COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:
1. Name: N/A
2. Address: N/A
3. Email Address: N/A
4. Phone Number: N/A
* * * *
For Witnesses Representing Organizations:
1. Name: Peter Shelley, Esq.
2. Name of Organization(s) You are Representing at the Hearing: Conservation Law Foundation, Inc.; CLF Ventures, Inc.
3. Business Address: 62 Summer St., Boston MA 02110 (for both organizations)
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization Peter Shelley / Conservation Law Foundation

Title/Date of Hearing_Various Bills Which Amend the Magnuson-Stevens Fishery Conservation and Management Act / December 1, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Juris Doctor, Suffolk University Law School, 1978

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have worked for 30 years at Conservation Law Foundation on a broad range of marine policy and law issues, primarily focused on New England. I am an author of three (1 pending) law review articles on federal fisheries management. I was appointed as an adjunct professor of marine policy (including fisheries management) at the University of Maine Law School (3 years). I was the lead attorney on four major federal lawsuits arguing the correct interpretation of various provisions of the Magnuson-Stevens Act. I have attended hundreds of New England Fishery Council meetings, groundfish committee meetings, and related technical meetings. Due to my expertise, I was recommended for council membership by Governor Patrick. I am a recreational marine fisherman, fishing myself and off party charter boats.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Although CLF is primarily known for its traditional conservation work, our Board includes New England's traditional communities in the environment that the organization is committed to protecting. That interest extends specifically to New England's fishing communities and I have developed significant and meaningful relationships, sometimes frosty, with many of New England's commercial fishermen and their advisors.

Name/Organization Peter Shelley / Conservation Law Foundation

Title/Date of Hearing Various Bills Which Amend the Magnuson-Stevens Fishery Conservation and Management Act / December 1, 2011

<u>In addition</u>, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

I am a Vice President and Senior Counsel with CLF. I was the Director of CLF's Maine office for 7 years and Director of CLF's Massachusetts office for 7 years.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Name	Subject Matter	Statutes
Conservation Law Foundation of New England et al v. Interior, U.S. Sec. et al (2:2006-cv-00226)	Failure to designate, and thereby to legally protect, critical habitat for the endangered Gulf of Maine Distinct Population Segment of Atlantic Salmon	Endangered Species Act
State of California v. United States Environmental Protection Agency et al. (1:2007-cv-02024)	State of California's request for a waiver of preemption of its Regulation to Control Greenhouse Gas Emissions from Motor Vehicles under the Clean Air Act	Clean Air Act
Conservation Law Foundation v. Environmental Protection Agency et al. (2:2008-cv-00238)	Failure to fulfill the requirements of the Clean Water Act and Administrative Procedure Act in reviewing and approving the Lake Champlain Phosphorus Total Maximum Daily Load	Clean Water Act and Administrative Procedure Act
American Nurses Association et al v. Johnson et al (1:2008-cv-02198)	Failure to promulgate final national emissions standards for hazardous air pollutants	Clean Air Act
CLF and CRWA Comments on Residual Designation Pursuant to Clean Water Act Region I	EPA Region 1 Residual Designation Authority to require reductions in polluted storm water runoff from existing private development in the Charles River watershed	Clean Water Act

Title/Date of Hearing Various Bills Which Amend the Magnuson-Stevens Fishery Conservation and Management Act / December 1, 2011

Name	Subject Matter	Statutes
	Unlawful approval of Total Maximum	Clean Water Act and
	Daily Loads for nitrogen, seeking injunctive	Administrative Procedure Act
Conservation Law Foundation,	and declaratory relief	
Inc. v. Lisa P. Jackson in her		
official capacity as Administrator,		
U.S. EPA (1:10-cv-11455)		
Conservation Law Foundation,	Failure to carry out duties related to	Clean Water Act and
Inc. v. Lisa P. Jackson in her	areawide management plan for water	Administrative Procedure Act
official capacity as Administrator,	quality on Cape Cod	
<i>U.S. EPA</i> (1:11-cv-11657)		
Sierra Club, et al v. EPA (08-	Petition to review a final action of the EPA	Clean Air Act
70030)	Administrator under the Clean Air Act	
Natural Resources Defense	Petition to review a final action of the EPA	Clean Air Act
Council, et al v. EPA, et al (08-	Administrator under the Clean Air Act	
1180)		
Conservation Law Foundation v.	Petition for review of NPDES permit	Clean Water Act
EPA (10-2141)	•	
Center for Bio. Diversity v. EPA	Petition to review a final action of the EPA	Clean Air Act
(11-1101)	Administrator under the Clean Air Act	
Conservation Law Foundation v.	Petition for review of NPDES permit	Clean Water Act
EPA (11-1610)		

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None. Conservation Law Foundation does not take any funds from foreign governments.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached (Conservation Law Foundation Form 990s for 2008, 2009, and 20010 and CLF Ventures Form 990s for 2008, 2009 and 2010).

GRANT THORNTON LLP 226 CAUSEWAY STREET BOSTON, MA 02114

INSTRUCTIONS FOR FILING
CLF VENTURES, INC.
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)
FOR THE PERIOD ENDED JULY 31, 2008

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MARCH 16, 2009 WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A Fo	r the 2	00 <mark>7 calendar year, or tax year beginning 08/01, 2007, and enc</mark>	ling	07/31/2008
B Chec	k if applicab	use IPS		D Employer identification number
	Address change	label or CLF VENTURES, INC.		04-3355728
	Name chan	print or type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initial retur	See 62 SUMMER STREET		(617) 350-0990
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		F Accounting Cash X Accrual
	Amended return	tions. BOSTON, MA 02110		Other (specify)
	Application pending	- Section 501(c)(5) organizations and 4041 (a)(1) monoxempt small		olicable to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a grou	p return for affiliates? Yes X No
G W	ebsite:	► WWW.CLFVENTURES.ORG	H(b) If "Yes," ente	r number of affiliates <u>N/A</u>
J o	rganizat		H(c) Are all affiliate	
	heck here	if the promination is not a 500/oV2) supporting organization and its gross	If "No," attac) Is this a separa	h a list. See instructions.)
		re normally not more than \$25,000. A return is not required, but if the organization chooses		vered by a group ruling?
		turn, be sure to file a complete return.	I Group Exemp	otion Number N/A
			M Check	if the organization is not required
L G	ross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	to attach Sch	n. B (Form 990, 990-EZ, or 990-PF).
Par		evenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	tructions.)	
, Le Cit	1	Contributions, gifts, grants, and similar amounts received:		33.43
		Contributions to donor advised funds		
		Direct public support (not included on line 1a)	155,000.	
			133,000.	
	C	Indirect public support (not included on line 1a)		
	d	Government contributions (grants) (not included on line 1a))	1e 155,000.
	е	Total (add lines 1a through 1d) (cash \$		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		
	3	Membership dues and assessments		
	4	Interest on savings and temporary cash investments		
	5	Dividends and interest from securities		. 5 280.
	6 a	Gross rents		
	b	Less: rental expenses		
	С	Net rental income or (loss). Subtract line 6b from line 6a		. <u> 6c </u>
Revenue	7	Other investment income (describe) 7
Ş.	8 a	Gross amount from sales of assets other (A) Securities (B)	Other	
쬬		than inventory		
	b	Less: cost or other basis and sales expenses . 8b		_
	С	Gain or (loss) (attach schedule)		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	<u></u>	. 8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check her	e ▶	
	а	Gross revenue (not including \$ of		
		contributions reported on line 1b)		
	b	Less: direct expenses other than fundraising expenses		
	C	Net income or (loss) from special events. Subtract line 9b from line 9a · · · · · ·		. 9c
		Gross sales of inventory, less returns and allowances		
	1	Less: cost of goods sold		
	C	su a se a	ne 10a	10c
	11	Other revenue (from Part VII, line 103)		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		. 12 1,039,876
	13	Program services (from line 44, column (B))		862,710
S	14	Management and general (from line 44, column (C))		14
Expenses	15	Fundraising (from line 44, column (D))		
xbe	16	Payments to affiliates (attach schedule)		
ш		Total expenses. Add lines 16 and 44, column (A)		•
	17	Excess or (deficit) for the year. Subtract line 17 from line 12		
Net Assets	18	EXCESS OF QUELICITY FOR the year, Subtract line 17 from line 12		19 255,838
Ass	19	Net assets or fund balances at beginning of year (from line 73, column (A))		253,835
et	20	Other changes in net assets or fund balances (attach explanation)		
_Z	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<u> </u>	. 21 374,169

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

	t II	Functional Expenses organiz	anızatı ations	and section 4947(a)(1)	nonexempt charitable trus	sts but optional for other	section 501(c)(3) and (4) s. (See the instructions.)
		ot include amounts reported on line 5b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants	paid from donor advised funds (attach schedule)					
	cash \$						
1	this check	amount includes foreign grants, here	22a				
2b	Other	grants and allocations (attach schedule)					
((cash \$						
	check	here	22b				
		cific assistance to individuals	23				
		ch schedule)	23				
		fits paid to or for members	24				
		h schedule)	24				
		tors, key employees, etc. listed in					
	Part \		25a	188,959.	188,959.		
		V-A	23a	100,939.	100,959.		
		tors, key employees, etc. listed in					
	۳۵۳t ۱		25b				
		ensation and other distributions, not includ-	-0.0				
	ed ab	ove, to disqualified persons (as defined					
		section 4958(f)(1)) and persons described tion 4958(c)(3)(B)	25c				
		ries and wages of employees not					
		ded on lines 25a, b, and c	26	293,718.	293,718.		
		ion plan contributions not		•			
i	inclu	ded on lines 25a, b, and c	27	9,656.	9,656.		
		loyee benefits not included on					
	lines	25a - 27	28	43,969.	43,969.		
29	Payr	oll taxes	29	22,029.	22,029.		
		essional fundraising fees	30				
31	Acco	ounting fees	31				
32	Lega	Il fees	32	1,088.	1,088.		
33	Supp	olies	33	3,576.	3,576.		
		phone	34	2,428.	2,428.		
		age and shipping	35	1,360.	1,360.		
		upancy	36	19,374.	19,374.		
		pment rental and maintenance	37	1,000.	1,000.		
		ing and publications	38	708.	l'		
		el	39	11,623.			
		erences, conventions, and meetings .	40	1,609.	1,609.		
		est	41				
		eciation, depletion, etc. (attach schedule)	42				
		r expenses not covered above (itemize):	43a	261 612	261,613.		
		IT_2	43a 43b		201,013.		
b			43D				
c d			43d				
e			43e				
			436 43f				
f			43g				
	Total throu	I functional expenses. Add lines 22a gh 43g. (Organizations completing mns (B)-(D), carry these totals to lines			0.60 710		
ادادا	13-13	5)	wing	862,710.	862,710	<u> </u>	
		ists. Check ► I If you are followed in the costs from a combined educational			licitation reported in (R) F	rogram services?	. ► Yes X N
		oint costs from a combined educational enter (i) the aggregate amount of these j				cated to Program service	
		nter (i) the aggregate amount of these j mount allocated to Management and ge				allocated to Fundraising	
(m) t	iiic al	mount anocated to management and ge	. 101 01	T	, ,,, amount		Form 990 (200

P	art III Statement of Program Service Accomplishments (Se	ee the instructions.)	
pa on	rm 990 is available for public inspection and, for some particular organization. How the public perceives an organization its return. Therefore, please make sure the return is comograms and accomplishments.	ition in such cases may be determined by the	t III, the organization's
	hat is the organization's primary exempt purpose? ►SEE STA	ATEMENT 3	Program Service Expenses
	organizations must describe their exempt purpose achievements		(Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements th	at are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1)
orc	ganizations and 4947(a)(1) nonexempt charitable trusts must also en	nter the amount of grants and allocations to others.)	trusts; but optional for others.)
_	TO PURSUE BUSINESS AND INVESTMENT OPPORT CONSERVE NATURAL RESOURCES AND DEMONSTRATO BECOME A FORCE TO PROTECT NATURE, NOT CONDUCTING THEIR BUSINESS.	UNITIES WHICH TE TO CLIENTS HOW DIMINISH IT, WHILE	
		his word industry faving growth about horn h	0.60 710
	(Grants and allocations \$) If t	his amount includes foreign grants, check here >	862,710.
b			
	(Out to and allocations ©	this amount includes foreign grants, check here	
	(Grants and allocations \$) If t	mis amount includes foreign grants, check here	
С			
	(Grants and allocations \$) If	this amount includes foreign grants, check here	
d			
U	i 		
	(Grants and allocations \$	this amount includes foreign grants, check here	

) If this amount includes foreign grants, check here

862,710. Form **990** (2007)

e Other program services (attach schedule)

(Grants and allocations \$

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Form	1 990 (2007)	4-3355728		Page 4
Pa	rt IV	Balance Sheets (See the instructions.)			
	ote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
T	45	Cash - non-interest-bearing	150.		150.
	46	Savings and temporary cash investments	140,591.	46	309,695.
	47a	Accounts receivable			
		Less: allowance for doubtful accounts	475,180.	47c	149,109.
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
1		Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		EOb	
İ		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
ts	51a	Other notes and loans receivable (attach schedule)			
ssets	h	Less: allowance for doubtful accounts		51c	
⋖ ।		Inventories for sale or use		52	
- 1	53	Prepaid expenses and deferred charges		53	
- 1		Investments - publicly-traded securities ▶ Cost FMV		54a	
		Investments - other securities (attach schedule) ▶		54b	
	55a	Investments - land, buildings, and			
		equipment: basis			
- 1	b	Less: accumulated depreciation (attach			
		schedule)		55c	
		Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis			
	D	Less: accumulated depreciation (attach	9,881	57c	8,940.
	58	schedule)	<i>5,</i> 001		0,510.
	30	(describe ►		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	625,802	59	467,894.
\neg	60	Accounts payable and accrued expenses	322,567	60	27 , 962.
	61	Grants payable		61	
	62	Deferred revenue		62	
Se	63	Loans from officers, directors, trustees, and key employees (attach			
Ě		schedule)		63	
Liabilities		Tax-exempt bond liabilities (attach schedule)		64a	
-		Mortgages and other notes payable (attach schedule)	47,397		65,763.
	65	Other liabilities (describe ►	47,397	. 03	05,705.
	66	Total liabilities. Add lines 60 through 65	369,964	. 66	93,725.
-		anizations that follow SFAS 117, check here ▶ 🗶 and complete lines	000700		
	O.g.	67 through 69 and lines 73 and 74.			
es	67	Unrestricted	185,892	. 67	269,224.
anc	68	Temporarily restricted	69,946	. 68	104,945.
Fund Balances	69	Permanently restricted		69	
р	Org	anizations that do not follow SFAS 117, check here ▶ and			
Fu		complete lines 70 through 74.			
or	70	Capital stock, trust principal, or current funds		70	
Net Assets	71	Paid-in or capital surplus, or land, building, and equipment fund		72	
Ass	72	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines		14	
et	73	70 through 72. (Column (A) must equal line 19 and column (B) must			
Z		equal line 21)	255,838	. 73	374,169.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	625,802		467,894.

