Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For	the 2009 c	alendar	year, or tax year beginning , 2009, and endi	ng			, 20
В	Check	if applicable:	Please	C Name of organization Citizens Environmental Coalition Educate	tional Fund	1 D	Employ	er identification numbe
	Addre	ess change	use IRS label or	Doing Business As			74	1692204
	Name	e change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E		ne number
	ı	return	type. See	6420 Richmond		ι	713)	524-4232
П		inated	Specific Instruc-	City or town, state or country, and ZIP + 4		 	7.0	321-4232
7		ided return	tions.	Houston, TX 77057			Gross ros	nointe 6 135041
		ation pending	F Nam	e and address of principal officer: Luci Correa			Gross rec	
	Applic	allon parting	1	. Wayside, Houston, TX 77023				for affiliates? Yes N
T	Tax-	exempt status		01(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				ncluded? 🗆 Yes 🔲 N
J		osite: ►	<u>, </u>	71(c) () (IIISERT 110.)	l l			list. (see instructions)
			Come	ration ☐ Trust ☐ Association ☐ Other ►			nption num	
		Summ		ration ☐ Trust ☐ Association ☐ Other ► ☐ L Year of format	tion:	М	State of	legal domicile: TX
	1	Briefly de	escribe	the organization's mission or most significant activities: CEC'	s primary	purp	ose is	to protect the
ø	,	environ	nent. (EC serves as the coordinating entity for more than 100 env	/ironmenta	lly-f	ocused	l non-profit
Activities & Governance		organiza	tions.	CEC publishes a weekly newsletter and a printed environm	ental reso	urce	guide	annually.
Ĕ								
Š	2	Check this	box ▶ [if the organization discontinued its operations or disposed of more than 25%	6 of its net as	sets.		
ن مح	3						3	15
es	4			endent voting members of the governing body (Part VI, line 1)	 h)	•	4	15
Ϋ́	5	Total num	ther of				5	10
Ç.	6			,			6	3
_					• • •	•		<u> </u>
	, 'E	Net unrel	ated hu	ated business revenue from Part VIII, column (C), line 12 siness taxable income from Form 990-T, line 34		•	7a	·
	 	, HOL UITION	atou bu	siness taxable income from Form 990-1, line 34		<u> </u>	7b	
					Prior Y			Current Year
ē	8	Contributi	ions an	d grants (Part VIII, line 1h)			3098	113735
Revenue	9	Program s	service	revenue (Part VIII, line 2g)		61	1495	A
è	10	Investmer	nt incon	ne (Part VIII, column (A), lines 3, 4, and 7d)			68	6
	11	Other reve	enue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3	3996	1774
	12	lotal rever	nue—ac	d lines 8 through 11 (must equal Part VIII, column (A), line 12)		163	8657	115515
	13	Grants an	d simila	r amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefits p	aid to	or for members (Part IX, column (A), line 4)				
Expenses	15	Salaries, o	ther cor	npensation, employee benefits (Part IX, column (A), lines 5-10)	36861			46651
e n	16a	Profession	nal fund	raising fees (Part IX, column (A), line 11e)				6000
Ä	h	Total fundi	raisina e	expenses (Part IX, column (D), line 25) ►		7		
	17	Other evn	ancae (Part IX, column (A), lines 11a-11d, 11f-24f)		100	774	20064
	18	Total expe	oncoc (Add lines 13–17 (must equal Part IX, column (A), line 25).			605	26864
	19	Revenue le	es eyne	enses. Subtract line 18 from line 12				79515
or es	<u> </u>		oo oxp				052	36000
Assets or	00	Takal assa	4- /D-4	<u> </u>	Beginning of C			End of Year
Ass	20			X, line 16)			673	92755
Net / Fund				art X, line 26)			537	6619
				d balances. Subtract line 21 from line 20		<u>50</u>	136	86136
LC	rt II		ture B					
		and belief.	it is true	rjury, I declare that I have examined this return, including accompanying schedu correct, and complete. Declaration of preparer (other than officer) is based on a	les and staten	nents,	and to th	ne best of my knowledge
		1. 1	VY +)	. 7	- Will	iicii prepa	rer has any knowledge.
Sig		<u> </u>	<u>' \</u> /\	Julia Villa	†	CK	orna	m 22.2011
Hei	re	Signat	ure of o ff		Date)		7
				ucia correa tresident				U
		Type o	r print na	me and title				
		Preparer's	<u> </u>		ck if	Prepa	rer's ident	tifying number
Paid		signature		$O \cap I \cap $	oloyed ►		nstructions	
	020-1-			What Ce Done 2/18/11	you - Li		D.O	10151707
-	arer's	Firm's name		HAJOVSKY, JONES & CO., PC	- L			00151787
Use	Unly	if self-emple address, an			EIN	<u> </u>		0241874
May	the			eturn with the preparer shown above? (see instructions)	Phone no	, ► (281)	440-0142
u y			o uno re	rem with the proparor shown above? (See institications)				// Voc / No

