
25	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
а	Did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			200
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			987
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1835		
	Note. All Form 990 filers are required to complete Schedule O	38		X

Part	V Statements Regarding Other IRS Filings and Tax Compliance		-	- 3
	Check if Schedule O contains a response to any question in this Part V		575 288	П
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	100000000000000000000000000000000000000	10.00	Bata co lo
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Por
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Banasaa
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Station.	X
b	If ``Yes," has it filed a Form 990-T for this year? If ``No," provide an explanation in Schedule O	3b	-	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			2.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	100 PER 100 PE	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			<u> </u>
	solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	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		Burger.	
	and services provided to the payor?	7a	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	500 151		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	and by		
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	30.00		1925
	business holdings at any time during the year?	8 '		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations.Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	31.037	1000	1.30
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11-11-11	1002	
11	Section 501(c)(12) organizations.Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	111402	31 678177	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
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.	16.414	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	regulation to	X
	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	ill and	30413-0	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If ``Yes," has it filed a Form 720 to report these payments? If ``No," provide an explanation in Schedule O	14b	1	X

Part VI Governance, Management, and DisclosureFor 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. Check if Schedule O contains a response to any question in this Part VI Section 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 1a Enter the number of voting members included in line 1a, above, who are independent 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Does the organization have members or stockholders? X 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X 7a X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X 8b 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. . X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates?.... 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13..... 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Χ c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 12c 13 X 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a X 15b 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 16a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See attachment #3

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Part VII

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

Check if Schedule O contains a response to any question in this Part VII 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.

Check this box if neither the orga (A)	(B)			(0		C 300,000		(D)	(E)	(F)
Name and Title	Average Position (check all that apply)					at apply))	Reportable	Reportable	Estimated
8.	hours per week (describe hours for related organiza- tions in Schedule O)	D-RECTOR TRUSTEE OR	- NST - T UT - ONA L	OFF-CER	KEY LOYEE	H-GHEST	FORMER	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Alice Waters										
Founder and President	40.00	X		X				0	0	0
Susan Andrews									*	
Secretary	4.00	X						0	0	0
Mark Buell				-					- 27	
Chairman	4.00	X						0	0	0
Troy Duster										
Director	4.00	Χ						0 .	0	0
Sherry Hirota				2				8 1	111	
Director	4.00	Χ						0	0	0
Christina Kim										175
Director	4.00	Χ						0 .	0	0
Martin Krasney		3.7								
Treasurer	4.00	Χ						0	0	0
John Lyons	4 00	v								
Director Sally Willcox	4.00	Χ						0	0	0
Director	4.00	Х								
Director	4.00	Λ						0	U	0
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Part	VII Section A. Officers	. Director	s. Trust						est Compensated I	Employeedcontinue	raye o
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	Name and title	80.00	Po	eition		5	at apply	\	1250 80	(E)	(F)
	rame and the	Average hours per		3111011	T	T -		T	Reportable compensation	Reportable	Estimated
		week	NRI	NR	O F F I	K E M Y P	H-GHEST H-GHEST	F	from	compensation from related	amount of
		(describe	D U R I S E V T C	N U S T L	F		G M P H P L	R	the	organizations	other
		hours for	VTC	TEUE	C E R	P	E E O S N Y	MER	organization	(W-2/1099-MISC)	compensation from the
		related	T O R	U E	R	OYEE	TSE		(W-2/1099-MISC)	(**-2/1033-141130)	organization
		organiza- tions in	A O L R	0		-	E D		(** 2, 1000 11100)		and related
		Schedule		N			Ď				organizations
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	Sub-total										
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C C	Total from continuation sh									· ·	
d 	Total (add lines 1b and 1c)							•	0	0	0
2	Total number of individuals (if from the organization ▶	including b	ut not iii	mitea i	to thos	se liste	d above) who	received more than	\$100,000 in reporta	ble compensation
	nom the organization										
3	Did the organization list any	farmar off	ممالم مما							es ve	Yes No
3	Did the organization list any	o Cobodul	o I for a	uch in	าเเนรเ	ee, ke	y emplo	yee, or	nignest compensat	ed employee	
1	on line 1a? If "Yes," complete										3 X
4	For any individual listed on li										
-	organization and related orga	anizations	greater i	than \$	150,00	00? If	'Yes," c	omple	te Schedule J for su	ch individual	4 X
5	Did any person listed on line	1a receive	or accr	ue cor	npens	ation t	rom any	unrela	ated organization or	individual for	
	services rendered to the orga		If "Yes,	" com	plete S	Schedu	ile J for	such p	erson		5 X
	n B. Independent Contractor										
1	Complete this table for your f		t compe	nsate	d inde	pende	nt contra	ctors t	that received more th	nan \$100,000 of	39
	compensation from the organ	nization.									
		(A)							(B)		(C)
-	Name and	business a	address						Description of se	ervices	Compensation
T.				-	-						
2	Total number of independent	contractor	s (includ	dina bi	ut not	limited	to those	e lister	l above) who receive	ed more than	
	\$100,000 in compensation from									- more than	
JVA	10 99078 TWF 41345	Convright			nlu) - 20	10 TW				[OSS25]	Form 990 (2010)