Form **990** (2007)

74 Total liabilities and net assets/fund balances. Add lines 66 and 73

Pa	Reconciliation of Revenue per Auditer instructions.)	d Financial Statemer	its Wi	th Revenue	per Return (See	e the
a	Total revenue, gains, and other support per audited fir	nancial statements			a	1,039,876.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments			b1		
2	Donated services and use of facilities			b2		
3	Recoveries of prior year grants			b3		
4	Other (specify):					
				b4		
	Add lines b1 through b4					1 020 076
С	Subtract line b from line a				<u>C</u>	1,039,876.
d	Amounts included on Part I, line 12, but not on line a:			d1		
1	Investment expenses not included on Part I, line 6b Other (specify):			u I		
2	Other (specily).			d2		
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines c and d				▶ e	1,039,876.
Pa	art IV-B Reconciliation of Expenses per Audite	ed Financial Stateme	nts W	ith Expens	es per Return	
<u> </u>	Total expenses and losses per audited financial statem	nents			<u>a</u>	862,710.
b	Amounts included on line a but not on Part I, line 17:			1 1		
1	Donated services and use of facilities			b1		
2	Prior year adjustments reported on Part I, line 20			b2		
3	Losses reported on Part I, line 20			b3		
4	Other (specify):					
				b4		•
	Add lines b1 through b4					862,710.
C	Subtract line b from line a				· · · · · · · · · · · · · · · · · · ·	002,710.
d	Amounts included on Part I, line 17, but not on line a:			d1		
1	Investment expenses not included on Part I, line 6b. Other (specify):					
2	Other (specily). ————————————————————————————————————			d2		
					d	
e	Add lines d1 and d2				▶ e	862,710.
Pa	art V-A Current Officers, Directors, Trustees, a					r, director, trustee,
	or key employee at any time during the year				(D) Contributions to employee	(E) Expense account
	(A) Name and address	(B) Title and average hours pe	i (lfno	ompensation ot paid, enter	benefit plans & deferred	and other allowances
		week devoted to position		-0)	compensation plans	
				151 167	27 702	NONE
SE	CE STATEMENT 5		ļ <u>-</u>	<u>151,167.</u>	37,792	NONE
				111.1111111111		
			ļ			
			-			
			1			
			1		<u> </u>	Form 990 (2007)
						1 0000 0 0 (200/)

Form 99	0 (2007)		04-3355/2	8	- lage 0
Part	V-A Current Officers, Directors, Trustees, and Ke	y Employees (con	tinued)		Yes No
75a b	Enter the total number of officers, directors, and trustees meetings	sted in Form 990, I compensated prof related to each ot le individuals and exp	Part V-A, or high essional and of her through fablains the relation	lest compensated ther independent mily or business nship(s)	75b X
	Do any officers, directors, trustees, or key emplo compensated employees listed in Schedule A, Part independent contractors listed in Schedule A, Part organizations, whether tax exempt or taxable, that are the definition of "related organization."	I, or highest comp II-A or II-B, receive related to the orga described in the instr	pensated profester compensation initiation? See the SEE STATE uctions.	from any other e instructions for MENT 7▶	75c X
	V-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amount instructions.)	(ey Employees The	at Received C pensation or other	ompensation or (er benefits (describe	Other Benefits ed below) during
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
		_ -0-	-0-	-0-	-0-
					Yes No
Par 76	Other Information (See the instructions.) Did the organization make a change in its activities or	r methods of condu	ecting activities?	If "Yes." attach a	
70	detailed statement of each change				76 X
77	Were any changes made in the organizing or governing of If "Yes," attach a conformed copy of the changes.	documents but not re	ported to the IRS	?	77 X
78a	Did the organization have unrelated business gross ince this return?	come of \$1,000 or	more during th	e year covered by	78a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b N/A
79	Was there a liquidation, dissolution, termination, or su a statement				79 A
80a	Is the organization related (other than by association common membership, governing bodies, trustees, organization?	officers, etc., to a	ny other exem	pt or nonexempt	00-
b	If "Yes," enter the name of the organization ▶	<u> STMT 8 </u>			_
	Enter direct and indirect political expenditures. (See line 8	81 instructions.)	81a		
	Did the organization file Form 1120-POL for this year?				. 81b X

Form 990 (2007) 04-3333728			aye
Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			de d
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	N/	<u> </u>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	Α
b If "Yes," did the organization include with every solicitation an express statement that such contributions or			ALLEY.
gifts were not tax deductible?	84b	N/	Α
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87 87 N/A			
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
partnership, or an entity disregarded as separate from the organization under Regulations sections			
204 7704 2 and 204 7704 22 If "Woo " complete Port IV	88a	Х	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		-21	
	88b	x	
meaning of section 512(b)(13)? If "Yes," complete Part XI 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
12 10 PM			
section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	89b		X
a statement explaining each transaction	1000		- 23
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
5000000 TO 12, 1000, and 1000			
a Lincolly amount of task of the order of task of the order of task of			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	89e	F1034 5 324	х
transaction?	89f	<u> </u>	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	031		<u>├</u> ^
g , or supporting organizations and openioring organization			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	804		v
at any time during the year?	89g	J	X
90 a List the states with which a copy of this return is filed MA,	90b	17	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			
91a The books are in care of ► <u>JESSICA_ZANDER</u> Telephone no. ► 617-35		990	
Located at ► 62 SUMMER STREET, BOSTON, MA ZIP+4 ► 02110-10	ΙΤЮ		
		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	041		-
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		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.	<u> </u>	profit.	15.5

Form **990** (2007)

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 999	(0007)

No

Yes

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part X		nformation Regarding	Transfers To and From as defined in section 51:	Controlled Entities. Com	plete only if the organ	ization	is a
		Ontrolling Organization	as actifica in socion on	2(8)(10).		Yes	No
06				ontrolled entity as defined in s	section 512(b)(13) of		v
	the C		ne schedule below for each				X
	N	(A) ame, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trai	nsfer	
a	_ -						
b							
c							
		Totals				Yes	No
107	D:4 :	the reporting erganization	racaiva any transfers from	a controlled entity as defined i	n section	res	140
107	512/	the reporting organization (b)(13) of the Code? If "Ye	es " complete the schedule	below for each controlled entity			X
	012((A)	(B)	(C)			
	١	lame, address, of each controlled entity	Employer Identification Number	Description of transfer	(D) Amount of tra	nsfer	
a							
b							
С							
		Totals					
108		• •	oinding written contract in e described in question 107	ffect on August 17, 2006, cove	ring the interest,	Yes	No A
Pleas		Under penalties of perjury, I de	eclare that I have examined this re-	turn, including accompanying schedules arer (other than officer) is based on all	and statements, and to the best information of which preparer ha	of my kr	owledg
Sign Here		Signature of officer		Date			
		Type or print name and titl	e	Date Check if	Preparer's SSN or PTIN (See Con	Inst Y
Paid Prepai	ror'e	Preparer's signature		Date Check if self-employed	P00202		1113t. A
Use O		Firm's name (or yours if self-employed),	RANT THORNTON LLP		EIN ▶ 36-605		
	. ,		26 CAUSEWAY STREET	?	Phone no. ► 617-72:		
•			BOSTON, MA	02114-21		orm 990	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

Supplementary Information - (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

or 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

04-3355728 CLF VENTURES, INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more account and other employee benefit plans & (c) Compensation per week devoted to position than \$50,000 deferred compensation allowances SEE STATEMENT 10 Total number of other employees paid over \$50,000 . . . NONE Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 SEE STATEMENT 11 Total number of others receiving over \$50,000 for professional services ▶ NONE Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 NONE

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

NONE

Par	Statements About Activities (See page 2 of the instructions.)	1	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2 a		х
b	Lending of money or other extension of credit?	2 b	-	Х
С	Furnishing of goods, services, or facilities?	2 c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	X	
е	Transfer of any part of its income or assets?	2 e		Х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b	X	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c_		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		X
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a 4b	N	X /A
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	N	A
d	Enter the total number or donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	110.1		
f	The state of a secret fixed as accounts owned at the end of the tax year (excluding donor advised			NONE
g	Extend the appropriate value of accord hold in all funds or accounts included on line 4f at the end of the tax year			NONE

Schedule A (Form 990 or 990-EZ) 2007

Part IV	Reason for Non-Private Fo	undation Status	s (See pages 4 thro	ough 8 of the	instructions.)	
certify tha	at the organization is not a private foundat	ion because it is: (Plea	se check only ONE appli	cable box.)		
5	A church, convention of churches, or ass	sociation of churches. S	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also c	omplete Part V.)				
7	A hospital or a cooperative hospital servi	ce organization. Section	on 170(b)(1)(A)(iii).			
8	A federal, state, or local government or g	governmental unit. Sec	tion 170(b)(1)(A)(v).			
9	A medical research organization opera			n 170(b)(1)(A)	(iii). Enter the I	nospital's name, city,
10	An organization operated for the benef (Also complete the Support Schedule in I		niversity owned or oper	ated by a gove	ernmental unit. S	Section 170(b)(1)(A)(iv)
11a	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Supp			overnmental un	it or from the g	eneral public. Section
11b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete the	Support Schedule in P	art IV-A.)		
12 \[\]	An organization that normally receives: (activities related to its charitable, etc., finvestment income and unrelated busine 1975. See section 509(a)(2). (Also complete organization that is not controlled requirements of section 509(a)(3). Check	unctions - subject to ss taxable income (let lete the Support Sche ed by any disqualifi	certain exceptions, and as section 511 tax) from adule in Part IV-A.)	(2) no more the businesses according foundation	nan 33 1/3% of quired by the orga	its support from gross anization after June 30,
	X Type I Type II		nctionally Integrated	Type III -	Other	
	Provide the following information	n about the supported	organizations. (See pag	ge 8 of the instru	uctions.)	
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting ization's documents?	(e) Amount of support
				Yes	No	
SE	EE STATEMENT 13					
Total · ·						
14	An organization organized and operated	to test for public safe	ty. Section 509(a)(4). (Se	e page 8 of the	instructions.)	

