

**Short Form
Return of Organization Exempt From Income Tax**

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 4/01, 2011, and ending 3/31, 2012

B Check if applicable: Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **Marin Experimental Teaching, Training and Advising Center**
 P.O. Box 98
 Petaluma, CA 94953

D Employer identification number 94-2907482

E Telephone number 707-774-6299

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.mettacenter.org

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

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

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 ▶ \$ 128,419.

Part II 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 |
|----------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----------|----------|----|----|----|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | | | | | | | | | 118,791. | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | | | | 3,925. | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | | | | | | | | | | 104. | | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6b | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) See Schedule O | | | | | | | | | | | | | | | | | | | | | | | | 5,599. | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | | | | | | | | | | 128,419. | | | | |
| EXPENSES | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | 2,150. | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | 33,553. | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | | | | 9,500. | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | 16,643. | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | 1,868. | | | |
| | 16 | Other expenses (describe in Schedule O) See Schedule O | | | | | | | | | | | | | | | | | | | | | | | | 28,019. | | | |
| 17 | Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | | | | | | | | | | 91,733. | | | | |
| ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | | | | | 36,686. | | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | | | | | | | | | | 16,128. | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | | | | | | | | | | 52,814. | | | |

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

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

Enter filer's identifying number, see instructions

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

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 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | 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.

- 4 I request an additional 3-month extension of time until 2/15, 20 13.
- 5 For calendar year _____, or other tax year beginning 4/01, 20 11, and ending 3/31, 20 12.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

| | |
|--|--------------|
| 8a 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 | 8a \$ |
| 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. | 8b \$ |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ |

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 Crosby & Kaneda Title CPAs Date 11/10/12

BAA FIFZ0502L 07/29/11 Form 8868 (Rev 1-2012)

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 **X**
- 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 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

| | | |
|---|---|--|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions. Marin Experimental Teaching, Training and Advising Center | Employer identification number (EIN) or <input checked="" type="checkbox"/> 94-2907482 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 98 | Social security number (SSN) <input type="checkbox"/> |
| | 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 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | 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. ▶ 510-548-5550 FAX No. ▶ 510-548-5558

- 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 12, 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 11, and ending 3/31, 20 12.

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

| | | | |
|--|-----------|----|----|
| 3a 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. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 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 | 15,273. 22 | 52,679. |
| 23 Land and buildings | 23 | |
| 24 Other assets (describe in Schedule O) See Schedule O | 855. 24 | 135. |
| 25 Total assets | 16,128. 25 | 52,814. |
| 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) | 16,128. 27 | 52,814. |

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 See Schedule O | | |
| (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 28a 19,251. |
| 29 See Schedule O | | |
| (Grants \$ 2,150.) If this amount includes foreign grants, check here | <input type="checkbox"/> | 29a 18,107. |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 30a |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 37,358. |

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. X

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Form 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 |
|----------------------|--|---|---|--|
| See Schedule O | | 34,880. | 0. | 0. |
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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]

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

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

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)? 42b X
If 'Yes,' enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X
If 'Yes,' enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. [] N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a X
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. 44b X
c Did the organization receive any payments for indoor tanning services during the year? 44c X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44d
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X
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). 45b 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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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. 48

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

b If 'Yes,' was the related organization a section 527 organization? 49b

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

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and 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 | | | | |
| | | | | |
| | | | | |
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e 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 | | |
| | | |
| | | |
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| | | |

e 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: 1/7/13
 Check if self-employed PTIN: P01664922
 Firm's name: Crosby & Kaneda, CPAs
 Firm's address: 1611 Telegraph Ave Ste 318
 Oakland, CA 94612-2151
 Firm's EIN: N/A
 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

2011

Open to Public
Inspection

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

Employer identification number
94-2907482

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 – Other
- 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) | |

| (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 support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 Total. 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 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------------------------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test – 2011. 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 stop here. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| 18 Private foundation. 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) | 91,985. | 116,279. | 111,364. | 111,416. | 118,791. | 549,835. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 6,504. | 3,451. | 498. | 539. | 3,925. | 14,917. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 Total. Add lines 1 through 5 | 98,489. | 119,730. | 111,862. | 111,955. | 122,716. | 564,752. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 27,578. | 25,545. | 50,095. | 39,751. | 14,320. | 157,289. |
| 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. |
| c Add lines 7a and 7b | 27,578. | 25,545. | 50,095. | 39,751. | 14,320. | 157,289. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 407,463. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 98,489. | 119,730. | 111,862. | 111,955. | 122,716. | 564,752. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 84. | 21. | 3. | 3. | 104. | 215. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | 84. | 21. | 3. | 3. | 104. | 215. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0. |
| 12 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. | 6,652. |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | 98,573. | 119,751. | 112,000. | 112,876. | 128,419. | 571,619. |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 71.28 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 69.51 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.04 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | 0.03 % |