14	Part	VII	Statement of Revenue	d nili sakkin 1984 - Sa	riica i Si issu Aji fi is		(A) Total revenue	(B) · Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
b b b membership dues 16	GP	1a	Federated campaigns		1a				Colorado do A	Balletini and
S C Fundraising events	OFHI	b	Membership dues		1b	ti		advisionation of a	A SI Charles	at Mannay 10 to 1
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Similar amounts not included above									section business of the P	and the second
Section Sect					1f	711.181				
S Total Audities fair Part Pa	NNM	q								
R	SDT	570			٠,		711 181			
Record R				• • • • • • • • •		Business Code	711,101			
D Program Revenue	R	2a	Participation/T	uitio	n l		86 500	86 500		
C	OS			<u> </u>						
d Affiliate Licensing Fe e All other program service revenue	RRR			es						
The second of th	ΔVE				Fe					
Tall other program service revenue	CE						3,000	3,000		
Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. d Net gain or (loss) 7 A Gross income from fundraising events (not including \$ 6 O c O the following \$ 6 O c O the following \$ 6 O the following \$ 7 O the following \$ 8 O the following \$ 8 O the following \$ 9 O t			All other program service rever	nue.						
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other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) 8 Gross income from fundraising events (not including \$ 6 Vent income or (loss) 8 Dess: direct expenses b Solutions reported on line 1c). See Part IV, line 18 c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances c Net income or (loss) from gasies of inventory Miscellaneous Revenue 11a Other Troome 6,133 6,	-	3					129,703			
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С			22.02 21100110				0,133	-		6,133
										-
i di Airottier revenue	1		All other revenue							
e Total. Add lines 11a-11d							6.133		F St Date B. S.	
40 Tetal manager Considerations			Total revenue. See instruction	S	FOR 102 102			129.703		70,885

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service expenses Do not include amounts reported on lines 6b, (C) Management and (A) Total expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 87,939 87,939 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 505,113 380,003 87,988 37,122 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 93,552 67,680 23,602 2,270 10 44,316 30,301 14,015 11 Fees for services (non-employees): Management a 350,294 287,473 37,889 24.,932 b Legal Accounting 18,129 18,129 d Lobbying Professional fundraising services. See Part IV, line 17 . . е f Other g 12 Advertising and promotion 13 6,127 4,245 658 1,224 14 15 Royalties 16 Occupancy 42,667 29,486 6,653 6,528 17 Travel 48,129 43,396 2,724 2,009 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,319 2,197 122 20 21 22 13,054 7,808 2,648 2,598 23 Insurance 2,958 2,958 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Program Supplies 23,249 23,249 Printing & Reproduction b 20,838 18,447 1,463 928 Food C 18,724 18,691 33 d Bank Charges 17,430 507 16,763 160 Dues & Subscriptions 9,871 7,073 1,259 1,539 f 46,461 34,795 7,285 4,381 25 Total functional expenses. Add lines 1 through 24f 1,351,170 1,043,290 224,189 83,691 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined

JVA

educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash -- non-interest bearing 832 562 Savings and temporary cash investments 325,598 2 235,960 Pledges and grants receivable, net 73,481 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSE of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 38,981 8 20,628 1,064 9 963 10 a Land, buildings, and equipment: cost or other 188,450 basis. Complete Part VI of Schedule D. 10a 79,631 109,046 10c 108,819 11 Investments -- publicly traded securities 11 12 Investments -- other securities. See Part IV, line 11 12 13 Investments -- program-related. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 2,806,673 15 2,973,065 3,355,675 16 3,339,997 43,636 17 98,820 18 Grants payable 18 19 Deferred revenue 32,100 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 23 E 24 25 26 Total liabilities. Add lines 17 through 25 75,736 26 98,820 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. F N E T 3,192,273 27 3,241,177 ND 28 87,666 29 Permanently restricted net assets 29 ASSETS BALANCES Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 3,279,939 33 3,241,177 3,355,675 3,339,997

n 990 (2010)			Pag	e 12		
rt XI Reconciliation of Net Assets		The second secon				
Check if Schedule O contains a response to any question in this Part XI				П		
Total revenue (must equal Part VIII, column (A), line 12)	1	1,116	,396			
Revenue less expenses. Subtract line 2 from line 1	3					
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4					
Other changes in net assets or fund balances (explain in Schedule O)	5					
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
column (B))	6	3,241	,177			
TEXII Financial Statements and Reporting			A-11			
Check if Schedule O contains a response to any question in this Part XII				П		
			Yes	No		
If the organization changed its method of accounting from a prior year or checked "Other," explain		Hall		500000		
in Schedule O.		gt napril				
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
Were the organization's financial statements audited by an independent accountant?		2b	X			
If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the					
audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
Schedule O.						
If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	sued on		ALC:			
a separate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis	()					
		1000	2005-36-36-36	20120182239		
		3a		X		
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	resundicient att å					
	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) **TXIII** Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. **Accounting method used to prepare the Form 990: Gash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements, compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12)	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12)	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12)		