7E1222 1.000

	dule A (1 dilli 330 di 330 EZ) 2307		1 15 40	44 12 \ 1/22 -	ash mothed of a	ecounting
Pai	t IV-A Support Schedule (Complete only	if you checked a	box on line 10,	11, Of 12.) Use C	asri illeulou oi a	Counting.
	e: You may use the worksheet in the instruction	ns for converting fr		1	ł .	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business	,				
	taxable income (less section 511 taxes) from					
	businesses acquired by the organization after					
	June 30, 1975					
19	Net income from unrelated business activities					
	not included in line 18					
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					
	behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23			A NOTE TO DO TO	DIT L	
26	Organizations described on lines 10 or 11:	Enter 2% of amoun	t in column (e), line 2	4 NOT APPLICA	78114 ▶ 20	a
t	Prepare a list for your records to show the	name of and amo	unt contributed by	y each person (ou	lei tiidii d	
	governmental unit or publicly supported organ	ization) whose tot	al gitts for 2003	through 2006 ext	seeded the	
	amount shown in line 26a. Do not file this I					
	: Total support for section 509(a)(1) test: Enter line 24				▶ 26	G
(Add: Amounts from column (e) for lines: 18		9		> 00	
•	Public support (line 26c minus line 26d total)				26	if %
27	Public support percentage (line 26e (numerator) Organizations described on line 12: a For	r amounts include	ed in lines 15	16 and 17 that	were received	Hom a disquamieu
21	nerson " prepare a list for your records to sh	ow the name of,	and total amounts	s received in each	year from, each	"disqualified person."
	Do not file this list with your return. Enter the sum	of such amounts for	r each year:			
	NOT APPLICABLE		(2004)		(2003)	
	(2006) (2005)		(2004)		(2000) _	et for your records to
b	For any amount included in line 17 that was a show the name of, and amount received for each	h vear that was n	nore than the large	er of (1) the amoun	t on line 25 for tr	ie γear or (2) Φο,000.
	Unclude in the list organizations described in line	es 5 through 11b.	as well as individua	als.) Do not file thi	s list with your re	eturn. After computing
	the difference between the amount received a	nd the larger amo	unt described in (1) or (2), enter the	e sum of these o	ifferences (the excess
	amounts) for each year: (2006) (2005)		(2004)		(2003)	
	(2006) (2005)		(2004)		(2000)_	
-	Add: Amounts from column (a) for lines: 15		16			
С	Add: Amounts from column (e) for lines: 15 20		21		2	7 c
		and line 27h total	- '	· · · · · · ·		7 d
d	Date (1) and (and mic 270 total			2	7e
e	- · · · · · · · · · · · · · · · · · · ·	unt from line 23. colu	mn (e)	▶ 27f		
f	m 1 H	divided by line 27f (denominator))			
g h	Investment income percentage (line 18, column	(e) (numerator) divid	ded by line 27f (deno	ominator))	▶ 2	7h %
28	Universal Granter For an organization describ	ed in line 1() 1	1 or 12 that re	eceived anv unusua	ai grams during	2003 tillough 2000,
	prepare a list for your records to show, for description of the nature of the grant. Do not file th	each vear, the r	name of the contr	ributor, the date a	ina amount of the	ie grain, and a bilei
	description of the nature of the grant. Do not me th	, ,			Schedule A	Form 990 or 990-EZ) 2007

Pa	rt \	Private School Questionnaire (See page 9 of the instructions.) NOT APPLICA (To be completed ONLY by schools that checked the box on line 6 in Part IV)	BLE		
		Opes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
29			29		
	0	other governing instrument, or in a resolution of its governing body?			
30	L	prochures, catalogues, and other written communications with the public dealing with student admissions,			
			30		
	р	orograms, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
31	r	he period of solicitation for students, or during the registration period if it has no solicitation program, in a way	\$7.4		
	I	hat makes the policy known to all parts of the general community it serves?	31		
	τ.	f "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	ľ				
	-				
	-				
	_				
	-				
32	[Does the organization maintain the following:	32a		
-	a F		<u></u>		
		Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32b		
	k	pasis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	O L D		†
			32c		
	١	with student admissions, programs, and scholarships?	32d		
	d (Copies of all material used by the organization or on its behalf to solicit contributions?	<u> </u>		1.70
		(If you need more engage attach a congrete statement)			
	Ì	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	-				
	-				
33		Does the organization discriminate by race in any way with respect to:			
		OL 1. Library and the second decree O	33a		
	a	Students' rights or privileges?	oou		1
		A duringiana maligian?	33b		
	b .	Admissions policies?			
		Employment of faculty or administrative staff?	33c		
	С	Employment of faculty of autilinistrative starrs			
		Scholarships or other financial assistance?	33d		
	a	Scholarships or other financial assistance?			1
		Educational policina?	33e		
	е	Educational policies?			
	£	Line of facilities?	33f		
	T	Use of facilities?			
	_	Athletic programs?	330	ı	
	g	Athletic programs?			
	L	Other extracurricular activities?	33H		
	n	Other extracumcular activities:			
		If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		If you answered Tes to any of the above, please explain. (ii year need where a party and it is			
3 /	l a	Does the organization receive any financial aid or assistance from a governmental agency?	34	1	
J4	, a	Dood the diguination recent any mission are at account of the second of the second of the second and the second of			
	h	Has the organization's right to such aid ever been revoked or suspended?	34	o	
	IJ	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
		in you anomored from to did on an an an an an an and an anomalism		1	
3.5	5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
J.	•	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
_					

Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) Part VI-A (To be completed ONLY by an eligible organization that filed Form 5768)

	(To be completed ONE) by all engine organization that hier to the			
Che	ck ▶ a X if the organization belongs to an affiliated group. Check ▶ b if you	check	ed "a" and "limited con	trol" provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	7,003.	NON
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	28,164.	NON
38	Total lobbying expenditures (add lines 36 and 37)	38	35,167.	NON
39	Other exempt purpose expenditures	39	5,413,742.	862,710
40	Total exempt purpose expenditures (add lines 38 and 39)	40	5,448,909.	862,710
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -			
	Not over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	422,445.	154,407
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	105,611.	38,602
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total				
45	Lobbying nontaxable amount	422,445.	332,192.	NONE	NONE	754,637				
46	Lobbying ceiling amount (150% of line 45(e))					1,131,956				
47	Total lobbying expenditures	35,167.	51,581.	NONE	NONE	86,748				
48	Grassroots nontaxable amount	105,611.	83,048.	NONE	NONE	188,659				
49	Grassroots ceiling amount (150% of line 48(e))					282,989				
50	Grassroots lobbying expenditures				NONE	8,883				

Lobbying Activity by Nonelecting Public Charities Part VI-B

NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

	ing the year, did the organization attempt to influence national, state or local legislation, including any mpt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a b	Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements	<u> </u>		
	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes	<u> </u>		
q	Direct contact with legislators, their staffs, government officials, or a legislative body			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h)			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying ac			

	Exempt Organizations (See page 14 of the instructions.)				
51 Did the re	eporting organization directly	y or indirectly engage in any of the follo	owing with any other organization desc	ribed in	sect	ion
501(c) of	the Code (other than section	n 501(c)(3) organizations) or in sectio	n 527, relating to political organizations	?		
a Transfers	from the reporting organiza	ation to a noncharitable exempt organiz	zation of:		Yes	No
(i) Cas	h			51a(i)		X
				a(ii)		Х
b Other trai						
		vith a noncharitable exempt organization	n l	b(i)		X
(ii) Pur	chases of assets from a not	ncharitable exempt organization	*	b(ii)		X
(iii) Ren	atal of facilities equipment	or other assets		b(iii)		X
(iii) Reir	mburgement arrangements	of other assets		b(iv)		X
				b(v)		X
(V) Lua	formance of comince or mo			b(vi)		
						X
			s	С		X
			Column (b) should always show the fair in			
		in column (d) the value of the goods, other	organization received less than fair m	aikei va	aiue ii	ii aiiy
ti di isactioi		The value of the goods, other	assets, or services received.			
(a)	(b)	(c)	(d)			
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sh	aring arra	ngeme	nts
						· · · · · ·
N/A						
						-
describe	ed in section 501(c) of the C complete the following sch	otly affiliated with, or related to, one or ode (other than section 501(c)(3)) or edule:	in section 527?	Yes	s [}	No
Na	(a) ame of organization	(b) Type of organization	(c) Description of relationsh	nip		
N/A						
N/A						
	, ,					

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Employer identification number

CLF VENTURES, INC.			04-3355728
Organization type (check on	e):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number)	organization	
	4947(a)(1) nonexempt cha	ritable trust not treated as a private	foundation
	527 political organization		
Form 990-PF	501(c)(3) exempt private for	oundation	
	4947(a)(1) nonexempt cha	ritable trust treated as a private fou	ndation
	501(c)(3) taxable private for	oundation	
General Rule - X For organizations f	s covered by the General Rule or a Spe is for both the General Rule and a Speci illing Form 990, 990-EZ, or 990-PF the	ial Rule - see instructions.) at received, during the year, \$5,000	
property) from any Special Rules -	one contributor. (Complete Parts I and	l II.)	
For a section 501(ounder sections 509)	c)(3) organization filing Form 990, or le(a)(1)/170(b)(1)(A)(vi), and received or 2% of the amount on line 1 of these	from any one contributor, during the	
during the year, ag	c)(7), (8), or (10) organization filing Fo gregate contributions or bequests of or educational purposes, or the preven	more than \$1,000 for use exclusively	∕ for religious, charitable,
during the year, so not aggregate to m the year for an excu applies to this orga	c)(7), (8), or (10) organization filing Forme contributions for use exclusively for ore than \$1,000. (If this box is check lusively religious, charitable, etc., purpanization because it received nonexclusively.	or religious, charitable, etc., purpose ed, enter here the total contribution pose. Do not complete any of the Pa usively religious, charitable, etc., co	es, but these contributions did s that were received during rts unless the General Rule ntributions of \$5,000 or more
	are not covered by the General Rule a		
	r must check the box in the heading o do not meet the filing requirements of		
For Paperwork Reduction Act Not	ice, see the Instructions	Sche	dule B (Form 990, 990-EZ, or 990-PF) (2007)

for Form 990, Form 990-EZ, and Form 990-PF.

of Part I

Name of organization	CLF	VENTURES,	INC

of Employer identification number

04-3355728

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	EUGENE CLAPP 10 CHARLES RIVER SQUARE BOSTON, MA 02114	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	BOSTON FOUNDATION 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	SURDNA FOUNDATION 330 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10017	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	BOSTON SOCIETY OF ARCHITECTS 52 BROAD STREET BOSTON, MA 02109	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is

FORM	990,	PART	I	_	OTHER	DECREASES	IN	FUND	BALANCES
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DESCRIPTION AMOUNT

PRIOR YEAR ADJUSTMENT 58,835.

TOTAL 58,835.

EXPENSES
OTHER
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H
PART
,066
FORM

	PROGRAM
DESCRIPTION	SERVICES
O HIV KH TITO KOO	7.8.7
CONSOLIANIS INFORMATION SERVICES	
LIBRARY	2
INSURANCE	26,5
MISCELLANEOUS	e e
INTERNS	4,2
ALLOCABLE EXPENSES	99,4
ADVERTISING & WEB	വ
TRAINING	1,1
TOTALS	261,6

780. 507. 562. 562. 250. 250. 1125.

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STATEMENT

04-3355728 CLF VENTURES, INC.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE ______

TO PROVIDE LEGAL AND PROFESSIONAL SERVICES IN CONNECTION WITH THE CONSERVATION OF NATURAL RESOURCES.

CLF VENTURES, INC.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

DUE TO AFFILIATES

65,763.

TOTALS

65,763.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL B. MOSKOW 62 SUMMER STREET BOSTON, MA 02110	CHAIRMAN 1.00	NONE	NONE	NONE
PAULA W. GOLD, ESQ. 62 SUMMER STREET BOSTON, MA 02110	VICE CHAIRMAN 1.00	NONE	NONE	NONE
JOHN M. TEAL, PH.D. 62 SUMMER STREET BOSTON, MA 02110	VICE CHAIRMAN 1.00	NONE	NONE	NONE
EUGENE H. CLAPP 62 SUMMER STREET BOSTON, MA 02110	TREASURER 1.00	NONE	NONE	NONE
GORDON HALL III 62 SUMMER STREET BOSTON, MA 02110	BOARD MEMBER	NON	NONE	NONE
JACQUIE L. KAY 62 SUMMER STREET BOSTON, MA 02110	BOARD MEMBER 1.00	NONE	NONE	NONE
PETER NESSEN	BOARD MEMBER 1.00	NONE	NONE	NONE

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

ONS EXPENSE ACCT EE AND OTHER ANS ALLOWANCES	NONE	NONE	NONE	.75. NONE	.17.	NONE NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ä	Ž	Ż	4,375	33,417	37,792.
COMPENSATION	NONE	NONE	NONE	17,500.	133,667.	151,167.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	PRESIDENT CLF 4.00	CEO 40.00	GRAND TOTALS
NAME AND ADDRESS62 SUMMER STREET BOSTON, MA 02110	JAMES M. WILSON 62 SUMMER STREET BOSTON, MA 02110	JOHN B. FRENCH 62 SUMMER STREET BOSTON, MA 02110	SHELLEY H. METZENBAUM 62 SUMMER STREET BOSTON, MA 02110	PHILIP WARBURG, ESQ 62 SUMMER STREET BOSTON, MA 02110	WILLIAM COLEMAN 62 SUMMER STREET BOSTON, MA 02110	

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FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

EXPENSE ACCT AND OTHER ALLOWANCES	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	39,375.
COMPENSATION	157,500.
EMPLOYER ID #	04-6149986
NAME, ORGANIZATION NAME, RELATIONSHIP	PHILIP WARBURG, ESQ CONSERVATION LAW FOUNDATION, INC PRESIDENT

NONE

39,375.

157,500.