P	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: CEC serves as the coordinating entity for more than 100 environmentally-focused non-profit organizations. CEC publishes a weekly newsletter and a printed environmental resource guide annually.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$18080 including grants of \$) (Revenue \$) Resource Guide published annually.
4b	(Code:) (Expenses \$ 9469 including grants of \$) (Revenue \$) Weekly newsletter and calendar published on web site.
4c	(Code:) (Expenses \$ 19193 including grants of \$) (Revenue \$) Coordination and support for environmentally - focused non-profit organizations including recognition and awards.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ 46742) (Revenue \$)
₁e `	Total program service expenses ▶

Part IV		Schedules

Is the organization required to complete Schedule B, Schedule of Contributors?. Is the organization required to complete Schedule B, Schedule of Contributors?. 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				Yes	No
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or its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II. Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III. Did the organization report more than	•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
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 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's leability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Is the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," c	•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.			-
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			✓

Form 990 (200)	3)	
Part IV	Checklist of Required Schedules (continued)	
21 Did the	organization report more than \$5,000 of avanta and all all	

		T_	TV	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	:	Ye	s No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		<
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24	a 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		1
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		✓
21	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 Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37		<u>✓</u>
	, and a support of the support of th	38	<u> </u>	

P	art V Statements Regarding Other IRS Filings and Tax Compliance			Page
			Yes	N
1	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	gaming (gambling) winnings to prize winners?	1c	1	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1		
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	00000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
38	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
b	this return?	3a 3b	 	 V
48	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)?			١,
b	If "Yes," enter the name of the foreign country: ▶	4a	100000	_
~	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52				
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886 T. Disabased to a prohibited tax shelter transaction?	5b		✓
Ŭ	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible?	Ja		_
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	niao.	112
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	WORRERO
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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		- /
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\overline{}$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		/
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		√
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		100	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a b	Section 4947(a)(1) non exampt charitable trusts letter	12a		<u>√</u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Se</u>	ction A. Governing Body and Management			
		11	Yes	No
18	Enter the number of voting members of the governing body	5		1000
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Record Corn	1
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ť
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	†	1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	1
6	Does the organization have members or stockholders?	6	1	 •
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		 	
	of the governing body?	7a	1	
b		7b	 '	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	888	(a)=(a)	1000000
_	the year by the following:			
а	The governing body?	0-		REST
b	Each committee with authority to act on behalf of the governing body?	8a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ſ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	V	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			,
Sec	ction B. Policies (This Section B requests information about policies not required by the International Control of the Control	9a		
Rev	renue Code.)	arriar		
-			, T	
10a	Does the organization bayo local abortors, branches, an affiliate of	40-	Yes	No_
h	Does the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		,	
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
• •	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
414		11	/	
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		150	
