

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2012**

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the 2012 calendar year, or tax year beginning 4/01, 2012, and ending 3/31, 2013

**B** Check if applicable: **C**

<input type="checkbox"/> Address change	Marin Experimental Teaching, Training and Advising Center P.O. Box 98 Petaluma, CA 94953	<b>D</b> Employer identification number <u>94-2907482</u>
<input type="checkbox"/> Name change		<b>E</b> Telephone number <u>707-774-6299</u>
<input type="checkbox"/> Initial return		<b>F</b> Group Exemption Number..... ▶
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ www.mettacenter.org

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 105,301.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received.....																															
	<b>2</b> Program service revenue including government fees and contracts.....																															
	<b>3</b> Membership dues and assessments.....																															
	<b>4</b> Investment income.....																															
	<b>5a</b> Gross amount from sale of assets other than inventory.....																															
	<b>b</b> Less: cost or other basis and sales expenses.....																															
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....																															
	<b>6</b> Gaming and fundraising events																															
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000).....																															
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....																															
<b>c</b> Less: direct expenses from gaming and fundraising events.....																																
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....																																
<b>7a</b> Gross sales of inventory, less returns and allowances.....																																
<b>b</b> Less: cost of goods sold.....																																
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....																																
<b>8</b> Other revenue (describe in Schedule O).....																																
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....																																
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O).....																															
	<b>11</b> Benefits paid to or for members.....																															
	<b>12</b> Salaries, other compensation, and employee benefits.....																															
	<b>13</b> Professional fees and other payments to independent contractors.....																															
	<b>14</b> Occupancy, rent, utilities, and maintenance.....																															
	<b>15</b> Printing, publications, postage, and shipping.....																															
	<b>16</b> Other expenses (describe in Schedule O).....																															
<b>17 Total expenses.</b> Add lines 10 through 16.....																																
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9).....																															
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....																															
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O).....																															
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20.....																															

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Marin Experimental Teaching, Training and Advising Center</b> Employer identification number (EIN) or <b>94-2907482</b> Number, street, and room or suite number. If a P.O. box, see instructions. <b>Crosby &amp; Kaneda, CPAs</b> <b>1611 Telegraph Ave Ste 318</b> Social security number (SSN) City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Oakland, CA 94612-2151</b>

Enter the Return code for the return that this application is for (file a separate application for each return) .....  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in care of ▶ James Phoenix  
 Telephone No. ▶ 707-774-6299 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 2/15, 20 14.
- For calendar year \_\_\_\_\_, or other tax year beginning 4/01, 20 12, and ending 3/31, 20 13.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension. ... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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

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

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

Signature ▶ Adele Kaneda Title ▶ LPA Date ▶ 11/11/13  
**BAA** FIFZ0502L 01/21/13 Form 8868 (Rev 1-2013)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.		Employer identification number (EIN) or
	Marin Experimental Teaching, Training and Advising Center		94-2907482
	Number, street, and room or suite number. If a P.O. box, see instructions.		Social security number (SSN)
	P.O. Box 98		
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Petaluma, CA 94953		

Enter the Return code for the return that this application is for (file a separate application for each return)  01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ James Phoenix -----

Telephone No. ▶ 707-774-6299 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 4/01, 20 12, and ending 3/31, 20 13.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	<b>3 a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.....	<b>3 b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	<b>3 c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,679.	22 68,839.
23 Land and buildings		23
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	135.	24 900.
25 Total assets	52,814.	25 69,739.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,814.	27 69,739.

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

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

What is the organization's primary exempt purpose? See Schedule O

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

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

28 <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	25,766.
29 <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	20,554.
30 <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	16,559.
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	62,879.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Michael Nagler</u> President	20	0.	0.	0.
<u>Cynthia Boaz</u> Vice President	1	0.	0.	0.
<u>James Phoenix</u> Treasurer	4	0.	0.	0.
<u>Gilda Bettencourt</u> Secretary	2	0.	0.	0.
<u>Richard Meyer</u> Director	1	0.	0.	0.
<u>Prashant Nema</u> Director	1	0.	0.	0.
<u>Tal Palter</u> Director	1	0.	0.	0.
<u>Mark Parnes</u> Director	1	0.	0.	0.
<u>Lorin Peters</u> Director	1	0.	0.	0.
<u>Susan Rockrise</u> Director	1	0.	0.	0.
<u>Jim Schyler</u> Director	1	0.	0.	0.
<u>Stephanie Van Hook</u> Co-Director	20	20,000.	0.	0.