GRAND TOTALS

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS ______

RELATED ORGANIZATION NAME: CONSERVATION LAW FOUNDATION, INC

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ENVIRONMENTAL INSURANCE AGENCY, INC

EXEMPT: NONEXEMPT: X

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

ENDING ASSETS	69,873.	69,873.
TOTAL INCOME	.89,799.	.667,68
NATURE OF BUSINESS ACTIVITIES	.000000 ENVIRON INSUR	
PERCENTAGE OWNERSHIP INTEREST	96.000000	NCOME
NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	ENVIRONMENTAL INSURANCE AGENCY 62 SUMMER STREET BOSTON, MA 02110 04-339004	TOTAL INCOME

- COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES PART I SCHEDULE A,

EXPENSE ACCOUNT	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	25,134.	11,484.	13,583.	11,257.	61,458.
COMPENSATION	100,537.	45,937.	54,333.	45,027.	245,834.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	MANAGING DIRECTOR 40.00	PROJECT MANAGER 30.00	COMMUNITY INVOLVEMEN 40.00	PROJECT ANALYST	TOTAL COMPENSATION
NAME AND ADDRESS	JOANNE SHATKIN 62 SUMMER STREET BOSTON, MA 02110	DANO WEISBORD 62 SUMMER STREET BOSTON, MA 02110	JASMINE TANGUAY 62 SUMMER STREET BOSTON, MA 02110	ERIN COOKE 62 SUMMER STREET	BOSTON, MA UZIIO

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
CAMBRIDGE ENVIRONMENTAL 58 CHARLES STREET CAMBRIDGE, MA 02141	PROJECT CONSULTING	1,059,747.
STRATEGIC DEVELOPMENT SOLUTIONS, LLC 11150 W. OLYMPIC BLVD, SUITE 910 LOS ANGELES, CA 90064	PROJECT CONSULTANT	120,000.
TOTAL COMPENSATI	ON	1,179,747.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990 PART V - A

SCHEDULE A,	PART	IA -	INFORMATION	ABOUT	SUPPORTED	ORGANIZATIONS
SCHEDULE A,	PART	IA -	INFORMATION	ABOU'I'	SUPPORTED	ORGANIZATIONS

(A) NAME(S) OF SUPPORTED ORGANIZATION(S)	(B) EIN	(C) TYPE OF ORGANIZATION	(D) LISTED IN DOC. YES NO	(E) AMOUNT OF SUPPORT
CONSERVATION LAW FOUNDATION, INC	04-6149986	11A	X	
TOTAL AMOUNT OF SUPPORT				=======================================

GRANT THORNTON LLP 226 CAUSEWAY STREET BOSTON, MA 02114

INSTRUCTIONS FOR FILING
CLF VENTURES, INC.
FORM 990 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED JULY 31, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MARCH 15, 2010 WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.



CONSERVATION LAW FOUNDATION

December 15, 2009

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0012

Dear Sir or Madam:

Enclosed please find the following filed via Certified Mail, on behalf of:

CLF Ventures, Inc. Federal EID: 04-3355728

Form 8868 - U.S. Application for Extension of Time to File an Exempt Organization Return

Kindly return a stamped copy of the extension in the provided envelope. Thank you.

Sincerely,

Jessica Zander

VP, Finance & Administration Conservation Law Foundation, Inc.

62 Summer Street, Boston, Massachusetts 02110-1016 • Phone: 617-350-0990 • Fax: 617-350-4030 • www.clf.org

MAINE: 14 Maine Street, Brunswick, Maine 04011-2026 • 207-729-7733 • Fax: 207-729-7373

Form **8868**

(Rev. April 2009)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Internal Revenu	e Service	Prile a Separate application for each return.		<u> </u>	
• If you are	e filing for oplete Pan	an Automatic 3-Month Extension, complete only Part I and check this boy an Additional (Not Automatic) 3-Month Extension, complete only Part II (t II unless you have already been granted an automatic 3-month extension on a	on page 2 previously		
Part I	Automa	itic 3-Month Extension of Time. Only submit original (no copies nee	ded).		
Part I only		ed to file Form 990-T and requesting an automatic 6-month extension—check			▶ □
time to file	income ta				
one of the electronica returns, or	returns no lly if (1) you a composit	file). Generally, you can electronically file Form 8868 if you want a 3-month au oted below (6 months for a corporation required to file Form 990-T). Howe ou want the additional (not automatic) 3-month extension or (2) you file Form te or consolidated Form 990-T. Instead, you must submit the fully completed ar is on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ver, you s 990-BL nd signed	cannot file , 6069, or page 2 (Pa	e Form 8868 8870, group art II) of Form
Type or	Name o	f Exempt Organization	Employe	r identifica	ation number
print	CLF V	ENTURES, INC.	04	33	355728
File by the	Number	r, street, and room or suite no. If a P.O. box, see instructions.			
due date for filing your		mmer Street			
return. See instructions.	City, to	wn or post office, state, and ZIP code. For a foreign address, see instructions.			
	Bosto	n, MA 02110			
Check typ Form 9 Form 9 Form 9 Form 9	90 90-BL 90-EZ	n to be filed (file a separate application for each return): Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A	[[[Form 6	5227 5069
Telephor If the org If this is for the who a list with	ne No (.) ganization for a Grou ole group, the names	does not have an office or place of business in the United States, check this up Return, enter the organization's four digit Group Exemption Number (GEN) check this box ▶ □ . If it is for part of the group, check this box and EINs of all members the extension will cover.) N//	► □ and	▶ □ If this is J attach
until for th	MARO e organiza	ation's return for:	n named a		e extension is
		beginning August 1, , 20 08 , and ending	July 31,		, 20. <u>09</u>
2 If this	s tax year	is for less than 12 months, check reason: ☐ Initial return ☐ Final return	☐ Chan	ge in acco	ounting period
		on is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative to fundable credits. See instructions.		3a \$	
		on is for Form 990-PF or 990-T, enter any refundable credits and estimated te. Include any prior year overpayment allowed as a credit.		3b \$	
depo Syste	sit with F em). See ir	Subtract line 3b from line 3a. Include your payment with this form, or, if require TD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymenstructions.	ent E	3c \$	0.00
Caution.		joing to make an electronic fund withdrawal with this Form 8868, see Form 8	453-EO a	nd Form 8	3879-EO

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2008 calendar year, or tax year beginning 08/01, 2008, and ending 07/31,**20**09 C Name of organization CLF VENTURES, INC D Employer identification number use IRS Doing Business As label or 04-3355728 print o Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return See 62 SUMMER STREET (617) 350-0990 Specific City or town, state or country, and ZiP + 4 Amended BOSTON, MA 02110 G Gross receipts \$ 467 return F Name and address of principal officer: WILLIAM COLEMAN Application pending H(a) is this a group return for Yes SUMMER STREET BOSTON. MA 02110 H(b) Are all affiliates included? X 501(c) (3) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: WWW.CLFVENTURES.ORG H(c) Group exemption number Type of organization: X Corporation Association L Year of formation: 1997 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE PROFESSIONAL SERVICES IN CONNECTION WITH THE CONSERVATION OF NATURAL RESOURCES. if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) NONE Total number of volunteers (estimate if necessary) 7 a: Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Contribution and grants (Part VIII, line 1h) 155.000 NONE Program service revenue (Part VIII, line 2g) 884,596 467,683. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 114, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 467,797 Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE Benefits paid to or for members (Part IX, column (A), line 4) NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 422,246. 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 326,408 199,382 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 862,710 621,628. 19 Revenue less expenses. Subtract line 18 from line 12 . . . 177,166 -153,831.Beginning of Year End of Year 20 Total assets (Part X, line 16) 467,894 272,010. Total liabilities (Part X, line 26) 21 93,725 51,671. 22 Net assets or fund balances. Subtract line 21 from line 20 220,339. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of off Preparer's identifying number Check if Prepared's (see instructions) self signature employed P00202198

226 CAUSEWAY STREET BOSTON, MA 02114-2155

May the IRS discuss this return with the preparer shown above? (See instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

FIN

Phone no.

36<u>-6055558</u>

Yes

Form 990 (2008)

Preparer's

Firm's name (or yours

) (Revenue \$

Form **990** (2008)

5

4e Total program service expenses ▶\$ 575, 959. (Must equal Part IX, Line 25, column (B).)

including grants of \$

4d Other program services. (Describe in Schedule O.)

(Expenses \$

8E1020 1.000

Part	IV Checklist of Required Schedules			,
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schodula D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Δ.
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			X
U	complete Schodule D. Bort III	8		v
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			X
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
		9		
4.0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V			X
10		10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	4.4	3.7	
4.0	Parts VI, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
4.0	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4 =	business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			İ
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

JSA 8E1021 1.000

Part IV Checklist of Required Schedules (continued) Yes Nο During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	. 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors				
	gaming (gambling) winnings to prize winners?		1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return .	2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retur	n. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year				
	this return?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or or	other financial			
	account)?		4 a		X
b	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 F	oreign Bank			
	and Financial Accounts.		.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5 b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entity Regarding	5 c		
	Prohibited Tax Shelter Transaction?				X
	Did the organization solicit any contributions that were not tax deductible?		Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or	6 b		
	gifts were not tax deductible?		0.5		
7	Organizations that may receive deductible contributions under section 170(c).	- f th 0750	7 a		Х
a	Did the organization provide goods or services in exchange for any quid pro quo contribution	of more than \$75?.		-	122
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for we required to file Form 8282? • • • • • • • • • • • • • • • • • • •	IICIT IL Was	7 c		Х
al.	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium		1		
е	benefit contract?		7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefits				Х
ď	For all contributions of qualified intellectual property, did the organization file Form 8899 as r				
b h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form				İ
	required?		7 h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained b				
	organization, have excess business holdings at any time during the year?		. 8	- Propertie Conf	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		. 9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		. <u>9b</u>	C Properties	3 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	+		
11	Section 501(c)(12) organizations. Enter:	laal			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
	amounts due or received from them.)	11b	- 42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041? • • • • • • • • • • • • • • • • • • •	. 12a		

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Secti	on A. Governing Body and Management		·., 1	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
1a	Zintor the name of the last great gr			
b	Effect the humber of voting members that are madpointed.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. Sae instructions. Enter the number of voting members of the governing body Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employees. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Are any declasions of the governing body subject to approval by members, stockholders, or other persons? Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Are any declasions of the governing body subject to approval by members, stockholders, or other persons? The poverning body? The governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body before it was filled? All organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization was to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization was to review the Form 990 is there any officer			X
4	Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to amanagement company or other person? Did the organization become aware during the year of a material diversion of the organization's assests? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization scontemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? If Yes, "gover the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization is governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization with the form 990 is represented by the organization have a written policies and procedures governing body before it was filed? All organizations of the organization is more process in Schedule O, (see instructions) Is there any officer, director or trustee,			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body Ital 11 Inter the number of voting members of the governing body Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employees for a family relationship or a business relationship with any officer, director, trustees, or key employees to a management own or or officers, directors or trustees, or key employees to a management own or or more officer, director, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its urganizational documents arise the profer m990 was filted? Did the organization make any significant changes to its urganizational documents arise the profer m990 was filted? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Does the organization so contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with throse of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization place with the policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction pol		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
		7a	Χ	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
а	The governing body?	8a	X	
b		8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9 a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
		9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. Soe instructions. Enter the number of voting members of the governing body Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 900 was filed? Did the organization become aware during the year of a material diversion of the organization's sesets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Fig. 19 Dest be organization have be closed to the governing body? Be ach committee with authority to act on behalf of the governing body? Be ach committee with authority to act on behalf of the governing body? Be ach committee with authority to act on behalf of the governing body hero expanization? Be poverning body? The governing body? Be ach committee with authority to act on behalf of the governing body hero expansion of the process of the Form 990 provided to the organization is governing body before it was field? All organizations must describe in Schedule O the process, if any, the organization			X
Secti	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. Soo instructions. a Enter the number of voting members of the governing body. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organization seasor? Does the organization become aware during the year of a material diversion of the organizations assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? To bid the organization so other persons by the following. The governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? To bid the organization have blocal chapters, branches, or affiliates? Beach committee with authority to act on behalf of the governing body? Did possible organization have provide the procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Did have officers, director or trustee, or key employee singulation uses to review the Form 990 Is then any officier, director or trustee, or key employee required to disclose annually interests that could give rise to conflicts? Did the organization have a written conflict of interest policy? If "Wo," go to line 13 Dives fineers, dire			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		12c	Х	
13	• • • • • • • • • • • • • • • • • • • •	13	Х	
14		14	X	
15				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	İ		
а		15a	Х	
		15b		Х
16a				
		16a		Х
b	If "Yes." has the organization adopted a written policy or procedure requiring the organization to evaluate			
	a Enter the number of voting members of the governing body b Enter the number of voting members of the governing body clarker the number of voting members that are independent Did any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, frustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization have members or stockholders? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization common the members are the persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? The governing body before it was filed? The governing body? The governing body provided to the organization with the governing the activities of such chapters, affliates, and branches to ensure their ope		,	
Sect	Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? Did the organization delegate control over management dutiles customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management ompany or other person? Did the organization have management officers of the organization make any significant changes to its organizational documents since the prior Form 990 was filled? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization's mailing address? If "Yes," provide the names and addresses in Schedule O is the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization's mailing address? If "Yes," provide the names and addresses in Schedule O is the organization have a written with the organization or to reverse the organization or the deliberation and decision: Does			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
10		erest		
19		•		
20	Pulley, and interior statements available to the public. State the name, physical address, and telephone number of the nerson who nessesses the hooks and records of	the		
20				
	61/-35U-U99U			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not com	pensate an	y offic	cer,	dire	ecto	r, trus	tee,	or key employee.		
(A) Name and Title	(B) Average hours per week	ndividual trustee o or director	Institutional trustee	•	C) all Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIAM C COLEMAN										
VP AND CEO CLF VENTURES	34.	X		X				131,390.	6,915.	11,277.
MICHAEL B MOSKOW CHAIRMAN	1.	Х						NONE	NONE	NONE
PAULA W GOLD ESQ										
VICE CHAIRMAN	1.	Х						NONE	NONE	NONE
JOHN M TEAL PHD	1.	x						NONE	NONE	NONE
VICE CHAIRMAN EUGENE H CLAPP	1.	1		<u> </u>				NOIVE	11,011,1	
TREASURER	1.	X		X				NONE	NONE	NONE
GORDON HALL III		1 2 2			!					
BOARD MEMBER	1.	X						NONE	NONE	NONE
JACQUIE L KAY										
BOARD MEMBER	1.	X						NONE	NONE	NONE
PETER NESSEN										
BOARD MEMBER	1.	X						NONE	NONE	NONE
JOHN B FRENCH										
BOARD MEMBER	1.	X					ļ	NONE	NONE NONE	NONE
SHELLEY H METZENBAUM					ĺ					
BOARD MEMBER	1.	X	ļ		_		<u> </u>	NONE	NONE	NONE
PHILIP WARBURG										
PRESIDENT OF CLF	2.	X	ļ	X		ļ	-	8,551.	162,475.	12,424.
JOHN KASSEL	_									
PRESIDENT OF CLF 5 1 2009	2.	X	-	X	-		 	NONE	NONE NONE	NONE
JOANNE SHATKIN	-									
CLFV MANAGING DIRECTOR	40.		-	-	-	X	-	115,805.	NONE	4,503.