3b

Form 990 (2010)

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

Copyright Forms (Software Only) - 2010 TW

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Name of the organization Employer identification number The Edible Schoolyard Project 94-3248671 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.) A church, convention 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. b Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? X 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) listed in your governing document?		in col. (i) listed in your organization in			n col. (i) listed in your organization in col. (i) organ			(vii) Amount o support	
			Yes	No	Yes	No	Yes	No				
		C+2 1"							1			
								2				
							0.					
					-							
- Total												

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

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.)

Sec	tion A. Public Support						**************************************	
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any ``unusual grants.")	1,132,846	1,722,734	1,014,823	1,190,561	711,181	5,772,145	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			Ş.			07.127110	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,132,846	1,722,734	1,014,823	1,190,561	711,181	5,772,145	
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)							
6	Public support. Subtract line 5 from line 4.		49 (5) (4) (1) (4) (1)	and the second party		Proved role	5,772,145	
-	tion B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	1,132,846	1,722,734	1,014,823	1,190,561	711,181	5,772,145	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,462	114,932	63,250	66,816	64,752	393,212	
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.)	*	2 28					
11	Total support. Add lines 7 through 10	Service Contract	tilinos se ilso ve	ortonii mitrija male	Eğrüşkiği iğir alişif	HEEL COLOR	6,165,357	
12	Gross receipts from related activities, etc. (se	e instructions)				12	77200700	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first	, second, third, f	ourth, or fifth tax	vear as a section	n 501(c)(3)	▶ □	
Sec	tion C. Computation of Public Sup	port Percen	tage					
14	Public support percentage for 2010 (line 6, co	olumn (f) divided	d by line 11, colu	mn (f))		14	93.62 %	
15	Public support percentage from 2009 Schedu	ule A, Part II, line	e 14	63 83 63 63 63 63 63		15	94.37 %	
16a	33 1/3 % support test 2010. If the organization qualifies as	zation did not ch a publicly supp	eck the box on li orted organization	ne 13, and line 1	14 is 33 1/3 % or	more, check this	s box ▶ 🏻	
b	33 1/3 % support test 2009. If the organization qualified box and stop here. The organization qualified	zation did not ch es as a publicly s	eck a box on line supported organi	e 13 or 16a, and zation	line 15 is 33 1/3	% or more, chec	ck this	
17a	a 10%-facts-and-circumstances test 2010. 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 2009. more, and if the organization meets the ``facts-and-circumstances test 2009.	ts-and-circumsta	inces" test, chec	k this box and s	top here. Expla	in in Part IV how	the	
18	Private foundation. If the organization did no							
JVA		ms (Software Only) - 2		, 174, 01 17D,			or 990-EZ) 2010	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization	Employer identification number						
The Edible Schoo	lyard Project	94-3248671					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	a a						
	ered by the General Rule or a Special Rule. 3), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.					
General Rule		out interest of the special process approximation of the special speci					
For an organization filing F from any one contributor.	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in Complete Parts I and II.	money or property)					
Special Rules							
For a section 501(c)(3) ord	ganization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re	egulations					
	and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor, during the year, and year, an						
of (1) \$5,000 or (2) 2% of	the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comp	olete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one co	ntributor					
during the year, aggregate	contributions of more than \$1,000 for use exclusively for religious, charitable,	scientific,					
literary, or educational pur	poses, or the prevention of cruelty to children or animals. Complete Parts I, II,	and III.					
☐ For a section 501(c)(7) (8), or (10) organization filing Form 990 or 990-EZ that received from any one co	ntributor during					
	use exclusively for religious, charitable, etc., purposes, but these contributions						
to more than \$1,000. If this	s box is checked, enter here the total contributions that were received during th	e year for an exclusively					
	ourpose. Do not complete any of the parts unless the General Rule applies to religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization that is r	not covered by the General Rule and/or the Special Rules does not file Schedu	le B (Form 990, 990-EZ.					
or 990-PF), but it must answer "	No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 99 s not meet the filing requirements of Schedule B (Form 990, 990, FZ, or 990, FZ)	90-EZ, or on line 2 of its					