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	.		
	rise to conflicts?	12b		✓
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		İ	_
	describe in Schedule O now this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
þ	Other officers or key employees of the organization	15b		✓_
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		16a		✓_
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 stone to enfoquered			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ None			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	(3)s o	nly)	
	available for public inspection. Indicate how you make these available. Check all that apply.	. ,	٠,	
l	☑ Own website ☑ Another's website ☑ Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o	f inter	est	
İ	policy, and financial statements available to the public.			
0 :	State the name, physical address, and telephone number of the person who possesses the books and record	ds of t	the	
•	organization: Nathleen Molina	01 (
	6420 Richmond, Suite 658, Houston, TX 77057 713-524-4232			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compared to the	ompensate	any	curi	rent	off	icer, c	direc	ctor, or trustee	1.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	tion (chec	k all	that ap	oply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee			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
	2000									
	A Constant									
	····									
						T				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not contain the containing the containi		any	curr	ent	offi	icer. c	direc	tor, or trustee) .	
(A)	(B)	Π			(C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec	k all	that ap	oply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	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
Rachel Powers HGAC, 3555 Timmons Ln, Houston, TX	4									
Julie Hendricks		✓	ļ	✓						
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8	,								
Kirksey, 6909 Portwest, Houston, TX 77024		<b>√</b>		✓						
Luci Correa, City of Houston Parks & Recreat	1			,						
2999 S. Wayside, Houston, TX 77023				✓				····		
Scott Barnes, Buffalo Bayou Partnership 1113 Vine #200, Houston, TX 77002	1	1								
Suzanne Chapman, Mercer Arobretum		V								
22306 Aldine Westfield Rd, Humble, TX 77336	1	1								
Ginger Coleman		•							·····	
POBox 130987, Houston, TX 77219	1			]						
Jeffrey Downing, Downing Law Firm		_				··	$\neg \uparrow$			
9606 Rocktree, Houston, TX 77040	1	1							į	
Brian Malarkey, Kirksey										
6909 portwest, Houston, TX 77024	1	1	- }		ł					
Maury Harris, Associate Professor		1								****
3800 Montrose Blvd., Houston, TX 77006	1	1		-	ĺ					
Kari Pepple, City of Houston							_			
900 Bagby, Houston, TX 77002	1	1								
Kim Kaiser, Kim Kaiser & Associates			T	7						
3820 W. Clay, Houston, TX 77019	1	1	ĺ		İ			ļ		
Tim Lewis				7						
Pebble Beach, League City, 1X 7/5/3	1	1		1						
Shawn McFarland, The Cherokee Group	1									
4021 Woodfin, Houston, TX 77025	1	1								
Alex Webb, Harris County	1									
1310 Prairie, 11th floor, Houston, TX 77002	1	1								
Michelle Wilkins, Harris County Flood District	1			T						
9900 NW Fwy, Houston, TX 77092	1	<b>✓</b>								
Kathleen Molina, Office Manager	30		T	T				40074		
6420 Richmond, Ste 658, Houston, TX 77057	JU			<u> </u>				46651		

				DIUY	ees	, an	ia Hig	ines	t Compensate	d Employees	(conti	nued)	
	(A)	(B) (C) (D) (E)						(F)					
	Name and title	Average hours per week	Individual trustee	Institutiona	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MIS	S (	Estima amoun othe compens from t organiza and rela	nt of er sation the ation
			stee	trustee			pensated					organiza	
												· · · · · · · · · · · · · · · · · · ·	
													******
												***************************************	
													*******
	Total number of individuals (including but			<u></u>			. •		46651				
	Total number of individuals (including but no reportable compensation from the organizat	ion >	tno:	se II	stec	ab	oove)	who	received mor	e than \$100,	000 in		
3	Did the organization list any former officer,	director o	r trus	stee	. ke	v ei	volam	/ee.	or highest co	mpensated		Yes	No
	employee on line 1a? If "Yes," complete Scl For any individual listed on line 1a, is the su	hedule J fo	r suc	h in	divi	dua	1.				3		✓
	the organization and related organizations grindividual.	eater than	\$150	,000	11pe 0? <i>lf</i>	risa f "Ye	es," c	om	otner compens plete Schedule	J for such	4		1
	Did any person listed on line 1a receive or services rendered to the organization? If "Ye	accrue cos," comple	ompe te Sc	nsa chec	tion dule	fro J fo	om ar or suc	y u ch p	nrelated orgar erson	nization for	5		
	ion B. Independent Contractors											<u></u>	
1 (	Complete this table for your five highest com compensation from the organization.	npensated	indep	enc	dent	CO	ntract	tors	that received	more than \$1	00,00	0 of	
	<b>(A)</b> Name and business addres	SS .							<b>(B)</b> Description of serv	ices	(Compe	C) ensation	
													***************************************
2	Total number of independent contractors (inc	ludina hut r	not lir	nite	d to	the	nse lie	ted	above) who ro	ceived	y salay		