19a 33-1/3% support tests – 2011. 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 – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

1/07/13

10:19AM

Part III, Line 12 - Other Income

| <u>Nature and Source</u> | <u>2011</u> | <u>2010</u> | <u>2009</u> | <u>2008</u> | <u>2007</u> |
|------------------------------|------------------|----------------|----------------|--------------|--------------|
| Miscellaneous Reimbursements | 1,017. | 918. | 135. | | |
| | 4,582. | | | | |
| Total | <u>\$ 5,599.</u> | <u>\$ 918.</u> | <u>\$ 135.</u> | <u>\$ 0.</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

2011

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, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 | ----- ----- ----- | \$ 19,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ----- ----- ----- | \$ 21,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ----- ----- ----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | ----- ----- ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | ----- ----- ----- | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | ----- ----- ----- | \$ 6,000. | 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

Employer identification number

Marin Experimental Teaching, Training

94-2907482

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 |
|---------------------------|--|--|----------------------|
| _____ | N/A | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Commentation

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number
94-2907482

Form 990-EZ Part I, Line 10 - Grants and Similar Amounts Paid

Grants to Affiliates: \$2,150

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

Nonviolence education

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

Metta Mentors:

The project brought together a group of dedicated young adults between the ages of 18 and 35 for a ten-week immersion in nonviolence. Interns spent two days a week in nonviolence education classes at the Metta Center, three days a week interning at social-profits in the East Bay area, and seven days a week living in community, exploring the challenges of practicing nonviolence in one's daily life. We hosted eight interns, including three internationals (from Egypt, Kyrgyzstan, and China).

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

Other Program Service Accomplishments:

Multimedia Educational Resources: Includes the Metta Center website which receives about 200 hits a day (www.mettacenter.org), offering information about nonviolence and a nonviolence blog which sees around 200 visits per week with increased numbers during the height of the Occupy Movement; video and audio covering nonviolence news items, webcasts from Michael Nagler's University of California at Berkeley Peace and Conflict Studies class @ 200 visits per day; also audiovisual and print publications and resources were utilized by hundreds of people in FY 2011.

Educators: In August, we held a teacher's retreat for nonviolence in Dillon Beach, CA, for 8 educators (high school and college) from around the country. We collaborated for 12 weeks with the organization Teachers without Borders to host an online certification course in nonviolence education for teachers.

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

Employer identification number
94-2907482

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

Courses: Metta hosted four local courses and a number of webinar presentations in 2011-12. Three of the courses were collaborations with the National Peace Academy's certificate in peacebuilding, and all four were income generating for Metta's work. We offered the following courses in Berkeley and Petaluma: The Science of Nonviolence; The Secrets of Spiritual Activism; and Meditation for Peacemakers. The fourth course was independently offered through Metta last December, whose theme was Gandhian Constructive Programme.

Outreach - Writing, Social Media, Speaking, Consultation: Regularly publish op-eds on popular news sites for nonviolence, including Peace Voice Truthout, Waging Nonviolence, and Common Dreams. Metta saw the publication of three books edited or contributed by Metta personnel, including Peace Movements Worldwide (ABC-CLIO/Praeger), Nonkilling Korea (Seoul University Press), and Beyond Forgiveness: Reflections on Atonement (Jossey-Bass). Offer two social media posts a week which get about 5,000 views each. Invited to speak at the Muslim Community Association on Islam and Nonviolence, in Petaluma on Jesus and Nonviolence, and in Anchorage on nonviolence as a response to domestic violence and sexual assault. We welcomed the visit of notable individuals in nonviolence, including Mel Duncan of the Nonviolent Peaceforce, U Pynya Zawta of the Burmese Saffron Revolution, and Izzeldin Abuellaish of Palestine, Jawdat Said of Syria and Lily Yeh of Barefoot Artists.