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. ....		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). .... <b>See Schedule O</b>	X	
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
<b>35 b</b>		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
<b>35 c</b>		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>36</b>		
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37 a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>37 b</b>		
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>38 a</b>		
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. ....	<b>38 b</b>	N/A
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39 a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.	<b>39 b</b>	N/A
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	<b>40 b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. .... ▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	<b>40 e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ CA		

**42 a** The organization's books are in care of ▶ James Phoenix Telephone no. ▶ 707-774-6299  
 Located at ▶ P.O. Box 98 Petaluma CA ZIP + 4 ▶ 94953

	Yes	No
<b>42 b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
<b>42 c</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ....  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **43** N/A

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>44 b</b>		
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44 c</b>		
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>44 d</b>	
<b>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	<b>45 b</b>	X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No  
46

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

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

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No  
47

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

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

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

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000. ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000. ▶

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title. \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: Adele Kaneda Preparer's signature: Adele Kaneda Date: 1/15/14  
 Firm's name ▶ Crosby & Kaneda, CPAs Check  if self-employed PTIN: P01664922  
 Firm's address ▶ 1611 Telegraph Ave Ste 318 Firm's EIN ▶ N/A  
Oakland, CA 94612-2151 Phone no. (510) 835-2727

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> Marin Experimental Teaching, Training and Advising Center	<b>Employer identification number</b> 94-2907482
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated

- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	11 g (i)	
(ii) A family member of a person described in (i) above?.....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge...						
4 <b>Total.</b> Add lines 1 through 3...						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here.</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) .....	116,279.	111,364.	111,416.	118,791.	93,864.	551,714.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3,451.	498.	539.	3,925.	3,414.	11,827.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						0.
<b>6 Total.</b> Add lines 1 through 5. ...	119,730.	111,862.	111,955.	122,716.	97,278.	563,541.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	25,545.	50,095.	39,751.	49,320.	30,949.	195,660.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b .....	25,545.	50,095.	39,751.	49,320.	30,949.	195,660.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						367,881.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. ....	119,730.	111,862.	111,955.	122,716.	97,278.	563,541.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	21.	3.	3.	104.	3,127.	3,258.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						0.
<b>c</b> Add lines 10a and 10b. ....	21.	3.	3.	104.	3,127.	3,258.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV. ....		135.	918.	5,599.	4,896.	11,548.
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)	119,751.	112,000.	112,876.	128,419.	105,301.	578,347.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	63.61 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	64.81 %

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	0.56 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17. ....	<b>18</b>	0.04 %

**19a 33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. .... ▶

**b 33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. .... ▶

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



Client METTA

Marin Experimental Teaching, Training  
and Advising Center

94-2907482

1/15/14

11:23AM

Part III, Line 12 - Other Income

Nature and Source	2012	2011	2010	2009	2008
Miscellaneous	\$ 4,896.	\$ 5,599.	\$ 918.	\$ 135.	
Total	<u>\$ 4,896.</u>	<u>\$ 5,599.</u>	<u>\$ 918.</u>	<u>\$ 135.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**  
**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization	Marin Experimental Teaching, Training and Advising Center	Employer identification number	94-2907482
--------------------------	---	--------------------------------	------------

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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 33-1/3% 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, total 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 total 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 during the year. ▶ \$ \_\_\_\_\_

**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 Part I, 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).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,** Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **or 990-PF.**

Name of organization

Employer identification number

Marin Experimental Teaching, Training

94-2907482

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 7,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Marin Experimental Teaching, Training</b>	Employer identification number <b>94-2907482</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	Airline ticket to conference for Co-Director.	\$ 1,124.	10/13/12
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization **Marin Experimental Teaching, Training** Employer identification number **94-2907482**

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **Marin Experimental Teaching, Training  
and Advising Center**

Employer identification number  
**94-2907482**

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Nonviolence education

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

Research Fellowships:

Young adults, 20-35, are invited to apply for stipend-funded research fellowships with the Metta Center in order to delve deep into an area for social change that would benefit from strategic research. The launch of this program took place in Summer 2012 with 3 residential fellows, however, after this pilot, we have decided offer fellowships on a rolling basis for two-three months maximum and the program is open to candidates who live around the world, without any residential obligation with no more than 6 fellows per year.

**Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

Nonviolence Praxis:

We worked to build a strong practical understanding of the constructive aspects of nonviolence through two main projects: the Shanti Sena Network and the Roadmap. The former is a network of over 10 and growing nonviolent peace teams from around the US and Canada to share skills and deepen their understanding of how nonviolence works in situations of violence. The latter is an ambitious project and conceptual model created to help cohere the thousands of projects, various activisms and passions for social change into one model, moving from personal empowerment to constructive program to resistance where necessary.

**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

Nonviolence Educational:

Range from social media discussion, online courses and webinars (around 10 per year), educational videos (around 20 per year), and regular writing about nonviolence (around 30 articles per year) which are syndicated and viewed by



Name of the organization <b>Marin Experimental Teaching, Training and Advising Center</b>	Employer identification number <b>94-2907482</b>
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**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

thousands of people around the internet and in print news. Interviews and webinars are either conducted in person or shared by electronic means, and archived on our educational website, www.mettacenter.org. The website sees about 400 visits per day with visitors staying in general more than 10 minutes per visit. The vast majority of our programming is centered around this fundamental need to create materials that people can use, share and learn from. These materials are directed especially toward activists, educators and students.

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

**Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents**

In 2012, METTA updated its Bylaws. These changes brought the Bylaws in compliance with the current nonprofit law in California. Specifically, the Bylaw changes included the following:

1. Updated the corporation's principal office;
2. Stated the purpose of the organization and nonprofit requirements regarding nonpartisan activities and dedication of assets;
3. Provided greater specificity regarding specific Board powers and duties;
4. Stated nonprofit requirements regarding limitations on interested persons;
5. Stated nonprofit requirements regarding executive compensation review;
6. Provided greater specificity regarding limitations on powers of committees;
7. Stated nonprofit requirements regarding the Audit Committee;
8. Clarified indemnification provisions for directors, officers, employees and other agents;

Name of the organization **Marin Experimental Teaching, Training and Advising Center**

Employer identification number  
**94-2907482**

**Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents (continued)**

9. Provided provisions relating to grants administration;

10. Clarified requirements regarding records and reports, including required financial audits;

11. Clarified provisions regarding contracts, checks and gifts; and

12. Modified the corporation's fiscal year.

Client METTA

Marin Experimental Teaching, Training  
and Advising Center

94-2907482

1/15/14

11:23AM

**Form 990-EZ, Part I, Line 8  
Other Revenue**

Miscellaneous.....	\$	4,896.
Rent.....		3,120.
	Total \$	<u>8,016.</u>

**Form 990-EZ, Part I, Line 16  
Other Expenses**

Advertising and Promotion.....	\$	8,942.
Conferences, Conventions, and Meetings.....		4,113.
Information Technology.....		2,466.
Insurance.....		2,542.
Licenses, Permits, Fees.....		50.
Miscellaneous.....		155.
Office Expenses.....		3,007.
Publications.....		3,025.
Stipends.....		10,793.
Travel.....		4,377.
	Total \$	<u>39,470.</u>

**Form 990-EZ, Part II, Line 24  
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 10.	\$ 0.
Deposit.....	5.	900.
Prepaid Expenses and Deferred Charges.....	120.	0.
	Total \$ <u>135.</u>	\$ <u>900.</u>

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month 04 day 01 year 2012, and ending month 03 day 31 year 2013

Corporation/Organization Name MARIN EXPERIMENTAL TEACHING, TRAINING AND ADVISING CENTER California corporation number 1109004

Address (suite, room, or PMB no.) P.O. BOX 98 FEIN 94-2907482

City PETALUMA State CA ZIP Code 94953

- A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Return
E Check accounting method
F Federal return filed?
G Is this a group filing for the subordinates/affiliates?
H Is this organization in a group exemption?
I Did the organization have any changes in its activities...

- J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign...
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable...
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include Gross sales, Total gross receipts, Total expenses, and Balance due.