P	art '	VI	Statement of R	evenue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
ınts	nts	1a	Federated campaigns		1a					012,010,010,1
gra	2		Membership dues .		1b	7625				
ts,	a a				1c	14577				
gif	ā		Related organizations		1d					
Contributions, gifts, grants	Έ		Government grants (cont		1e					
	S	f	All other contributions, gifts,							
ig.	إيّ	·	and similar amounts not incl		1f	91533				
늎	ချ	а	Noncash contributions include			J 1333				
ပိ	등	h	Total. Add lines 1a-1f			•	113735			
•	<b>.</b>				•	Business Code	110700			
Program Service Revenue	]	2a				24011000 0040	Harris Commission			
Š	1									
ģ	3	b	***************************************							
Ž		C								
Š	<u> </u>	d								
ran		e	All adhan musanisis						·	
o	"	-	All other program serv							
	<del>'                                    </del>	g	Total. Add lines 2a-2f	***************************************						
	3	3	Investment income (inc	cluding divid	lends	, interest, and	1	3		
			other similar amounts)			🕨	6			6
	4		Income from investment of	of tax-exempt	bond	d proceeds ►				
	5	;	Royalties							
	-			(i) Real		(ii) Personal				
	6	а	Gross Rents						10	
		b	Less: rental expenses							
			Rental income or (loss)							
	-		Net rental income or (lo	oss)			COLUMN DE LE CONTRACTOR DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA COLUMN DE LA C	5.1 S. W. W. J. J. J. W. S. C. C. C. C. C. C. C. C. C. C. C. C. C.		
	7		Gross amount from sales of	(i) Securities		(ii) Other		Harris Control		CONTROL STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET
	''	a	assets other than inventory			(1)				
	١,			***						
	'		Less: cost or other basis		ł					
			and sales expenses .							
			Gain or (loss) Net gain or (loss)						in may, and a state of	
4	'	u			. Ļ	<b>&gt;</b>				
Jue	88		Gross income from	fundraising	,					
ĕ	ĺ		events (not including \$							
Be			of contributions reported	d on line 1c)	.					
Other Reven	1 .		See Part IV, line 18		a	9528				
Ĕ	Ł	ָ כ	Less: direct expenses		b	9528				
0	٩	)	Net income or (loss) fro	m fundraisir	ng e <u>v</u>	ents 🕨				
	9a	a (	Gross income from gami	na activities.	İ					
		5	See Part IV, line 19		a					
	b	) L	Less: direct expenses.		ьĺ					
	C	1 :	Net income or (loss) from	m gaming a	ctiviti	es 🕨				
	10a	1 (	Gross sales of inve	nton/ less	Γ			Mark en alliton o		
	İ	r	returns and allowances	intory, less	a	1223				
	b	i I	Less: cost of goods sole	 H	b					
	C	: 1	Net income or (loss) from	sales of inve		v <b>&gt;</b>	1223	1222		
		<u> </u>	Miscellaneous Rever			Business Code	1223	1223		
	11-		Other			100				
						611710	551	551		
	b	٠ -			- 1					
	C	-			-					****
	ď		All other revenue		. L					
	, e	Ţ	otal. Add lines 11a-11	d		▶ 📙	551			
	12	T	<b>Total revenue.</b> See instr	ructions.		▶	115515	1774		6

## 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)

7	Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations in the U.S. See Part IV, line 21				
2	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 U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	46651	32656	9330	466
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	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10	Other employee benefits				
11	Payroll taxes				
	Management	:			
b					····
С	Accounting	4650		4650	
đ	Lobbying				
е	E TOTAL TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OT THE TOTAL CONTROL OT THE TOTAL CONTROL OT THE T	6000			6000
f	Investment management fees	7000			
	Other	7899	5830	2069	
12 13	Advertising and promotion	5113	2116	2294	700
14	Information technology	3113	2110	2294	703
15	Royalties				····
16	Occupancy	5100	3570	1020	510
17	Travel	200	200		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	1532			<del></del>
	Insurance	1992		1532	LEGANICACO CALLASTICA CON
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Other Program Expenses	2370	2370		
b			2370		
С					
d					
е					
f	All other expenses	2370	2370		
25 26	Total functional expenses. Add lines 1 through 24f	79515	46742	20895	11878
	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

### Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	51673	3 1	92755
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
ន		employees, and highest compensated employees. Complete Part II of Schedule L	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Proposed expenses and deferred aboves		9	
	10a	Land, buildings, and equipment: cost or 10a		E SA	
		other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b	December 1 Out and The Book of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of	10c	A VIII Va Hadda
	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	Intangible assets		14	
	15	Other assets. See Part IV, line 11	TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	51673	16	92755
	17	Accounts payable and accrued expenses	1537	17	6619
	18	Grants payable		18	
	19	Deferred revenue		19	
.	20	Tax-exempt bond liabilities		20	
ţį.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
<u>.</u>		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
İ	25 26	Other liabilities. Complete Part X of Schedule D		25	
-	20	Total liabilities. Add lines 17 through 25	1537	26	6619
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	50136	27	74136
<u> </u>	28	Temporarily restricted net assets		28	12000
튀	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	1.000.0000
SS		Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	50136	33	86136
	34	Total liabilities and net assets/fund balances	51673	34	92755

Pa	rt XI Financial Statements and Reporting			90.
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
С	If "Yes" to line 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		1
	If the organization changed either its oversight process or selection process during the tax year, explain in		(2)	
	Schedule O.		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	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?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u>-</u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

		the organizati							Emplo	yer identifi	cation number
				Educational Fund		***			74	] ] {	1692204
	rt I	di .	on for Public C	Charity Status (All o	organiza	<u>tions mι</u>	ıst com	plete this	s part.) S	See instr	uctions.
The 1 2 3 4		anization is A church, A school c A hospital A medical	not a private for convention of characteribed in sector or a cooperative	undation because it is nurches, or associatio tion 170(b)(1)(A)(ii). (A e hospital service orga zation operated in co	s: (For line on of chur Attach Sc anization	es 1 thro ches des hedule E describe	ugh 11, c scribed ir .) d in <b>sect</b>	check ont section ion 170(b	y one bo 170(b)(1 b)(1)(A)(iii	ox.) )(A)(i). i).	
5		An organiz		or the benefit of a col	lege or u	niversity (	owned or	operated	by a go	vernment	tal unit described in
6				overnment or governm	nental uni	t describ	ed in <b>se</b> d	ction 170	/b)/1)/Δ)/	W	
7	abla	An organiza	ation that normal	lly receives a substan	tial part o	f its supp	ort from	a governi	mental u	nit or fron	n the general public
8	П	A commun	in section 1/U(b	)(1)(A)(vi). (Complete	Part II.)	· O 1 - 1	- D- 4 II \				
9		An organiza receipts fro support fro	ation that normal om activities relator om gross investr	ed in section 170(b)(1 ly receives: (1) more the ted to its exempt fund ment income and unron after June 30, 1975	han 33⅓ 9 ctions—s related bu	% of its s ubject to usiness t	upport fro certain of axable in	om contri exception come (les	s, and (2 ss sectio	) no more	than 331/2 % of its
10 11		An organiza An organiza purposes o	ation organized a ation organized f one or more pu Check the box th	and operated exclusivand operated exclusion  and operated exclusion  blicly supported orga  blicly size the type  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  control  contro	vely to testively for anizations of support	st for pub the bene describe orting org	olic safety fit of, to ed in sec ganization	y. See <b>se</b> perform tion 509(a	ction 509 the func a)(1) or se nplete lin	tions of, ection 509 es 11e th	(a)(2). See section
е		By checkin persons oth	g this box, I cer	rtify that the organiza	ation is n	ot contro	lled dire	ctly or inc	directly b	ov one or	more disqualified
f g		organızatıor	n, check this box st 17, 2006, has	a written determinat  the organization acc							
	,	and (iii) ا ( <b>ii)</b> A family ( <b>iii)</b> A 35% ر	below, the gover member of a pe controlled entity	r indirectly controls, or indirectly controls, or inng body of the superson described in (i) of a person described	ported or above? d in (i) or	rganizatio  (ii) above	on? . 	th persor			Yes No 11g(i) 11g(ii) 11g(iii)
h		Provide the	following inform	ation about the suppo	orted org	anization	(s).				[5(-)]
1 (i)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the orgai	you notify nization in of your port?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
	*****										
otal											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 106237 include any "unusual grants.") 82185 89205 98098 113735 489460 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 106237 82185 89205 98098 113735 489460 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) 42525 Public support. Subtract line 5 from line 4. 446935 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 106237 82185 7 89205 98098 Amounts from line 4 . . . 113735 489460 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 186 142 205 sources 68 607 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . 3996 1774 5770 11 Total support. Add lines 7 through 10 . 495837 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 90 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 99 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/4 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this 17a 10%-facts-and-circumstances test-2009. 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 . . . . . . . 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . .