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

Client METTA

Marin Experimental Teaching, Training
and Advising Center

94-2907482

1/07/13

10:19AM

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

| | | |
|---------------------|-----------|---------------|
| Reimbursements..... | \$ | 4,582. |
| Miscellaneous..... | | 1,017. |
| Total | \$ | 5,599. |

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

| | | |
|---|-----------|----------------|
| Advertising and Promotion..... | \$ | 619. |
| Conferences, Conventions, and Meetings..... | | 150. |
| Depreciation..... | | 730. |
| Information Technology..... | | 3,534. |
| Insurance..... | | 2,798. |
| Interest..... | | 100. |
| Licenses, Permits, Fees..... | | 1,134. |
| Miscellaneous..... | | 2,045. |
| Office Expenses..... | | 3,149. |
| Stipends..... | | 1,162. |
| Travel..... | | 12,598. |
| Total | \$ | 28,019. |

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

| | <u>Beginning</u> | <u>Ending</u> |
|--|------------------|----------------|
| Accounts Receivable..... | \$ 0. | \$ 10. |
| Deposit..... | 5. | 5. |
| Furniture and Fixtures..... | 730. | 0. |
| Prepaid Expenses and Deferred Charges..... | 120. | 120. |
| Total | \$ 855. | \$ 135. |

**Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees**

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Expense Account & Other Allowances</u> |
|---|---|---------------------------|---|---|
| Michael Nagler P.O. Box 98 Petaluma, CA 94953 | President 20 | \$ 0. | \$ 0. | \$ 0. |
| Cynthia Boaz P.O. Box 98 Petaluma, CA 94953 | Vice President 1 | 0. | 0. | 0. |

Client METTA

Marin Experimental Teaching, Training
and Advising Center

94-2907482

1/07/13

10:19AM

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Expense Account & Other Allowances</u> |
|---|---|---------------------------|---|---|
| James Phoenix P.O. Box 98 Petaluma, CA 94953 | Treasurer 4 | \$ 0. | \$ 0. | \$ 0. |
| Gilda Bettencourt P.O. Box 98 Petaluma, CA 94953 | Secretary 2 | 0. | 0. | 0. |
| Richard Meyer P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Tal Palter P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Mark Parnes P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Lorin Peters P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Susan Rockrise P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Erika Christie P.O. Box 98 Petaluma, CA 94958 | Co-Director .14 | 14,500. | 0. | 0. |
| Stephanie Van Hook P.O. Box 98 Petaluma, CA 94953 | Co-Director 20 | 20,380. | 0. | 0. |
| | Total | \$ 34,880. | \$ 0. | \$ 0. |

California Exempt Organization Annual Information Return

Calendar Year 2011 or fiscal year beginning month 04 day 01 year 2011, and ending month 03 day 31 year 2012

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, CA 94953** State ZIP Code

- A** First Return. Yes No
- B** Amended Return. Yes No
- C** IRC Section 4947(a)(1) trust. Yes No
- D** Final Return. Yes No
 - Dissolved Surrendered (Withdrawn)
 - Merged/Reorganized Enter date: _____
- E** Check accounting method:
 - 1 Cash 2 Accrual 3 Other
- F** Federal return filed?
 - 1 990T 2 990 (PF) 3 Sch H (990)
- G** Is this a group filing for the subordinates/affiliates? Yes No
If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption? Yes No
If 'Yes,' What's the parent's name? _____
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If 'Yes,' explain, and attach copies of revised documents.

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter gross receipts from nonmember sources. \$ _____
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M** Is the organization a Limited Liability Company? Yes No
- N** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

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

| | | | | | |
|--|--|---|-------|---------|--|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | ● | 1 | 9,628. |
| | 2 | Gross dues and assessments from members and affiliates | ● | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received | ● | 3 | 118,791. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B. | ● | 4 | 128,419. |
| | 5 | Cost of goods sold. | ● | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold. | ● | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | ● | 8 | 128,419. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | ● | 9 | 91,733. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | ● | 10 | 36,686. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F. | | 11 | |
| | 12 | Total payments. | | 12 | |
| | 13 | Penalties and Interest. See General Instruction J. | | 13 | |
| | 14 | Use tax. See General Instruction K. | ● | 14 | |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. | | 15 | |
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| Paid Preparer's Use Only | Signature of officer | <i>Adele Kaneda</i> | Title | Date | Telephone |
| | Preparer's signature | <i>Adele Kaneda</i> | | 11/7/13 | 707-774-6299 |
| | Firm's name (or yours, if self-employed) and address | CROSBY & KANEDA, CPAS 1611 TELEGRAPH AVE STE 318 OAKLAND, CA 94612-2151 | | | ● Paid PTIN P01664922 ● FEIN N/A ● Telephone (510) 835-2727 |
| May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|------------------------------------|----|--|---|----|---------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | ● | 1 | |
| | 2 | Interest | ● | 2 | 104. |
| | 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 | 9,524. |
| | 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 | 9,628. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● | 9 | 2,150. |
| | 10 | Disbursements to or for members | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | ● | 11 | 30,519. |
| | 12 | Other salaries and wages | ● | 12 | |
| | 13 | Interest | ● | 13 | 100. |
| | 14 | Taxes | ● | 14 | 2,002. |
| | 15 | Rents | ● | 15 | 16,643. |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | 730. |
| | 17 | Other Expenses and Disbursements. Attach schedule | ● | 17 | 39,589. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | | 18 | 91,733. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 15,273. | | 52,679. |
| 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. | | | |
| b | Less accumulated depreciation | 730. | 730. | | |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule | | 125. | | 125. |
| 13 | Total assets | | 16,128. | | 52,814. |
| Liabilities and net worth | | | | | |
| 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 | | 16,128. | | 52,814. |
| 22 | Total liabilities and net worth | | 16,128. | | 52,814. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|---|--|---|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | |
| 1 | Net income per books | ● | 36,686. |
| 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. | | 36,686. |
| 7 | Income recorded on books this year not included in this return. Attach schedule | ● | |
| 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. | | 36,686. |