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employe	es (ço	ntinued)	
(A)	(B)			(C	>)			(D)	(E)		(F	
Name and title	Average hours per week	Individual trustee Por director	nstitutional trustee	Officer	key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relat organizatic (W-2/1099-N	ion ed ons	Estim amou oth compen from organiz and re	nt of er sation the zation elated
												, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Total number of individuals (including thos	e in 1a) v	who	 rece	ive	 d m	ore				390. mpens		28 , 20 m the
organization ► 4												res N
3 Did the organization list any former officemployee on line 1a2 If "Yes" complete School	cer, direct	tor oi	r tru	uste Iual	ee,	key	emį	ployee, or highes	st compens	ated	3	
4 For any individual listed on line 1a, is the the organization and related organizations	e sum of greater t	repo han S	rtab \$150	le 6	com	pens	atio Yes,	on and other com " complete Sched	npensation f	rom	4	x
5 Did any person listed on line 1a receiv	e or acc	rue d	com	pen	sati	on fr	om	any unrelated	organization	for	5	
Total												
week and double to the companies of the		ed more tha	an \$10	00,000	of 							
	the organization list any former officer, director or trustee, key employee, or highest comployee on line 1a? If "Yes," complete Schedule J for such individual								ervices	C	(C) Compensa	ation
2 Total number of independent contractors ((including	those	in	1)	wh	o rec	eive	ed more than \$1	00,000 in	100	k.	
compensation from the organization >	NONE											

	990 (20 † VII I	Statement of Revenue				04-3355728		
41		Statement of Nevende			(A) Total revenue	(B) Related or exempt function revenue	revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ntributions, gifts, grants d other similar amounts	b c d e f	Federated campaigns	1b 1c 1d 1e	NONE				
တ္တ ၕ	g h	Total. Add lines 1a-1f			NONE			
anu		7,100		Business Code				
n Service Reve	b c d	FEES FOR SERVICE		541900	467,683.	467,683.		
rograr	e f	All other program service revenu			467,683.			
Other Revenue	3 4	Total. Add lines 2a-2f	lividends, intere	est, and ▶	114.		COMMERCIAL TO PROVIDE TO A STATE OF THE STAT	114.
	5	Royalties · · · · · · · · ·	· · · · · · · · ·		NONE			
	6a b	Gross Rents	(i) Real	(ii) Personal	NOVE			
	d	Net rental income or (loss)	(i) Securities	(ii) Other	NONE			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses						
	c d	Gain or (loss)			NONE			
Sevenue	8a	Gross income from fun events (not including \$ of contributions reported on lin See Part IV, line 18	draising e 1c).					
Other Revenue Contributions, gifts, gran Program Service Revenue and other similar amount	b	Less: direct expenses	b		NONE	7		
0	9 a		ivities.					
	b c	Less: direct expenses	b		NONI	3		
	10a	Gross sales of inventory returns and allowances	y, less a					
	b c	Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	of inventory.			E		
	11a					Le i i neue provende postantada e MACO e inchi (ACO) à	a sa a madagaga interview a side de film day on mil 1990 (Section 1996) de de 1992 (Section 1996)	
	b							
	С							
	d				NON	F.		
	12	Total Revenue. Add lines 1h, 2	2g, 3, 4, 5, 6d,	7d, 8c,				114
	1	9c, 10c, and 11e			► 467,797	. 407,003	/ • I	4.4.7

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete	te column (A) but are	not required to com			
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundra expen	ising
1 0	Grants and other assistance to governments and					
0	organizations in the U.S. See Part IV, line 21	NONE				
2 (Grants and other assistance to individuals in					
ti	he U.S. See Part IV, line 22	NONE				
3 (Grants and other assistance to governments,					
	organizations, and individuals outside the			선택하다 하는 이		
Ĺ	J.S. See Part IV, lines 15 and 16	NONE			N.N. 2 113	
4 E	Benefits paid to or for members	NONE				5, 6903
5 (Compensation of current officers, directors,					
t	rustees, and key employees	112,669.	112,669.			
6 (Compensation not included above, to disqualified					
•	persons (as defined under section 4958(f)(1)) and					
•	persons described in section 4958(c)(3)(B)	NONE				
7	Other salaries and wages	237,189.	198,544.	38,645.		
	Pension plan contributions (include section 401					
,	k) and section 403(b) employer contributions)	6,019.	6,019.			
	Other employee benefits	66,369.	60,175.	6,194.		
10 F	Payroll taxes	NONE				
11 F	ees for services (non-employees):					
a l	Management	NONE				
b l	_egal	111.	111.			
	Accounting	NONE				
d l	Lobbying	NONE				
e F	Professional fundraising services. See Part IV, line 17	NONE				
•	Investment management fees	NONE				
g	Other	743.	743.		1	
	Advertising and promotion	NONE				
13	Office expenses	5,307.	5,307.			
14	Information technology	NONE				
15	Royalties	NONE				
16	Occupancy	50,538.	50,538.			
17	Travel	6,331.	5,501.	830.		
	Payments of travel or entertainment expenses					
1	for any federal, state, or local public officials	NONE				
19	Conferences, conventions, and meetings	NONE				
20	Interest	NONE				
	Payments to affiliates	NONE				
	Depreciation, depletion, and amortization	2,085.	2,085.			
	Insurance	25,979.	25,979.			
24	Other expenses. Itemize expenses not					
	covered above. (Expenses grouped together	A Comment				
	and labeled miscellaneous may not exceed					
	5% of total expenses shown on line 25 below.)				+	
	TELEPHONE	8,374.	8,374.			
	PRINTING_&_PUBLICATION_&_WEB	1,424.	1,424.			
	CONSULTING	19,785.	19,785.			
	INTERNS	2,747.	<u>2,747</u> .			
е	ALLOCATED_SERVICE_DEPARTMENT	73,748.	73,748.			
	All other expenses	2,210.	2,210.			
	Total functional expenses. Add lines 1 through 24f	621,628.	575 , 959	45,669	•	
	Joint Costs. Check here ▶ If following					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a					
	combined educational campaign and fundraising					
	solicitation					990 (200

Pa	rt X	Balance Sheet					
			(A) Beginning of year		(E End o		
***************************************	1	Cash - non-interest-bearing	150.	1		1	50.
	2	Savings and temporary cash investments	309,695.	2	1	73,2	<u>:37.</u>
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	149,109.	4		89,1	.89.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
ts	7	Notes and loans receivable, net		7			
ssets	8	Inventories for sales or use		8			
ä	9	Prepaid expenses and deferred charges		9			147.894
		Land, buildings, and equipment: cost basis 10a 9,434.					
	b	Less: accumulated depreciation. Complete				_	
		Part VI of Schedule D	8,940.			9,4	<u>434.</u>
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		14			
	14	Intangible assets		15			
	15	Other assets. See Part IV, line 11				272 /	010
	16	Total assets. Add lines 1 through 15 (must equal line 34)	467,894 27,962	1		272, 25,	
	17	Accounts payable and accrued expenses		18		40,	130
	18	Grants payable		19			
Ş	19	Tax-exempt bond liabilities		20			
	20	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	21	Payables to current and former officers, directors, trustees, key employees,					
Ξ	22	highest compensated employees, and disqualified persons. Complete Part II					
Ľ.		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	65,763	. 25		26,	541
	26	Total liabilities. Add lines 17 through 25				51,	671
o		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets	269,224	27		115,	394
<u>a</u>	28	Temporarily restricted net assets	104,945			104,	
9	29	Permanently restricted net assets		29			
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					
		Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31		*********	
Δ	32	Retained earnings, endowment, accumulated income, or other funds		32			
μţ	33	Total net assets or fund balances		. 33		220,	339
~	34	Total liabilities and net assets/fund balances				272,	
P	art X						
		•			<u></u>	Yes	No
1	Acc	counting method used to prepare the Form 990: Cash X Accrual Otl	her				
2a	Wei	re the organization's financial statements compiled or reviewed by an independent accou	intant?		· · 2a		X
b	We	re the organization's financial statements audited by an independent accountant?			· · 2b		X
С	If "\	Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibili	ty for oversight of the				
	aud	lit, review, or compilation of its financial statements and selection of an independent acco	ountant?		· · 2c	-	
3 a	As	a result of a federal award, was the organization required to undergo an audit or audits as	s set forth in				
	the	Single Audit Act and OMB Circular A-133?					X
h	1f "\	Yes " did the organization undergo the required audit or audits?			· · · 3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number Name of the organization 04-3355728 CLF VENTURES, INC. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other c Type III - Functionally Integrated a X Type I Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h	Provide the	following inforn	nation about the organi	zations the	organizati	on suppoi	ts.			
(i) Name of supported organization	d (ii) EIN (iii) Type of organi (described on line above or IRC sec (see instruction		or IRC section governing document?		the organ	(v) Did you notify the organization in col. (i) of your support?		s the ion in col. zed in the S.?	(vii) Amount of support	
				Yes	No	Yes	No	Yes	No	
SEE	STATEMENT	1								
							1			
						ĺ				

Total									<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2008

11g(i)

Χ

g

following persons?

Pari	(Complete only if you chec	anizations Doked the box or	escribed in S n line 5, 7, or t	ections 170(b))(1)(A)(iv) and	l 170(b)(1)(A)(vi)
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				· · · · · · · · · · · · · · · · · · ·		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						444
4	Total. Add lines 1-3						
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.						
	tion B. Total Support	March 1997 Control of the State	Local formation and a common principle and to				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
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 fir	st, second, third,	fourth, or fifth tax y	ear as a 501(c)(3	3)	
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (I	ine 6, column (1	f) divided by lin	e 11, column (f))		14	%
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26	f		[15]	
16a	33 1/3% support test - 2008. If the c	organization did	not check the	box on line 13, a	and line 14 is 3	33 1/3% or more,	check this box
	and stop here. The organization quali	fies as a public	ly supported or	ganization		5: 00 4/00/	الملف المحماد مسمد
b	33 1/3% support test - 2007. If the c	organization did	not check a bo	ox on line 13 or	16a, and line 1	5 IS 33 1/3% OF F	nore, check iii
	box and stop here. The organization of	qualities as a pi	ublicly supporte	ed organization		or 16h and line	14
	10%-facts-and-circumstances test - is 10% or more, and if the organization in Part IV how the organization meets organization	on meets the "fasthe the "fasthe "facts and	act-and-circums circumstances	tances" test, che " test. The orga	ck this box and nization qualifie	stop here. Explass as a publicly sup	ain oported ▶
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organiz Explain in Part IV how the organization supported organization.	ation meets the n meets the "fa	e "facts and circ cts-and-circum	cumstances" test stances"" test. T	, check this box he organization	and stop here. qualifies as a pub	olicly

Schedule A (Form 990 or 990-EZ) 2008

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

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

(Complete only if you checked the box on line 9 of Part	1.)	.)
---	-----	----

Sect	ion A. Public Support		41,0005	4.3.0000	(d) 2007	(e) 2008	(f) Total
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(u) 2007	(e) 2000	(i) rotai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise					,	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
·	unrelated trade or business under section 513		:				
4	Tax revenues levied for the organization's						
4	benefit and either paid to or expended on						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the				-		
	organization without charge			i			1000
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3				}		
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · ·						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	-13-4					
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	on's first, second	, third, fourth, c	r fifth tax year	as a section 50°	(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8			ımn (f))		15	%
16	Public support percentage from 2007 Scho					·	%
	ction D. Computation of Investme						
	Investment income percentage for 2008 (li			13 column (f))		17	%
17						1 1	%
18	Investment income percentage from 2007 33 1/3% support tests - 2008. If the or						
19a	33 1/3% support tests - 2008. If the or	yanızanon did N	The organization	qualified as a suf	mic to is more	raanization	•
	17 is not more than 33 1/3 %, check this bo	ox and stop nere	. The organization	quamies as a pui	a and line 16 in	more than 33 1/2	 % and
b	33 1/3% support tests - 2007. If the orga	anization did not	cneck a box on I	me 14 or me 19	a, and mie 10 is i	od organization	70, and
	line 18 is not more than 33 1/3 %, check th	is box and stop l	nere. The organiza	ation qualifies as a	a publicly support	eu organization .	• • • • • • •
20	Private foundation. If the organization did	not check a box	on line 14, 19a,	or 19b, check this	s box and see instr	uctions	