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2009

Employer identification number

Citizen's Environmental Coalition Educational Fund 74 1692204 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater 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. Complete 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 contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, 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 contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 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 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Citizen's Environmental Coalition Educational Fund

Employer identification number 74 1692204

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Brown Foundation 2217 Welch	\$12000	Person
	Houston, Texas 77019		(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	Green Bank Corporation  4000 Greenbriar Drive  Houston, Texas 77098	\$10000	Person 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	Hershey Foundation 2121 San Felipe, Suite 124 Houston, Texas 77019	\$5000	Person 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

	nousion, Texas 77098		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Hershey Foundation 2121 San Felipe, Suite 124 Houston, Texas 77019	\$5000	Person 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	Mrs. J. W. Hershey 2121 San Felipe, Suite 124 Houston, Texas 77019	\$8075	Person 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
5	Houston Endowment 600 Travis Street, Suite 6400 Houston, Texas 77002	\$50000	Person 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 B (Form	990, 990-EZ, or 990-PF) (2009)

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

<u>2009</u>

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

	me of the organization		Employer identific	cation number
	TIZENS ENVIRONMENTAL COALITION EDU		74	1692204
P	art I Organizations Maintaining Do the organization answered "Yes		Funds or Account	ts. Complete if
		(a) Donor advised funds	(b) Funds and ot	her 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 funds are the organization's property, subj	ect to the organization's exclusive legal c	ontrol?	Yes N
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor advi	sor, or for any other	☐ Yes ☐ No
Pa		olete if the organization answered "Yes'	to Form 990 Part IV	Yes No / line 7
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organize easement on the last day of the tax year.	d by the organization (check all that apply), recreation or pleasure)	on of an historically imp on of a certified histor	portant land area ric structure
				e End of the Tax Yea
а	Total number of conservation easements.		2a	
b	Total acreage restricted by conservation ea	asements	2b	
C	Number of conservation easements on a ce	ertified historic structure included in (a) .	2c	
d	Number of conservation easements include			
3	Number of conservation easements modified the tax year ▶			anization during
4	Number of states where property subject to			
5	Does the organization have a written policy			
e	violations, and enforcement of the conserva	ition easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservat	ion easements during	the year
7	Amount of expenses incurred in monitoring,  \$\blacktriangleright*	, inspecting, and enforcing conservation e	asements during the	year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requiremen	ts of section	Yes No.
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservation	eports conservation easements in its reve e text of the footnote to the organization's on easements.	financial statements	ement, and that describes
Par	Organizations Maintaining Collect Complete if the organization answer	ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.	Other Similar Asse	ts.
1a	If the organization elected, as permitted und art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote	s held for public exhibition, education, or re	search in furtherance.	e sheet works of of public service,
	If the organization elected, as permitted und historical treasures, or other similar assets h provide the following amounts relating to the (i) Revenues included in Form 990, Part VIII	er SFAS 116, to report in its revenue state eld for public exhibition, education, or resese items:	ement and balance shearch in furtherance comments.	eet works of art, of public service,
	If the organization received or held works o following amounts required to be reported un	f art, historical treasures, or other similar nder SFAS 116 relating to these items:	assets for financial g	ain, provide the
<b>a</b>	Revenues included in Form 990, Part VIII, lin	e1	▶ \$	
b	Assets included in Form 990, Part X		₽ ◆	