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Compton Foundation 255 Shoreline Drive Redwood City, CA 94065	\$15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_2	Mellam Family Foundation P O Box 610091 Redwood City, CA 94061	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Stephen M Silberstein Foundation 29 Eucalyptus Rd Belvedere, CA 94920	\$30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	The Mark and Susan Torrance Founda 2013 Fourth Ave, Ste 402 Seattle, WA 98121	\$13,000	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	The Simon-Strauss Foundation 10960 Wilshire Blvd, Ste 700 Los Angeles, CA 90024	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	P O Box 622 Burlingame, CA 94011	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) The Edible Schoolyard Proj 94-3 Page 2 of 6 of Part I Name of organization Employer identification number

The Edible Schoolyard Project

94-3248671

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	Elena M Walker Charitable Lead Uni 122 Goodhill Road Kentfield, CA 94904	\$5,000_	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Reynolds Family Foundation 2131 Century Park Lane Los Angeles, CA 90067	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9_	Key Private Bank 127 Public Square Cleveland, OH 44114	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	Martin Luther King Middle School rent Teacher Association (PTA) 1781 Rose St Berkeley, CA 94703	\$6,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	Shelby & Frederick Gans Foundation 1 Market Plaza Steuart Tower Suite 2500 San Francisco, CA 94105	\$50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12_	Jonathan Gans 1517 Shattuck Ave Berkeley, CA 94709	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2010) The Edible Schoolyard Proj 94-3 Page 3 of 6 of Part I Name of organization Employer identification number

The Edible Schoolyard Project

Employer identification numbe 94-3248671

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13_	Berg Family Trust c/o Marks Paneth & Shron LLP 622 Third Avenue 7th Floor New York, NY 10017	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14_	Frederick Landman 1517 Shattuck Ave Berkeley, CA 94709	\$19,400	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15_	Dosa Inc 850 S Broadway # 700 Los Angeles, CA 90014	\$15,631	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16_	Jeanette Roach 1517 Shattuck Ave Berkeley, CA 94709	\$15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>17</u>	Anne Isaak 1517 Shattuck Ave Berkeley, CA 94709	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	Random House Inc 1745 Broadway # 3 New York, NY 10019	\$9,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) The Edible Schoolyard Proj 94-3 Page 4 of 6 of Part I

Name of organization
The Edible Schoolyard Project Employer identification number 94-3248671

Part I	Contributors (see instructions)		*
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Silicon Valley Community Foundatio 2440 West El Camino Real Suite 30 Mountain View, CA 94040	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	Elsa Sudhaus 1517 Shattuck Ave Berkeley, CA 94709	\$100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21_	Sasha Dobrovolsky 1517 Shattuck Ave Berkeley, CA 94709	\$50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	James Simons 1517 Shattuck Ave Berkeley, CA 94709	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23_	Lydia Callaghan 1517 Shattuck Ave Berkeley, CA 94709	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24_	Wendy Schmidt 1517 Shattuck Ave Berkeley, CA 94709	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) The Edible Schoolyard Proj 94-3 Page 5 of 6 of Part I Name of organization

The Edible Schoolyard Project Employer identification number 94-3248671

Part I	Contributors (see instructions)	*	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25_	Laurie David 1517 Shattuck Ave Berkeley, CA 94709	\$10,000_	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26_	Wendy E Jordan 1517 Shattuck Ave Berkeley, CA 94709	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27_	One New York Plaza 40th Fl New York, NY 10004	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28_	Keith Brodie 1517 Shattuck Ave Berkeley, CA 94709	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	Anna Morfit 1517 Shattuck Ave Berkeley, CA 94709	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30_	Robert Pasin 1517 Shattuck Ave Berkeley, CA 94709	\$5,000_	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2010) The Edible Schoolyard Proj 94-3 Page 6 of 6 of Part I

Name of organization
The Edible Schoolyard Project Employer identification number 94-3248671

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	Concepcion Federman 1517 Shattuck Ave Berkeley, CA 94709	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	Ann Doerr 1517 Shattuck Ave Berkeley, CA 94709	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33_	Margaret & William R Hearst III Gi 1517 Shattuck Ave Berkeley, CA 94709	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34_	Mimi & Peter Haas Fund 1517 Shattuck Ave Berkeley, CA 94709	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35_	Jennifer Garner 1517 Shattuck Ave Berkeley, CA 94709	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