JSA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name	of the organization		Employer identification number
CLF	VENTURES, INC.		04-3355728
Par		ised Funds or Other Similar Funds or m 990, Part IV, line 6.	r Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held in de	onor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant fund	ds may be
	used only for charitable purposes and not for the b	penefit of the donor or donor advisor or oth	ner
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete i	f the organization answered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	1 1	
	Preservation of land for public use (e.g., recre	' '	of an historically importantly land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		Company of the second of the s
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribution in the for	m of a conservation easement
	on the last day of the tax year.		Held at the End of the Year
			2a
a	Total number of conservation easements Total acreage restricted by conservation easement		
b	Number of conservation easements on a certified		
c d	Number of conservation easements included in (conservation)	acquired after 8/17/06	
3	Number of conservation easements modified, tran	asferred released extinguished or termin	nated by the organization during
•	the taxable year ▶	3	, ,
4	Number of states where property subject to conse	ervation easement is located 🕨	
5	Does the organization have a written policy regard	ding the periodic monitoring, inspection, vi	iolations, and
	enforcement of the conservation easements it hold	ls?	Yes L No
6	Staff or volunteer hours devoted to monitoring, ins	specting, and enforcing easements during	the year ►
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing easements during the	e year ▶ \$
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements of se	ection
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes Mo
9	In Part XIV, describe how the organization reports	s conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text		cial statements that describes
Do	the organization's accounting for conservation ease till Organizations Maintaining Collection	sements.	er Similar Assets
J- 6	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	financial statements that describes these i	tems.
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these its	or public exhibition, education, or researd ems:	h in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line	1	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, h		s for financial gain, provide the
	following amounts required to be reported under		. .
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
For	Privacy Act and Panerwork Reduction Act Notice, see the Instri	actions for Form 990	Schedule D (Form 990) 2008

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

Part	Organizations Maintaining Collect	tions of Art, Histo	rical Treasures	, or Other Sim	ilar Assets (co	ontinued	d)
3	Using the organization's accession and other r	records, check any o	of the following the	nat are a significa	ant use of its co	llection	
	items (check all that apply):	, , , , , , , , , , , , , , , , , , , ,	0	J			
а	Public exhibition	d	Loan or ex	change programs	,		
b	Scholarly research	e	Other				
c	Preservation for future generations		J				
	Provide a description of the organization's coll	lections and explain	how they further	the organization	's exempt purp	ose in	
7	Part XIV.		·	-			
5	During the year, did the organization solicit or	receive donations of	of art, historical t	reasures, or othe	r similar		
·	assets to be sold to raise funds rather than to	be maintained as pa	art of the organiz	ation's collection?	?	Yes	No
Par		ngements, Comp	ete if organiza	ion answered "	Yes" to Form	990,	
	Part IV, line 9, or reported an amo	ount on Form 990,	Part X, line 21.				
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributi	ons or other ass	ets not		
	included on Form 990, Part X?				<i></i> _	Yes	No.
b	If "Yes," explain the arrangement in Part XIV a	and complete the fol	lowing table:				
					Amount		
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			Yes	No.
b	If "Yes," explain the arrangement in Part XIV.						
Par	Endowment Funds. Complete if of	organization answe	ered "Yes" to F	orm 990, Part I \	√, line 10.		
	(a) Currer				hree years back	(e) Four	years back
1 a	Beginning of year balance						
b	Contributions						
С	Investment earnings or losses						
d	Grants or scholarships						
е	Other expenditures for facilities .			į			
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year	r end balance held a	S :				
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	ld and administe	red for the	-	
	organization by:						Yes No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations					3b	
4	Describe in Part XIV the intended uses of the	organization's ende	owment funds.				
Pa	t VI Investments - Land, Buildings, a	nd Equipment. Se	<u>e Form 990, P</u>	art X, line 10.			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	er (c) Deprec	iation	d) Book va	lue
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		9,4	34.			9,434
е	Other		1	1			
Tota	al. Add lines 1a-1e. (Column (d) should equal f	Form 990, Part X, co	lumn (B), line 10	´c).)	▶		9,434

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
inancial deri	vatives and other financial products		
Closely-held	equity interests		
Other			
	(b) should equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Se	e Form 990 Part X lir	ne 13
Part VIII		(b) Book value	(c) Method of valuation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value

	Control of the Contro		
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets. See Form 990, Part		
	April 1997 - Marie	(a) Description	(b) Book value

			>
	on (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, col. (B) line 15.)		
Part X	(a) Description of liability	(b) Amount	
Federal inco			
	AFFILIATES	26,541	
202 10			

			+
	on (b) should equal Form 990. Part X. col. (B) line 25.)	26 541	\dashv

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

chedule	D (Form 990) 2008	04-3355728	Page 4
Part)		orm 990 to Financial Statements	
	Total revenue (Form 990, Part VIII, column (A), line 12)		1
	Total expenses (Form 990, Part IX, column (A), line 25)		2
	Excess or (deficit) for the year. Subtract line 2 from line 1		3
	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net). Add lines 4-8		9
10	Excess or (deficit) for the year per financial statements. Com	bine lines 3 and 9	10
Part		al Statements With Revenue per Re	turn
1	Total revenue, gains, and other support per audited financial	statements	. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, lin		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	1 1	:
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on		
a	Investment expenses not included on Form 990, Part VIII, lin		
b	Other (Describe in Part XIV)		
			4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 9	990, Part I, line 12.)	5
Part		ial Statements With Expenses per I	Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, lin	ne 25:	
а	Donated services and use of facilities		
b	Prior year adjustments	101	
С	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)		
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on	line 1:	
а	Investment expenses not included on Form 990, Part VIII, lir	ne 7b 4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form	n 990, Part I, line 18.)	5
Part	XIV Supplemental Information		
Compand 2	lete this part to provide the descriptions required for Part II, b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4	lines 3, 5, and 9; Part III, lines 1a and 4; F 4b; and Part XIII, lines 2d and 4b.	Part IV, lines 1b

Schedule D (Fo	rm 990) 2008	04-3355728	Page 5
Part YIV	Supplemental Information (continued)		
I dit Aiv	ouppientonial information (continues)		
			~

Schedule D (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

04-3355728

CLF	VENTURES, INC. 04-3355/28			
Pari		Т	7	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			100
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
b	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
2	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	officers, directors, trustees, and the OLO/Executive Director, regarding the terms shown in the C			
2	Indicate which, if any, of the following the organization uses to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Folili 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Х
Ů	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	5a		Х
а		5 b		X
b		- 0.0	-	123
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	6a		X
a	•	6 b	1	X
b		100	†	1 22
	If "Yes" to line 6a or 6b, describe in Part III.	İ		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	7		X
	payments not described in lines 5 and 6? If "Yes," describe in Part III	-		122
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe	8		l v

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

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Schedule J (Form 990) 2008

Part II Officers, Di

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
		α					8,551.	4,988.
(ii) Sanaaam office	1	16	NONE	NONE	NONE	12,424.	174,899.	114,844.
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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Internal Revenue Service	Form 990 or to provide any additional information.	Employer identification number
Name of the organization		04-3355728
CLF VENTURES,	INC.	04-3333720
000 DAPT VIT	SECTION A, LINE 6	
_ 990_ FAN1_ V11_		
		NN T 71 TJ
THE ORGANIZAT	TION IS A SUPPORTING ORGANIZATION OF THE CONSERVATION	<u> </u>
FOUNDATION.	INC., WHICH IS ITS SOLE MEMBER.	
_ 1 0 0 1 0 1 1 1 2 1 1 1 1 1 1		

JSA

SCHEDULE R (Form 990)

CLF VENTURES, INC.

Name of the organization

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2008

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

Employer identification number 04-3355728

Schedule R (Form 990) 2008 (F)
Direct controlling
entity (F)
Direct controlling
entity N/A (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets 1 (C)
Legal domicile (state or foreign country) (D) Total income 501(C)(3) (C)
Legal domicile (state
or foreign country) MA (B) Primary activity (B) Primary activity ADVOCACY 04-6149986 02110 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations BOSTON, MA $\ensuremath{\left(A\right)}$ Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Identification of Disregarded Entities CONSERVATION LAW FOUNDATION, INC. 62 SUMMER STREET Part II Part I

04-3355728

Page 2

Schedule R (Form 990) 2008

Identification of Related Organizations Taxable as a Partnership Part III

(J) General or managing partner?	Yes No					
(I) Ge Code V-UBI Ge amount in box 20 of ma Schedule K-1 p. (Form 1065)	A COMPANY OF THE PARTY OF THE P			A PARTIE AND A PAR	de de la constanta de la const	
(H) Disproportions attocations?	Yes No					
(G) Share of end-of-year assets			de la lace			
(F) Share of total income						
(E) Predominant income (related, investment, unrelated)				 11341	- Company of the Comp	
(D) Direct controlling entity						
(C) Legal domicile (state or foreign	country)					
(B) Primary activity						
(A) Name, address, and EIN of related organization						\$ UN

Identification of Related Organizations Taxable as a Corporation or Trust Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ENVIRONMENTAL INSURANCE AGENCY, INC04-339300462 SUMMER STREET BOSTON, MA 02110	INSURANCE AGENCY	MA	CLF VENTURES	C CORP	75,189.	225,774.	92.0000
						A STATE OF THE STA	
	400						
						Schedule R (Form 990) 2008	·m 990) 2008

34

Part V Transactions With Related Organizations

Party I ransactions with Related Organizations	A A A A A A A A A A A A A A A A A A A	-
		Yes No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	9	
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-17 or		
		1
a Receipt of (I) interest (II) annuties (III) Toyames (IV) Terra normal controlled controlled the controlled controlled controlled controlled the controlled cont		1b ×
b Gift, grant, or capital contribution to other organization(s)		× ×
City areast or capital contribution from other organization(s)		
		X DI.
d Loans or loan guarantees to or tor other organization(s)		1e ×
e Loans or loan guarantees by other organization(s)		
		1f X
f Sale of assets to other organization(s)		, ×
		X UI
h Exchange of assets		; ×
i Lease of facilities, equipment, or other assets to other organization(s)		
(v) (v) (v) (v) (v) (v) (v) (v) (v) (v)		1j
j Lease of facilities, equipment, or other assets from other organization(s)		1 k
k Performance of services or membership or fundralsing solicitations for other organization(s)		×
I Performance of services or membership or fundraising solicitations by other organization(s)		;
m snaring of facilities, equipment, maining lists, or only associatives and an arrangement of the property of		1n X
n Sharing of paid employees		
		÷ .
		_
		1p X
p Reimbursement paid by other organization for expenses		
		, ×
A Other transfer of cash or property to other organization(s)		1
Other transfer of cash or property from other organization(s)	· · · · · · · · · · · · · · · · · · ·	1
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trained in residuals	IONSTIPS and transaction unlessing	lolds.
	(b) Transaction Amount involved	nvolved
Name of other organization(s)		
	7.1 6.78	
(7)		
(3)		
(4)		
	11124	And the state of t
(c)		
	Schedule R	Schedule R (Form 990) 2008

Page 4

04-3355728

Schedule R (Form 990) 2008

Unrelated Organizations Taxable as a Partnership **Part VI**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

	(B)		(a)	(E)	(F)			5
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3)	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1	managing partner?	gring 27:
			Yes No	L. Library Control of the Control of	Yes No	(2001 11101)	Yes	S
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						Schedule R (Form 990) 2008	rm 990) 20	800

GRANT THORNTON LLP 226 CAUSEWAY STREET BOSTON, MA 02114

INSTRUCTIONS FOR FILING
CLF VENTURES, INC.
FORM 990 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED JULY 31, 2010

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE JUNE 15, 2011 WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...
NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 07/31, 20 10 08/01, 2009, and ending A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization CLF VENTURES, INC. Please B Check if applicable use IRS 04-3355728 Address Doing Business As label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number print or Name change type. (617) 350-0990 62 SUMMER STREET Initial return City or town, state or country, and ZIP + 4 Terminated Instruc 617, 195. G Gross receipts \$ Amended BOSTON, MA 02110 return F Name and address of principal officer: JO ANNE SHATKIN, CEO H(a) Is this a group return for Yes No Application pending affiliates? SUMMER STREET BOSTON, MA 02110 H(b) Are all affiliates included? If "No." attach a list, (see instructions) Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or Website: ▶ WWW.CLFVENTURES.ORG H(c) Group exemption number L Year of formation: 1997 M State of legal domicile: MA Form of organization: X Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE PROFESSIONAL SERVICES IN CONNECTION WITH THE CONSERVATION Activities & Governance OF NATURAL RESOURCES if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ 11 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a 0. 7 b **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 317,116. 0. Contributions and grants (Part VIII, line 1h) 8 467,683 300,070. Program service revenue (Part VIII, line 2g) 9 9. 114 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 467,797 617,195. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 n 153,299. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 422,246. 455,610. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) ▶ 199,382 188,554. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 621,628. 797,463. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -180,268. -153,831 Assets or Balances Beginning of Year End of Year 637,354. 272,010 20 Total assets (Part X, line 16) 597,281. 51,671 Total liabilities (Part X, line 26) 21 220,339. 40,073. 22 Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 6-15-1 Sign Here Signature of officer CHIEF OPERATING OFFICER Preparer's identifying number Date Check if (see instructions) P00202198 Preparer's selfsignature employed Preparer's 36-6055558 Firm's name (or yours GRANT EIN