Client METTA

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Statement 1
Form 199, Part II, Line 7
Other Income

| | | |
|------------------------------|----|---------------|
| Miscellaneous..... | \$ | 1,017. |
| Program Service Revenue..... | | 3,925. |
| Reimbursements..... | | 4,582. |
| Total | \$ | <u>9,524.</u> |

Statement 2
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

| | | | |
|---------------|------------|----|---------------|
| Donee's Name: | Affiliates | | |
| Amount Given: | | \$ | 2,150. |
| Total | | \$ | <u>2,150.</u> |

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

| | | |
|---|----|----------------|
| Accounting Fees..... | \$ | 2,804. |
| Advertising and Promotion..... | | 619. |
| Conferences, Conventions, and Meetings..... | | 150. |
| Information Technology..... | | 3,534. |
| Insurance..... | | 2,798. |
| Legal Fees..... | | 20. |
| Licenses, Permits, Fees..... | | 1,134. |
| Miscellaneous..... | | 2,045. |
| Office Expenses..... | | 3,149. |
| Other Employee Benefit..... | | 1,032. |
| Other fees..... | | 6,576. |
| Postage and Shipping..... | | 523. |
| Printing and Publications..... | | 1,345. |
| Professional Fundraising Fees..... | | 100. |
| Stipends..... | | 1,162. |
| Travel..... | | 12,598. |
| Total | \$ | <u>39,589.</u> |

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

| | | |
|--|----|-------------|
| Deposit..... | | 5. |
| Prepaid Expenses and Deferred Charges..... | | 120. |
| Total | \$ | <u>125.</u> |

Client METTA

Marin Experimental Teaching, Training
and Advising Center

94-2907482

1/07/13

10:19AM

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Expense Account & Other Allowances</u> |
|---|---|---------------------------|---|---|
| Michael Nagler P.O. Box 98 Petaluma, CA 94953 | President 20 | \$ 0. | \$ 0. | \$ 0. |
| Cynthia Boaz P.O. Box 98 Petaluma, CA 94953 | Vice President .1 | 0. | 0. | 0. |
| James Phoenix P.O. Box 98 Petaluma, CA 94953 | Treasurer 4 | \$ 0. | \$ 0. | \$ 0. |
| Gilda Bettencourt P.O. Box 98 Petaluma, CA 94953 | Secretary 2 | 0. | 0. | 0. |
| Richard Meyer P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Tal Palter P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Mark Parnes P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Lorin Peters P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Susan Rockrise P.O. Box 98 Petaluma, CA 94953 | Director 1 | 0. | 0. | 0. |
| Erika Christie P.O. Box 98 Petaluma, CA 94958 | Co-Director .14 | 14,500. | 0. | 0. |
| Stephanie Van Hook P.O. Box 98 Petaluma, CA 94953 | Co-Director 20 | 20,380. | 0. | 0. |
| | Total | \$ 34,880. | \$ 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> <u>P.O. BOX 98</u> <small>Address (Number and Street)</small> <u>PETALUMA, CA 94953</u> <small>City or Town State ZIP Code</small> | Check if: <input checked="" 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> |
|---|---|

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 4/01/11 ending 3/31/12) list:
 Gross annual revenue \$ 128,419. Total assets \$ 52,814.

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? | <input type="checkbox"/> | <input checked="" 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 |
|---------------------------------|--------------|-------|------|