	ne of the organization			Employer ident	ification numb	
Th	e Edible Schoolyard Project			94-324867		
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	r AccountsCo	omplete if		
	the organization answered ``Yes" to Form 99	00, 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 adv				200-200	-
2	funds are the organization's property, subject to the o				Yes	No
6	Did the organization inform all grantees, donors, and					
	for charitable purposes and not for the benefit of the					
Pa	impermissible private benefit?				Yes	No
	21122123		rm 990, Part I\	/, line 7.		
1	Purpose(s) of conservation easements held by the or		п.			
	Preservation of land for public use (e.g., recreation	n or education)		n of an historicall		d area
	Protection of natural habitat Preservation of open space		Preservatio	n of a certified his	storic structure	
2		a such and a succession and the state of				
_	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conservation contribution	on in the form of	of a conservation		
	easement on the last day of the tax year.			22.000.000		9
а	Total number of conservation easements				he End of the Tax Ye	ear
b				2a 2b		
c	Number of conservation easements on a certified his			2c		
	Number of conservation easements included in (c) ac			20		
5.0	structure listed in the National Register			2d		
3	Number of conservation easements modified, transfe				ing the tay	
	year ▶	rea, released, extinguished, or ter	rimated by the	organization dur	ing the tax	
4	Number of states where property subject to conserva	tion easement is located				
5	Does the organization have a written policy regarding		n, handling of v	violations and		
	enforcement of the conservation easements it holds?				Yes	□No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation	easements du	ring the year	□ 100	
7	Amount of expenses incurred in monitoring, inspecting					
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements	of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIV, describe how the organization reports co	nservation easements in its revenu	e and expense	statement, and		ш
	balance sheet, and include, if applicable, the text of the	ne footnote to the organization's fin	ancial stateme	nts that describes	3	
	the organization's accounting for conservation easem			18		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Ass	ets.		
- 10.7	Complete if the organization answered "Yes"					
1a	If the organization elected, as permitted under SFAS	116 (ASC 958), not to report in its i	revenue staten	nent and balance	sheet works of	
	art, historical treasures, or other similar assets held for in Part XIV, the text of the footnote to its financial stat	or public exhibition, education, or re ements that describes these items	search in furth	erance of public s	service, provide	1,
- 12						
b	If the organization elected, as permitted under SFAS	116 (ASC 958), to report in its reve	nue statement	and balance she	et works of art,	
	historical treasures, or other similar assets held for puthe following amounts relating to these items:	iblic exhibition, education, or resea	rch in furtherar	nce of public serv	ice, provide	
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$_		
4	(ii) Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, historically amounts required to be reported under SEA			I gain, provide the	?	
	following amounts required to be reported under SFA					
	Revenues included in Form 990, Part VIII, line 1				t	
a	Assets included in Form 990, Part X			▶ \$_		

1000	ic in g	anning conco	ciono or z	Ti, motorical in	cusures, or ou	iei Oiiiiia	Assets(Continued)		
3	Using the organization's acquis	sition, accessi	ion, and o	other records, che	ck any of the fo	llowing tha	t are a significant use	of its collection	n
	items (check all that apply):	,	,		a, o. a.o	g u.u	t are a significant acc	or ito concento	
а	Public exhibition			d	Loan or ex	change nr	arame		- 1
b	Scholarly research				Other	change pre			
c	Preservation for future gen	erations		e	Other				
4	Provide a description of the org		allections	and avalain how	thou further the	organizati	ania avamat numasa i		
-	Part XIV.	gariization 5 ti	niections	and explain now	they lutther the	organizati	on's exempt purpose i	n	
5		notion colleit :			L-1-1-1-1		9/1997(2+10++++10)/2		
3	During the year, did the organi.								
D-	assets to be sold to raise funds							Yes	No
ra	rt IV Escrow and Custodia					d "Yes" to	Form 990,		
	Part IV, line 9, or repor	ted an amour	nt on Forr	n 990, Part X, line	21.				
1a	Is the organization an agent, tr								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangem	ent in Part XI	√ and cor	mplete the followi	ng table:			1.4 5 - 1 .	
							А	mount	
C	Beginning balance					1	С		
d	Additions during the year			*********		1	d		
е	Distributions during the year						e		
f	Ending balance					1	f		
2a	Did the organization include an	amount on F	orm 990.	Part X, line 21?			AL CAN ASS. SPACES SHAPE SPACES OF STREET	Yes	No
b	If "Yes," explain the arrangem			0.0 (0.00 to 0.00 to 0				🛮	□
Pa	rt V Endowment Funds. C			ation answered ```	Yes" to Form 99	0. Part IV.	line 10		
		(a) Current		(b) Prior year			(d) Three years back	(e) Four vea	ars hack
1a	Beginning of year balance	X17,	,	(4) : 1101) 041	(0)	ouro puon	(u) Times years business	((o) rear year	aro buok
b	Contributions					- 10-00-00-00-00-00-00-00-00-00-00-00-00-0			
c	Net investment earnings,						AND TROUBLE OF A TOP AND A SECOND		
•	gains, and losses								
d	Grants or scholarships					***		FIGURE AND ADDRESS OF THE PARTY	Basile Duss.
	Other expenditures for								
е	10 100 100 100 TO 100 T								
r	facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percenta		r end bal						
a	Board designated or quasi-end	owment >		%			i		
b	Permanent endowment		. %						
С	Term endowment ▶	%							
3a	Are there endowment funds no	t in the posse	ssion of t	he organization th	nat are held and	administe	red for the		
	organization by:						8		es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the relate							. 3b	
4	Describe in Part XIV the intend	ed uses of the	e organiz	ation's endowmer	nt funds.				
Pa	rt VI Land, Buildings, an	d Equipment	.See For	m 990, Part X, lin	e 10.		W-1W		
	Description of investmen	nt	(a) Cost	or other basis	(b) Cost or oth	ner	(c) Accumulated	(d) Book v	alue
			[155 (E)	vestment)	basis (other		depreciation	* *	
1a	Land				*				
b	Buildings			20					
С	Leasehold improvements								
d	Equipment								
е	Other								
	I. Add lines 1a through 1e. (Colu		equal F	orm 990 Part X	column (B) line	10(c))			
JVA		Copyright Forms (S			oo.arm (b), mie	(0)./		ıle D (Form 9	90) 2010