Sign Here: Under penalties of perjury, I declare that I have examined this return...
Preparer's signature: Adele Kaneda
Firm's name: CROSBY & KANEDA, CPAS

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	7.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	11,430.
<b>Expenses and Disbursements</b>	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	11,437.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	15,361.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	5,620.
	15	Rents	●	15	21,665.
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	45,730.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	88,376.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
1	Cash		52,679.		68,839.
2	Net accounts receivable		10.		
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments Attach schedule				
10a	Depreciable assets	1,460.		1,460.	
b	Less accumulated depreciation	1,460.		1,460.	
11	Land				
12	Other assets. Attach schedule		125.		900.
13	Total assets		52,814.		69,739.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		52,814.		69,739.
22	Total liabilities and net worth		52,814.		69,739.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	16,925.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5	●	16,925.
7	Income recorded on books this year not included in this return. Attach sch	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8	●	
10	Net income per return. Subtract line 9 from line 6	●	16,925.

Client METTA

94-2907482

1/15/14

11:23AM

**Statement 1**  
**Form 199, Line I**  
**Activities Not Reported to the Franchise Tax Board**

In 2012, METTA updated its Bylaws. These changes brought the Bylaws in compliance with the current nonprofit law in California. Specifically, the Bylaw changes included the following:

1. Updated the corporation's principal office;
2. Stated the purpose of the organization and nonprofit requirements regarding nonpartisan activities and dedication of assets;
3. Provided greater specificity regarding specific Board powers and duties;
4. Stated nonprofit requirements regarding limitations on interested persons;
5. Stated nonprofit requirements regarding executive compensation review;
6. Provided greater specificity regarding limitations on powers of committees;
7. Stated nonprofit requirements regarding the Audit Committee;
8. Clarified indemnification provisions for directors, officers, employees and other agents;
9. Provided provisions relating to grants administration;
10. Clarified requirements regarding records and reports, including required financial audits;
11. Clarified provisions regarding contracts, checks and gifts; and
12. Modified the corporation's fiscal year.

**Statement 2**  
**Form 199, Part II, Line 7**  
**Other Income**

Miscellaneous .....	\$	4,896.
Program Service Revenue .....		3,414.
Rent .....		3,120.
	Total \$	<u>11,430.</u>

**Statement 3**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees .....	\$	1,902.
Advertising and Promotion .....		8,942.
Conferences, Conventions, and Meetings .....		4,113.
Information Technology .....		2,466.
Insurance .....		2,542.
Licenses, Permits, Fees .....		50.
Miscellaneous .....		155.
Office Expenses .....		3,007.
Other Employee Benefit .....		79.
Other fees .....		4,279.
Publications .....		3,025.
Stipends .....		10,793.
Travel .....		4,377.
	Total \$	<u>45,730.</u>

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Statement 4  
Form 199, Schedule L, Line 12  
Other Assets

Deposit.....	Total \$	900.
		<u>900.</u>

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael Nagler President	20	0.	0.	0.
Cynthia Boaz Vice President	1	0.	0.	0.
James Phoenix Treasurer	4	0.	0.	0.
Gilda Bettencourt Secretary	2	0.	0.	0.
Richard Meyer Director	1	0.	0.	0.
Prashant Nema Director	1	0.	0.	0.
Tal Palter Director	1	0.	0.	0.
Mark Parnes Director	1	0.	0.	0.
Lorin Peters Director	1	0.	0.	0.
Susan Rockrise Director	1	0.	0.	0.
Jim Schyler Director	1	0.	0.	0.
Stephanie Van Hook Co-Director	20	20,000.	0.	0.



IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>048577</u> MARIN EXPERIMENTAL TEACHING, TRAINING AND ADVISING CENTER <small>Name of Organization</small> P.O. BOX 98 <small>Address (Number and Street)</small> PETALUMA, CA 94953 <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1109004</u> Federal Employer ID No. <u>94-2907482</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 4/01/12 ending 3/31/13) list:  
 Gross annual revenue \$ 105,301. Total assets \$ 69,739.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 707-774-6299

Organization's e-mail address INFO@METTACENTER.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of authorized officer	Printed Name	Title	Date
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2012

**California Statements**  
Marin Experimental Teaching, Training  
and Advising Center

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Client METTA

94-2907482

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**Statement 1**  
**Form RRF-1, Part B, line 1**  
**Financial Transactions**

The Executive Director paid rent to the organization.