Pa	art III Organizations Maintainin	g Collections of Art,	Historical Treasu	res, or Other Similar	Assets (continued
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other re-	cords, check any of	f the following that are a	significant use of it
а	Public exhibition		d Loan or ex	change programs	
b	Scholarly research			·····	
С	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa				
4	Provide a description of the organizat Part XIV.				xempt purpose in
5	During the year, did the organization sol assets to be sold to raise funds rather the	nan to be maintained as	part of the organiza	tion's collection?	Yes No
	Irt IV Escrow and Custodial Arr IV, line 9, or reported an arr	nount on Form 990, P	art X, line 21.		
	Is the organization an agent, trustee, of included on Form 990, Part X?			outions or other assets n	ot Yes No
b	If "Yes," explain the arrangement in Pa	art XIV and complete the	ne following table:		
	B				Amount
C	Beginning balance			1c	
a	Additions during the year			1d	
e	and the same same years and years are a			<u>1e</u>	
f 20				<u>  1f  </u>	
	Did the organization include an amour If "Yes," explain the arrangement in Pa	art XIV.			☐ Yes ☐ No
Fa	rt V Endowment Funds. Comp				
	<del></del>	(a) Current year (b) Pr	rior year (c) Two ye	ears back (d) Three years bac	k (e) Four years back
_	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
	Grants or scholarships	*···			
	Other expenditures for facilities and programs				
f g	Administrative expenses End of year balance				
2	Provide the estimated percentage of th	ie year end balance hel	ld as:		
а	Board designated or quasi-endowment	t ▶%			
b	Permanent endowment ►	.%			
С	Term endowment ▶%				
3a	Are there endowment funds not in the po	ossession of the organiz	zation that are held a	and administered for the	
	organization by:	· ·			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
ь 4	ii res to sa(ii), are the related organiz	ations listed as required	d on Schedule R?		3b
Pari	Describe in Part XIV the intended uses	of the organization's er	ndowment funds.		
r ar			t. See Form 990, I	Part X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
e	Other				
otal.	Add lines 1a through 1e. (Column (d) must	equal Form 990 Part X	column (R) line 10/e		

Part VII	nvestments—Other Secur	ities. See Form 990, Part	X. line 12.	Page
(a) Desci	ription of security or category luding name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation: market value
Financial deriva	atives			· · · · · · · · · · · · · · · · · · ·
Closely-held ed	quity interests			
	***************************************	*		
***************************************				
				······
• • • • • • • • • • • • • • • • • • • •				····
Total (Column (b) mus	st equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
	nvestments—Program Rel	·	V line 10	
	cription of investment type			
(4) 500	onphon of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
*****				
				····
	A			
	equal Form 990, Part X, col. (B) line 13.)			
Part IX O	ther Assets. See Form 990,	****		~ <del>_</del>
		(a) Description		(b) Book value
		14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1-14/14/- 1		
	****	· · · · · · · · · · · · · · · · · · ·		
otal. (Column (b)	must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X Ot	<b>her Liabilities.</b> See Form 99	0, Part X, line 25.		
	a) Description of liability	(b) Amount		
ederal income ta	axes			
			-	
· · · · · · · · · · · · · · · · · · ·	······································			
tal (Column (h) must s	equal Form 990, Part X, col. (B) line 25.)			
The politing (b) must be	·quai i Uitti 350, rati ∧, cui. (B) line 25.)			

P	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	State	ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	115515
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79515
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	36000
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 and 9	10	36000
Pá	Reconciliation of Revenue per Audited Financial Statements With Revenue	е ре	r Return
1	Total revenue, gains, and other support per audited financial statements	1	125043
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b			
C	J-1. J-1. J-1. J-1. J-1. J-1. J-1. J-1.		
d		28	
е		20	9528
3	Subtract line 2e from line 1	3	115515
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
b	Add lines 4e and 4h		
с 5	Total vavanue Add lines 2 and 4 - (This	40	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XIII Reconciliation of Expenses per Audited Financial Statements With Expenses.	5	115515
	LAPER		
1	Total expenses and losses per audited financial statements	1	89043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		_	
b	year separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separation of the separat		
ب 0			
d	Add Base 6 11	C\$486500	
е 3	Cultivard line On from I'm d	2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	79515
٠,			
b	Other (Describe in Bort VIV.)	+	
	Add lines 4e and 4h	٦,	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	4 <u>c</u>	
Par	t XIV Supplemental Information	<u> </u>	79515
and this	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar part to provide any additional information.	d 4b.	Also complete
Par	t XII, Line 2D - gross income from fund-raising special events reported on line 8a of Part VIII	of the	990 - 9,528.
	t XIII, Line 2D - direct expenses of fund-raising special events reported on line 8b of Part VIII		
	•••••••••••••••••••••••••••••••••••••••		