1.	(a) Description of liability	(b) Amount	
Federal ir	ncome taxes		
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) line 25.)	>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Sche	dule D (Form 990) 2010 The Edible Schoolyard I	Proj.	94-324867	1	Page 4			
Par	Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements							
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,116,396			
2	Total expenses (Form 990, Part IX, column (A), line 25).			2	1,351,170			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-234,774			
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)		8					
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3			10	-234,774			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With	Revenue p	er Return		3			
1	Total revenue, gains, and other support per audited financial statements			1	7			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				V V			
	Net unrealized gains on investments	2a		28.00				
	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d			2e				

3 Subtract line 2e from line 1

			CORRECT TO A STATE OF THE PARTY	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	halipab	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d	100	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		and the	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	865	
b	Other (Describe in Part XIV.)	4b		9
C	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if

OMB No. 1545-0047

2010

the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Open to Public Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Name of the organization Employer identification number The Edible Schoolyard Project 94-3248671 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants а Mail solicitations b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... X No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to have custody or entity (fundraiser) from activity (or retained by) fund-(or retained by) or control of raiser listed in col. (i) contributions? organization Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

T		gross receipts greater than \$5,000.		T		·
		e e	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
R			Events (event type)	(event type)	(total number)	(add col. (a) through col. (c))
R E V			(event type)	(Cvent type)	(total Humber)	coi. (c))
Ě	1	Gross receipts	256,622			256,622
N	2	Less: Charitable				
UE		contributions				
	3	Gross income (line 1	056 600			
-		minus line 2)	256,622			256,622
	4	Cash prizes			8	
D	5	Nanagah prizas				
3	5	Noncash prizes			 	
RECI	6	Rent/facility costs				
E X P	7	Food and beverages				
P	8	Entertainment	6)			
7	•					
EZSES	9	Other direct expenses	51,995			51,995
	10	Direct expense summany Add lines 4 the				(51 005
- 1	11	Direct expense summary. Add lines 4 thr Net income summary. Combine line 3, co				(51,995
1	11				reconstructive and a contract of the contract	
	t III	Gaming. Complete if the organization	on answered "Yes" to Fo	orm 990, Part IV, line 19,	or reported more	204,627
		Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6	on answered "Yes" to Fo	orm 990, Part IV, line 19,	or reported more	204,627
ar		Gaming. Complete if the organization	on answered "Yes" to Fo	(b) Pull tabs/instant	or reported more (c) Other gaming	(d) Total gaming (add
ar		Gaming. Complete if the organization	on answered ``Yes" to Fo Sa. 	orm 990, Part IV, line 19,	or reported more	
ar		Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
REVENUE	t III	Gaming. Complete if the organization	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
Par	t III	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
Par	1 2	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
REVENUE DIRECT	1	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
REVENUE DIRECT	1 2	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
REVENUE DIRECT	1 2 3	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs	on answered ``Yes" to Fo Sa. 	(b) Pull tabs/instant	or reported more	(d) Total gaming (add
REVENUE DIRECT	1 2 3	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes	on answered ``Yes" to Fo	(b) Pull tabs/instant bingo/progressive bingo	or reported more (c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
Rate of the second seco	1 2 3 4 5	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	n answered ``Yes" to Fo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
Rate of the second seco	1 2 3 4	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs	on answered ``Yes" to Fo	(b) Pull tabs/instant bingo/progressive bingo	or reported more (c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
REVENUE DIRECT	1 2 3 4 5	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	n answered ``Yes" to Fo	(b) Pull tabs/instant bingo/progressive bingo	or reported more (c) Other gaming Yes% No	(d) Total gaming (add col. (a) thru col. (c))
REVENUE DIRECT	1 2 3 4 5 6	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	an answered "Yes" to Food	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))
REVENUE D-RECT EXPENSES	1 2 3 4 5 6 7 8	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thr	Yes% No rough 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))
REVERSE D-RECT EXPERSONS	1 2 3 4 5 6 7 8 Entited	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thr	Yes % No Yes % No Tough 5 in column (d) line 1, column d, and line perates gaming activitie	(b) Pull tabs/instant bingo/progressive bingo Yes	or reported more (c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))
REVERSUE DIRECT EXPENSION a	1 2 3 4 5 6 7 8 Entites to the state of the	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three the state (s) in which the organization of the organization licensed to operate gaming licensed l	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes	or reported more (c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))
RHYHZJH D-RHCH HXDHZGHG	1 2 3 4 5 6 7 8 Entites to the state of the	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three the state (s) in which the organization of the organization licensed to operate gaming licensed l	Yes % No Yes % No Tough 5 in column (d) line 1, column d, and line perates gaming activitie	(b) Pull tabs/instant bingo/progressive bingo Yes	or reported more (c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))
REVEZUE D-RECT EXPEZOEO a b	1 2 3 4 5 6 7 8 Entition	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three the state (s) in which the organization of the organization licensed to operate gaming No," explain:	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes	or reported more (c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))
REVERSUE DIRECT EXPENSION a	1 2 3 4 5 6 7 8 Enlist If " We	Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the state (s) in which the organization of the organization licensed to operate gaming income summary. The organization of the organization licensed to operate gaming income summary. The organization of the organization licensed to operate gaming income summary. The organization of the organization of the organization is gaming licensed to operate gaming income summary.	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes	(c) Other gaming Yes	(d) Total gaming (add col. (a) thru col. (c))