May the IRS discuss this return with the preparer shown above? (see instructions) . For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

PAGE 1

617-723-7900

X Yes_

Use Only

MA 02114-2155

if self-employed), address, and ZIP + 4 $2\overline{26}$

CAUSEWAY STREET BOSTON,

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If y	you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (olete Part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension.	on page 2	of this fo	orm).				
Par		Automatic 3-Month Extension of Time. Only submit original (no copies need							
	rporatio I only .	n required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	and comp	olete ▶ □				
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 acome tax returns.	7004 to red	quest an	extension of				
one elect retur	of the re ronically ns, or a	illing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autoeturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed and ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	ver, you ca s 990-BL, o d signed p	annot file 6069, or age 2 (Pa	Form 8868 8870, group art II) of Form				
Туре		Name of Exempt Organization		oloyer identification number					
print File by	- 1	CONSERVATION LAW FOUNDATION, INC.	04	614	49986				
	ate for	Number, street, and room or suite no. If a P.O. box, see instructions. 62 Summer Street							
return	. See ctions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110							
F F F F F F F F F F F F F F F F F F F	Form 990 Form 990 Form 990 e books dephone the orga this is fone whole	D-BL	box .	If	227 069 870 ▶ □				
1 2	until for the ▶ □ ↔	organization's return for: calendar year 20or	named abo	ove. The	extension is 2010				
				11 40000					
За		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	., 3a	\$					
b		pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated taxits made. Include any prior year overpayment allowed as a credit.	x 3b	\$					
С	deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	, it 3c	\$	0.00				
Cau	tion. If y	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845	53-EO and	Form 88	79-EO				

Form	8868 (Rev	v. 4-2009)				Page 2
Note	Only c	filing for an Additional (Not Automatic) 3-Month Extension, complementary and automatic 3-month of filing for an Automatic 3-Month Extension, complete only Part I (c	exten	ision on a pre		
Par		Additional (Not Automatic) 3-Month Extension of Time. Only			l (no copie:	s needed).
Type		Name of Exempt Organization				dentification number
File b		Number, street, and room or suite no. If a P.O. box, see instructions.			For IRS use	only
filing f	the	City, town or post office, state, and ZIP code. For a foreign address, see instruction	ons.			16 (2 Mars)
Che	ck type	of return to be filed (File a separate application for each return):				
□ F	orm 99	0 Form 990-PF] Fo	orm 1041-A		Form 6069
	orm 99		☐ Fo	orm 4720		Form 8870
☐ F	orm 99	00-EZ Form 990-T (trust other than above)	□ Fo	orm 5227		
STO	P! Do no	ot complete Part II if you were not already granted an automatic 3-n	nonti	n extension o	n a previou	sly filed Form 8868
● If t ● If t for ti list v 4 5 6 7	his is for the whole with the standard or cales of this the state in t	anization does not have an office or place of business in the United Sor a Group Return, enter the organization's four digit Group Exemption le group, check this box ▶ ☐ . If it is for part of the group names and EINs of all members the extension is for. The est an additional 3-month extension of time until	States on Nu o, che	s, check this umber (GEN) eck this box, and ending Final return	box	If this is and attach a, 20 in accounting perio
ва		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enteny nonrefundable credits. See instructions.	er the	tentative tax	8a	\$
b	estima	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refulted tax payments made. Include any prior year overpayment allowed at paid previously with Form 8868.				\$
С		e Due. Subtract line 8b from line 8a. Include your payment with this form, or D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systems)				 \$
	penalties	Signature and Verification s of perjury, I declare that I have examined this form, including accompanying schedules ct, and complete, and that I am authorized to prepare this form.				ny knowledge and belief

12/3/2010

Form **8868** (Rev. 4-2009)

Date ▶

orm **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return

internal Revenu		arate appir	audition each return.								
• If you are	filing for an Automatic 3-Month Extension, o	complete o	only Part I and check this box				▶ ⊔				
• If you are	filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II (on pag	e 2 of th	iis to	orm). ad Earm	0060				
	mplete Part II unless you have already been g										
	filing (e-file). You can electronically file Form										
	on required to file Form 990-T), or an addition										
	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, Informatio Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (se										
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					.						
	ion required to file Form 990-T and reques										
	orporations (including 1120-C filers), partnersh ne tax returns.	ips, REMIC	s, and trusts must use Form 7004 t	to reque:	st a	n extens	sion of time				
Type or	Name of exempt organization			Employe	r ide	ntificati	on number				
print	J										
File by the	Number, street, and room or suite no. If a P.O. bo	ox. see instr	uctions.			•					
due date for		, .									
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions.								
instructions.											
Enter the R	eturn code for the return that this application i	s for (file a	separate application for each return)							
2//(0/ 1//0 / /		(,							
Application	on	Return	Application ·				Return Code 07 08 09 10 11 12				
Is For		Code	Is For				Return Code 07 08 09 10 111 12 this is attach				
Form 990		01	Form 990-T (corporation)		Code 07						
Form 990-		02	Form 1041-A								
Form 990-		03	Form 4720			<u> </u>	09				
Form 990-		04	Form 5227				10				
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11				
	-T (trust other than above)	06	Form 8870			•	12				
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Telephon	ne No. ▶	F	AX No. ►								
	e No. ► anization does not have an office or place of b						. ▶□				
	or a Group Return, enter the organization's for						-				
for the who	ole group, check this box ▶ 📋 . If	it is for par	t of the group, check this box		· [Tand at					
	he names and EINs of all members the extensi		to the group, check this box		_	J ana a					
	quest an automatic 3-month (6 months for a co		required to file Form 990-T) extension	n of time							
I ITEC	quest an automatic 3-month to months for a co	on poration i	ration raturn for the organization na	med abo	WA	The evi	ension is				
unu	, 20 , to file the exer	ripi organi	zation return for the organization has	neu abo	,vc.	THE CAL	.0(10)01110				
	the organization's return for:										
	calendar year 20 or	00	and anding			20					
▶∟	ax year beginning	, 20	, and ending			, 20					
2 If th	e tax year entered in line 1 is for less than 12 r	nonthe ch	eck reason: 🗆 Initial return 💢 Fi	nal retur	n						
		nonthis, ch	eck reason. Inda retain	nai rotar	••						
	Change in accounting period										
On If the	is application is for Form 990-BL, 990-PF, 990	D_T 4720	or 6069, enter the tentative tax, less	s any							
	refundable credits. See instructions.	0-1, 4120,	or obos, enter the terrative tax, los		3a	\$					
	his application is for Form 990-PF, 990-T,	4720 or 6	1069 enter any refundable credits		-	*					
b If the	mated tax payments made. Include any prior y	rear overna	syment allowed as a credit.		3b	\$					
	ance due. Subtract line 3b from line 3a. Include yo				7.7	*					
(Ele	ctronic Federal Tax Payment System). See instruc	tions.		1 3	3c	\$					
Caution. I	f you are going to make an electronic fund v	withdrawal	with this Form 8868, see Form 84	153-EO a	and	Form 8	3879-EO for				
payment in			′								

1	Page	2

- 16	e filing for an Additional (Not Automatic) 3-	Month Potes	nion, complete only Part II and a	hack this has	▶ [7]
• If you are	e filing for an Additional (Not Automatic) 3-	wonth Exten	sion, complete only Part II and Ci	wiewely filed	Eorm 9969
Note. Only	complete Part II if you have already been g	ranted an aut	omatic 3-month extension on a pre	eviously illeu	r Omroboo.
	e filing for an Automatic 3-Month Extension	i, complete c	of Time Out tile the evicinal (e	o copino no	odod)
Part II	Additional (Not Automatic) 3-Month	Extension	ot Time. Only file the original (h	Copies ne	ntification number
Type or	Name of exempt organization				-3355728
print	CLF VENTURES, INC.			U4	-3300720
File by the extended	Number, street, and room or suite no. If a P.O	. box, see instri	ictions.		
due date for	62 Summer Street				
filing your return. See	City, town or post office, state, and ZIP code.	For a foreign a	ddress, see instructions.		
instructions.	Boston, MA 02110				
Enter the F	Return code for the return that this application	on is for (file a	separate application for each retu	rn)	
Application	on	Return	Application		Return
is For		Code	Is For		Code
Form 990)	01			
Form 990		02	Form 1041-A		08
Form 990		03	Form 4720		09
Form 990		04	Form 5227		10
)-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990)-T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already	granted an a	tomatic 3-month extension on a p	previously file	d Form 8868.
• If this is to for the who list with the state of the st	ganization does not have an office or place of for a Group Return, enter the organization's ole group, check this box	four digit Gro . If it is for par sion is for. ne until nning A 2 months, ch	up Exemption Number (GEN) t of the group, check this box June 15 ugust 1 , 20 09 , and endineck reason:	▶ [20 11 . g July	If this isand attach a 231, 20 rn
					·
noi	his application is for Form 990-BL, 990-PF, nrefundable credits. See instructions.			8a	\$
est am	this application is for Form 990-PF, 990- timated tax payments made. Include any nount paid previously with Form 8868.	prior year ov	erpayment allowed as a credit ar	nd any 8b	\$
c Ba (Eld	llance due. Subtract line 8b from line 8a. Includ ectronic Federal Tax Payment System). See ins	le your paymer tructions.	nt with this form, if required, by using	EFTPS 8c	\$
Under penalt	S ties of perjury, 1 declare that I have examined this form, , and complete, and that I am authorized to prepare this	including accom		the best of my	knowledge and belief, it is

·				
Other program servi	ces. (Describe in Schedule O.)			-
(Expenses \$	including grants of \$ ice expenses ► 676,868.) (Revenue \$)	
Total program serv	ice expenses ► 676,868.			

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Ì
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
_	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			Ì
	complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI.			
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_ . _		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ' ' 		<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
19	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20		X
40	Did the organization operate one of more hospitals: if Too, complete deflection in the first transfer			

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Form 9	990 (2009) 04-3355728			Page 4
Par	t IV Checklist of Required Schedules (continued)	1		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		37	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Х	
	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			X
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		X
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25b		X
	990-EZ? If "Yes," complete Schedule L, Part I	230		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		X
0.7	disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
		27		X
20	If "Yes," complete Schedule L, Part III	<u></u>		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
D	Schedule L, Part V	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1	٠,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ů	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2 u	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)		ļ	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	1	Χ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
., u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1 37
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			ı
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	{		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L	000	(2009)
		OH	~ · · ·	(2003)

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

Section A. Governing Body and Management

Seci	ion A. Governing body and Management		1	
	1. 1 11		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		X
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		Х	
	of the governing body?	7a		Χ
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			·
		-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		:	
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13_	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a				
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u></u>		
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20	State the name, physical address, and telephone number of the person who possesses the books and records of to organization: ROBERTA A. GILBERT 62 SUMMER STREET BOSTON, MA 02110-1016	-		
	617-350-0990			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee P or director	Institutional trustee	chec Officer	র Key employee	ন্ধ Highest compensated ক employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM C COLEMAN								4.4.5.01.5	7 750	10.053
VP AND CEO CLF VENTURES	38.00	X		Χ				147,315.	7,753.	12,053
MICHAEL B MOSKOW	1 00	**								0
CHAIRMAN	1.00	Х		-				0.	. 0	0
PAULA W GOLD ESQ	1 00	.,,								0
VICE CHAIRMAN	1.00	X						0.	0.	
JOHN M TEAL PHD	1 00	3.7								0
VICE CHAIRMAN	1.00	X					ļ	0.	0	0
EUGENE H CLAPP	1 00	3.7		3.7						0
TREASURER	1.00	X		X			ļ	0.	0.	0
GORDON_HALL_III	1 00									0
BOARD MEMBER	1.00	X			ļ			0.	0	0
JACQUIE L KAY	1 00	.,,		,,						0
BOARD MEMBER	1.00	X		X				0.	0	0
PETER NESSEN	1 00	37								0
BOARD MEMBER	1.00	X						0.	0	<u>U</u>
JOHN B FRENCH	1 00	3.7						0.	0	0
BOARD MEMBER	1.00	X						0.	0.	
SHELLEY H METZENBAUM	1 00	37							0	0
BOARD MEMBER	1.00	X						0.	0.	
JOHN KASSEL	2 00	37		37				4 075	93,052	3,919
PRESIDENT OF CLF JO ANNE SHATKIN	2.00	X		Χ			ļ <u>.</u>	4,875.	93,032	3,919
1	40.00					3.7		104,179.	0.	5,923
CLFV MANAGING DIRECTOR	40.00					X	ļ	104,179.	0	5,923
					-					
		1	ıl		1	1	I	1	i l	

Form 990 (2009)