Part XIV	Supplemental	Information (continued)
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	*******	
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	***************	
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#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number Citizen's Environmental Coalition Educational Fund 74 1692204 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. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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? Ves 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 of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to or entity (fundraiser) custody or control of contributions? from activity (or retained by) col. (i) Yes No Jennifer Cate Hawkins 24905 6000 18905 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. Texas

			Form 990-EZ, line 6a.  (a) Event #1  Synergy	(b) Event #2 Annual Meeting	(c) Other events	(d) Total events
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 2	Gross receipts		1050		2595
	3	contributions		1050		2595
	4	Cash prizes				
	5	Noncash prizes , , , ,				
ses	6	Rent/facility costs	500			50
Direct Expenses	7	Food and beverages	6899	170		7069
)lect	8	Entertainment				
_	9	Other direct expenses	1921			192
	10 11	Direct expense summary. Ad Net income summary. Comb	d lines 4 through 9 in co ine line 3, column (d), ar	olumn (d) nd line 10		
Р а	rt II	Gaming. Complete if t than \$15,000 on Form	he organization answ	vered "Yes" to Form 9	90, Part IV, line 1	9, or reported more
e		uran project on Form	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enuaeu				bingo/progressive bingo		col. (a) through col. (c))
+	1	Gross revenue				
	2	Cash prizes				
; J				i		i .
2	3	Noncash prizes				
. 1	3	Noncash prizes				
. 1	4					
. 1	4 5	Rent/facility costs	☐ Yes%	☐ Yes% [ ☐ No	ີ່ Yes% ີ່ No	
	4 5 6	Rent/facility costs  Other direct expenses .  Volunteer labor	□ No	□ No □	□ No	
	4 5 6 7	Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Add	No lines 2 through 5 in col	□ <b>No</b>	□ No	( )
	4 5 6 7 8	Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Add  Net gaming income summary.	No I lines 2 through 5 in col Combine line 1, column	□ <b>No</b>	□ No	( ) Yes No
	4 5 6 7 8 Ent	Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Add  Net gaming income summary.  ter the state(s) in which the org	No I lines 2 through 5 in col Combine line 1, column ganization operates gan	No [    lumn (d)	□ No ▶	
a	4 5 6 7 8 Entils til	Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Add Net gaming income summary. ter the state(s) in which the organization licensed to op No," explain:	No I lines 2 through 5 in col Combine line 1, column ganization operates gan erate gaming activities	No [ ]  lumn (d)	□ No ▶	9a
a b	4 5 6 7 8 Ent Is til If "N	Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Add Net gaming income summary. ter the state(s) in which the organization licensed to op No," explain:	No I lines 2 through 5 in col Combine line 1, column ganization operates gan erate gaming activities	No [ with the states of these states?	□ No	9a
ab	4 5 6 7 8 Ent Is til If "N	Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Add Net gaming income summary. ter the state(s) in which the organization licensed to op No," explain:	No I lines 2 through 5 in col Combine line 1, column ganization operates gan erate gaming activities	No [ with the states of these states?	□ No	9a

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	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 ▶			
45				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
h		15a	assista s	
~	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	party.			
	Name ▶			
	Address ▶			
	Gaming manager information:			
	Carring manager information.			
			in a second	
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of convince provided by			
	Description of services provided ▶			
l	☐ Director/officer ☐ Employee ☐ Independent contractor			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
7	Mandatory distributions:			
	ls the organization required under state law to make charitable distributions from the gaming proceeds to			
	rotain the etete manning lines of	17a	44.7	MACON THE PROPERTY OF
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 ▶ \$			
			-	_

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

2009

Employer identification number

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Form 990 or to provide any additional information.

► Attach to Form 990.

Citizne's Environmental Coalition Educational Fund 74 1692204 Part VI, line 11A: The organization provides a copy to all members of the group for review, prior to the signing. Part VI, line 15: The organization discusses among themselves the compensation for the senior employee, drawing on their own experience. Part VI, Section B. The Board did not have written policies, such as conflict of interest or whistleblowing, in place in 2009; however, such policies have been written and formalized and will be posted on the organization's website.