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Sched	ule G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		50 ,— 17
a	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books		
	and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If ``Yes," enter the amount of gaming revenue received by the organizatior \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided >		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	□	□
	in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruct	ions).

SCHEDULE I (Form 990)	<u> </u>	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	er Assistance I Individuals i	to Organiza In the United	tions, States		OMB No. 1545-0047 2010
Department of the Treasury Internal Revenue Service	Comple	Complete if the organization answered ``Yes'' to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	answered "Yes" to l Attach to Form 990.	Form 990, Part IV,).	line 21 or 22.		Open to Public Inspection
Name of the organization The Edible Schoolyard Project	Project					Employer iden 94-32486	Employer identification number $94-3248671$
Part I General Information on Grants and Assistance	Grants and Ass	istance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the a grants or assistance?	mount of the grants or	assistance, the grant	ees' eligibility for the	grants or assistance,	and	Yes X No
crib	rocedures for monitor	ing the use of grant fur	ds in the United Stat	es.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	stance to Govern	ments and Organ	nizations in the	United States.	Complete if the organi	zation answered "Yes	"to
Form 890, Part IV, line Z.1, for any recipient that received more tinan \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	any recipient that rece	ived more than \$5,000	. Cneck inis box if no	one recipient receiv	ved more than \$5,000.	Fart II can be duplicate	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of California							To cover the
1111 Franklin St., 12Floor							Edible
Oakland CA 94607	94-6002123	501C3	10.939		FMV		Education
Bay Area Community		800 Brit Brit Brit Brit Brit Brit Brit Brit					To cover
							AmeriCorps
1/1 Carlos Drive		7	0		7 17 41		volunteers'
Edible Sch		0 T O C	000,01) [N] H		stīpena Edible
York						×	Schoolyard
350 Avenue X, Brooklyn Brooklyn NY 11223		501C3	20,000	100	FMV		Program
ble S							Edible
Orleans			Si .				Schoolyard
Sis valence Street New Orleans LA 70115		50103	40,000	÷	FMV		Program
2		9	<u> </u>		8		
307							
		3	•				
2 Enter total number of section 501(c)(3) and government organizations	and government orga	nizations				A	4
3 Enter total number of other organizations	SI					•	
Paperwork Reduction Act Not	he Instructions for F	orm 990.				Schedul	Schedule I (Form 990) (2010)
TWF 42380	Copyright Forms (Software Only) - 2010 TW	ML					

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

JVA 10 99011 TWF 42380 Copyright Forms (Software Only) - 2010 TW

Schedule I (Form 990) 2010

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part IV

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization The Edible Schoolyard Project

Employer identification number 94-3248671

Form 990, Part VI, Line 11 - Form 990 Review Process

Form 990 is prepared by an outside tax professional. The form is then reviewed by the organization's management and executive director. This group of individuals then discusses the contents of the return with the outside tax professional. After a full review, the return is signed and mailed to the tax authorities.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Compliance

A committee of the Board of Directors reviews all potential conflicts of interest at least annually. All personal and board members are required to disclose (in writing) potential conflicts and any related party affiliations. Loan between the organization and members of management and the board are strictly prohibited. The organization seeks full transparency on all relationships.

Form 990, Part VI, Line 15b - Compensation review & approval process for officers & key employees

A committee of the board of directors reviews the compensation of all high-level personnel at least annually. Efforts are made to secure compensation data from industry sources in order to determine competitiveness and appropriateness of salaries.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All of the organization's governing documents, financial statements and other legal filings are maintained in a secure environment and held available for inspection by tax authorities and the general public. Tax returns are posted annually to www.guidestar.com and are also available at the organizations's office in Berkeley, California.

Copyright Forms (Software Only) - 2010 TW

990 PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection For calendar year 2010 or tax period beginning 07-01, and ending 06-30-2011.

Name of Organization Employer Identification Number 94-3248671.

Primary Purpose

The mission of The Edible Schoolyard Project is to build and share a national food curriculum for the education system. The Organization envisions this "edible education" as part of the core curriculum of every school in the country.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III Open to Public Inspection For calendar year 2010, or tax period beginning 07 - 01 - 2010, and ending 06-30-2011. Name of Organization Employer Identification Number The Edible Schoolyard Project 94-3248671 Part III - Statement of Program Service Accomplishments Code: Expenses: 1,046,991 including Grants of: Revenue: 136,444

Exempt Purpose Achievements

The Organization map the grassroots movement of edible education programs nationwide to demonstrate their impact and universality. We gather and share the lessons and best practices of school gardens, kitchens, and lunch programs worldwide. We document lesson development and programming from fifteen years of Edible Schoolyards at various locations in the United States. We train edible educators from around the world at the Edible Schoolyard Academy, an annual hands-on workshop in Berkeley, California. We encourage and support research to evaluate the effectivenes of edible education. We produce college-level programs to further advance the principles of edible education. We sustain the Edible Schoolyard at Martin Luther King Jr. Middle School in Berkeley, California as a model curriculum of kitchen and garden classes integrated into a school's academic and meal programs. We involve the families of Martin Luther King Jr. Middle School in after-school programming that extends homeward the lessons learned in the school's garden and kitchen.

990 BOOKS ARE IN CARE OF

riccacimicnic	3: Form 990 Page 6, Part VI,	Section C, Line 20	
Open to Public			The second secon
Inspection	For calendar year 2010 or tax period beginning 0	7-01 , and ending 0	6-30-2011.
Name of Organization		Employ	er Identification Number
	Schoolyard Project	94-3	248671
Part VI - Line 20	8		
	******	Krissa Nichols	
or			
Business Name:		*9	
0			
Stroot Addrson		1517 ()	
Street Address	(2002) 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	151/ Shattuck Ave	
U.S. Address:			
Zip code	94709 City Berkelev		
	74 / U 7 DE CKETEV	State C7	
	94709 city Berkeley	State <u>CA</u>	
or	Otty Berkerey	State <u>CA</u>	
	Otty Berkeley	State <u>CA</u>	
or Foreign Address	<u> </u>		
or Foreign Address			
or Foreign Address City			
or Foreign Address City	<u> </u>		
or Foreign Address City	State		
or Foreign Address City			
or Foreign Address City	State	~~~~~~~~~~~	
or Foreign Address City Province or S Country	State	~~~~~~~~~~~	
or Foreign Address City Province or S Country	State		
or Foreign Address City Province or S Country Postal code	State		
or Foreign Address City Province or S Country Postal code	State		

990 PAGE 10, OTHER EXPENSES

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection For calendar year 2010 or tax period beginning 07-01-2010, and ending 06-30-2011.

Name of Organization Employer Identification Number 04-3249671

The Edible Schoolyard Proj	ect	e j	94-32486	fication Number 71
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Consultants Repair/Maintenance Equipment & Furnishings Telephone Postage & Delivery Staff Development Gifts Inkind Expenses Equipment Rental Miscellaneous	8,705 7,839 7,811 7,478 5,856 3,919 3,525 875 315 138	8,705 7,796 2,385 5,326 2,868 3,420 3,105 875 315	43 4,068 1,644 473 499 420	1,358 508 2,515
e e e				
	2	:		
ear V				
	х г			
		9 a n	-	
Total:	46,461	34,795	7,285	4,381

Form at bottom of page.

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and ``2010 FTB 3539" on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0551

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Calendar year corporations -- File and Pay by March 15, 2011

Fiscal year filers -- See instructions

Employees' trust and IRA -- File and Pay by April 15, 2011*

Calendar year exempt organizations -- File and Pay by May 16, 2011

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. * Due to the federal Emancipation Day holiday on April 15, 2011, tax returns filed and payments received on April 18, 2011, will be considered timely.

PAY ONLINE: Beginning November 2010, corporations and exempt organizations can make payments electronically at the Franchise Tax Board's website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. For more information, go to ftb.ca.gov and search for web pay.

IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM

_ DETACH HERE

2010

TAXABLE YEAR Payment for Automatic Extension for Corps and Exempt Orgs

CALIFORNIA FORM 3539 (CORP)

3

0000000

EDIB 94-3248671 (510) 843-3811

FORM

10

07-01-10

TYE 06-30-11

THE EDIBLE SCHOOLYARD PROJECT

1517 SHATTUCK AVE

BERKELEY

94709 CA

Total Payment Amt

091

6141106

FTB 3539 2010