JSA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per			chec		that app		(D) Reportable compensation	(E) Reportab compensal	1	Est	(F) imated ount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relations organization (W-2/1099-N	ed ons	o comp fro orga and	ther ensati m the nizatio related nization	on on d
											,		
]												
							ļ						
							ļ						
	-	,											
	_												
1b Total							>	256,369	100,	805.		21,8	395.
2 Total number of individuals (including but not reportable compensation from the organizatio				d a	bov	e) wh	o re	eceived more than	\$100,000 in				
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											3		Χ
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	00?	If "Y	'es,'	" complete Sched	ule J for s	uch	4	Х	l
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	satio	n fro	om	any unrelated of	rganization	for	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest compensation from the organization.	compensat	ted ir	ndep	eno	den	con	trac	ctors that receive	d more thai	n \$10	0,000	of	
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompens	ation	
							-						
							-					-	
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	se l	isted above) who	received				

Par	t VIII	Statement of Revenue		04-3355728				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a b c d e	All other contributions, gifts, grants,	,266.					
Cont	g	Noncash contributions included in lines 1a-1f: \$	_	317,116.				
	h	Total. Add lines 1a-1f		317,110.				
Service Revenue	2a b c	FEES FOR SERVICE 541900		300,070.	300,070.			
ram S	d e							
Program	f g	All other program service revenue L Total. Add lines 2a-2f	▶	300,070.				
	3	Investment income (including dividends, interest, and		9.			9.	
		other similar amounts)		0.		,	3.	
:	4 5			0.				
	6a b	Royalties	sonal					
	d	Net rental income or (loss) (ii) Ot		0.				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		0,				
Other Revenue	d 8a b	Net gain or (loss)		0.				
₹	С	Net income or (loss) from fundraising events	▶	0.				
	9a	Gross income from gaming activities. See Part IV, line 19						
	b b	Less: direct expenses b	>	0.				
	10a	Gross sales of inventory, less returns and allowances						
	b c	Less: cost of goods sold		0.				
	11a							
	b							
	C	All II						
	d	All other revenue	▶	0.				
	12	Total Revenue. See instructions		617,195.	300,070.		9.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	153,299.	153,299.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
ļ	Benefits paid to or for members	0.			
,	Compensation of current officers, directors,				
	trustees, and key employees	125,904.	96,145.	29,759.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
		0.			
	persons described in section 4958(c)(3)(B)	256,853.	253,678.	3,175.	
	Other salaries and wages	230,033.	200,010.	0,110.	
	Pension plan contributions (include section 401(k)	3,410.	3,410.		
	and section 403(b) employer contributions)		62,275.	7,168.	
	Other employee benefits	69,443.	02,213.	1,100.	
	Payroll taxes	0.			
	Fees for services (non-employees):			60 461	
a	Management	80,461.	20,000.	60,461.	
	Legal	659.		659.	
С	Accounting	9,900.		9,900.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	22,163.	22,163.		
9	Advertising and promotion	13,710.	13,461.	249.	
	· ·	-528.	62.	-590.	
	Office expenses	2,824.	2,584.	240.	
	Information technology	0.			
i	Royalties	25,067.	25,067.		
	Occupancy	6,033.	5,596.	437.	
	Travel	0,033.	3,330.	107.	
}	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	906.	211	605	
	Conferences, conventions, and meetings		211.	695.	
	Interest	0.			
	Payments to affiliates	0.		1 222	
	Depreciation, depletion, and amortization	1,333.	10.000	1,333.	
	Insurance	20,892.	18,000.	2,892.	
	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	OTHER FEES	-2.		-2.	
	TRAINING	607.	607.		
	RESEARCH FEES	804.	310.	494.	
_	INTERNS	3,725.		3,725.	
u					
e					
	All other expenses	797,463.	676,868.	120,595.	
	Total functional expenses. Add lines 1 through 24f	191,403.	0,0,000.	120,333.	
ì	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	150.	1	0.
	2	Savings and temporary cash investments	173,237.	2	383,303.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	89,189.	4	243,936.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6	
ţ	,	Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
Ϋ́	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		9	
	Tua	Zaria, Danango, aria oquipinoni			
		other basis. Complete Part VI of Schedule D	9,434.	100	10,115.
		Less: accumulated depreciation	<u> </u>	111	10/110.
	11	· · · · · · · · · · · · · · · · · · ·	stweet value	12	
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	272,010.	16	637,354.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,130.	17	173,616.
	17	Accounts payable and accrued expenses	23,130.	18	175/010.
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities			
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
≝	22	Payables to current and former officers, directors, trustees, key			
<u>ia</u> :		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	26,541.	24	423,665.
	25	Other liabilities. Complete Part X of Schedule D	51,671.	25	597,281.
s	26	Total liabilities. Add lines 17 through 25	31,071.	26	331,201.
ŭ	27	Unrestricted net assets	115,394.	27	-64,872.
gala	28	Temporarily restricted net assets	104,945.	28	104,945.
В П	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
(s	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	220,339.	33	40,073.
_	34	Total liabilities and net assets/fund balances	272,010.	34	637,354.
			,		Form 990 (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3 a		X
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 04-3355728 CLF VENTURES, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The	orga	nization is no	ot a private fou	ndation because it is: (F	or lines 1	through 11	, check on	ly one bo	x.)			
1		A church, co	onvention of ch	nurches, or association	of churches	s described	in sectio	n 170(b)((1)(A)(i).			
2		A school de	scribed in sect	ion 170(b)(1)(A)(ii). (At	tach Sched	ule E.)						
3	П			e hospital service organ			ction 170	(b)(1)(A)	(iii).			
4	П	•	•	nization operated in co						170(b)(1)(A)(iii). Ente	r the
Ť	ш		ame, city, and s	•							, , ,	
5				for the benefit of a col	lege or un	iversity ow	ned or o	perated l	by a gove	ernmental	unit describ	ed in
•	ш			Complete Part II.)					, ,			
6				overnment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).			
7	H		_	ally receives a substan						or from th	ne general r	oublic
•	LJ	J		o)(1)(A)(vi). (Complete F	•	no cuppe.		,			9	
8			,	ed in section 170(b)(1)	-	molete Par	t II)					
9				ally receives: (1) more				m contrib	outions r	nemhershi	n fees and	aross
Ū	L			lated to its exempt fun								
				stment income and un								
			-	on after June 30, 1975.						orr tany		00000
10			-	and operated exclusive								
11	X	~	_	d and operated exclus	•	-	-				to carry ou	ıt the
• •	لثنا			publicly supported orga								
				hat describes the type of								
		$\mathbf{a} \mathbf{X} Typ$		<u> </u>		e III - Func					oe III - Other	
	X			certify that the organiz			•	-				
C	21			ation managers and oth								
			r section 509(a		ior than on	c or more	publicly (опросто	a organiz	allono doc	oribod iii ot	300.011
f				رح). ed a written determina	tion from t	the IRS the	at it is a	Type I 3	Type II o	r Tyne III	sunnartina	
,		=	n, check this bo						турс п, о	n Type III	Supporting	
~				ox	 Inted any d	ift or contri	 ibution fro	 m anv of	ftha			
g		following pe		is the organization acce	pieu any g	iit or conti	ibulion ne	ill ally O	i tile			
				ly or indirectly controls	oithar al	one or tog	athar wit	h narear	ne doecril	had in (ii)	Yes	No
				verning body of the sup							11g(i)	X
				person described in (i) a							11g(ii)	X
		• •	=								11g(iii)	+ X
la.		• •		ty of a person described		-					[119(111)]	
h				mation about the suppo			(-) D:-		()	lo the	(vii) Amoun	t of
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		Is the tion in col.	support	
				above or IRC section		document?	col. (i)	of your	(i) organ	ized in the	• • •	
				(see instructions))	V	N -		ort?	Yes	.S.?		
					Yes	No	Yes	No	162	No		
70.	m m 7		1									
А	.TT. <i>F</i>	ACHMENT	<u> </u>							-		
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Tota	al				1	I			l	1		

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

Schedule A (Form 990 or 990-EZ) 2009

9E1210 2.000

04-3355728

Par	Support Schedule for Org (Complete only if you check	janizations D ed the box or	escribed in S n line 5, 7, or	Sections 170(8 of Part I.)	b)(1)(A)(iv) a	ind 170(b)(1)(A)(vi)
Sec	tion A. Public Support				r		
Cale	ndar year (or fiscal year beginning in) 🕟 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c	shown on line 11, column (f)						
300	Public support. Subtract line 5 from line 4. tion B. Total Support		<u> </u>	1	l	<u></u>	J
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	, , , , ,	(4) 2000	(3) 2000	(5) 2551	(4, 2000	(-,	(4)
8	Amounts from line 4						
•	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					<u> </u>	
2	Gross receipts from related activities, etc. (s	ee instructions) .		<i>.</i>		12	
3	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Supp					F	
	Public support percentage for 2009 (lin						9,
5	Public support percentage from 2008	Schedule A, Pa	art II, line 14			[15]	
6a	331/3% support test - 2009. If the or						I
	this box and stop here. The organization						
b	331/3% support test - 2008. If the o						
_	check this box and stop here . The orga						
/a	10%-facts-and-circumstances test - 20						
	or more, and if the organization me						
	Part IV how the organization meets the						supported
L	organization						and line
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga Explain in Part IV how the organization						
							a publicity
1 2	supported organization						►∟ xandsee
18	· ·						
	instructions		,			<u> </u>	<u>-</u> _

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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.)

	(Complete only if you checke	a the box on	iiilo o oi i aiti.	,			
	tion A. Public Support	(a) 2005	(h) 0000	(0) 2007	(4) 2000	(0) 2000	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
_	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	****					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
IJ	received from other than disqualified persons that exceed the greater of			1			
	\$5,000 or 1% of the amount on line 13						
	for the year						
	Add lines 7a and 7b.		<u> </u>		<u> </u>		
8	Public support (Subtract line 7c from						
	line 6.)			<u> </u>			<u> </u>
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2003	(b) 2000	. (6) 2007	(4) 2000	(6) 2003	i (i) rotai
9	Amounts from line 6						
104	payments received on securities loans,						
	rents, royalties and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part IV.)				-		
13	Total support. (Add lines 9, 10c, 11,						
1 4	and 12.)	the organization	un'e firet econd	third fourth or	r fifth tay year (as a section 501	(c)(3)
14	organization, check this box and stop here .	-					. 1 1
500	tion C. Computation of Public Sup				· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2009 (line 8,			mn (f))		15	%
16	Public support percentage from 2008 Scher					16	%
	tion D. Computation of Investmen					1 1 9 1	,0
-	Investment income percentage for 2009 (lin			13 column (f))		17	%
17						18	
18	Investment income percentage from 2008 S 33 1/3% support tests - 2009. If the or						
19a							
	17 is not more than 33 1/3%, check th						
b	33 1/3% support tests - 2008. If the orga						
•	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	iiu not cneck	a box on line	14, 19a, or 19	u, check this be	ox and see inst	ructions 🚩

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(III) TYPE OF (IV) (V) (VI) (VII) AMOUNT OF

(I) NAME OF SUPPORTED ORGANIZATION (II) EIN ORGANIZATION YES NO YES NO YES NO SUPPORT

CONSERVATION LAW FOUNDATION, INC 04-6149986 07 X X X

TOTAL AMOUNT OF SUPPORT

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization Employer identification number CLF VENTURES, INC. 04-3355728 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (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 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more 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 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). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization CLF VENTURES, INC.

Employer identification number 04-3355728

Page_

Part I Contributors (s	see instructions)
------------------------	-------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SURDNA FOUNDATION 330 MADISON AVENUE, 30TH FLOOR	\$15,000.	Person X Payroll Noncash
	NEW YORK, NY 10017		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NH OFFICE OF ENERGY & PLANNING 4 CHENNELL DRIVE CONCORD, NH 03301	\$301,266.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

CLF	VENTURES, INC.	04-3355728
Par	the state of the s	ccounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate contributions to (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	purpose conferring impermissible private benefit?	
Par	Conservation Easements. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of a	an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	lb .
С	(-,, -, -, -, -, -, -, -, -, -, -, -, -,	2c
d	Training, or control residues in (a) and among the control of the	!d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	<u> </u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
	<u>'</u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
_		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section (1704) (AVD) (1704) (AVD) (1704)	
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and entertainty and include if applicable, the total of the feetrate to the organization's financial	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements.	statements that describes
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
ı Gı	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under SEAS 116, not to report in its revenue state	ement and balance sheet works of
·u	If the organization elected, as permitted under SFAS 116, not to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of public service,
_	provide, in Part XIV, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue stateme	
	historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	on in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under SFAS 116 relating to these items:	3-m, p me
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	· · · · · · · • \$
	•	

04-3355728

Schedule D (Form 990) 2009

Page 2

Par	t III — Organizations Maintaini	ng Collec	ctions c	of Art, H	listorical	Treasure	s, or O	ther Similar A	Assets (d	continued)	
_									- ! ! c !		
3	Using the organization's acquisition		n, and c	other rec	oras, cne	ck any of ti	ne tollo	wing that are a	significar	it use of its	
	collection items (check all that app	ly):			г						
a	Public exhibition			d		Loan or ex	cnange	e programs			
b	Scholarly research			е		Other					
C	Preservation for future ge			•					4		
4	Provide a description of the organi	zation's co	llections	and exp	plain how	ney further	r the or	ganization's exe	empt pur	pose in	
	Part XIV.										
5	During the year, did the organization								_		¬
_	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part										
Par	Escrow and Custodial A IV, line 9, or reported ar						n answ	ered "Yes" to	rorm 98	90, Part	
1.0	Is the organization an agent, truste	e custodis	an or oth	oer intern	nadiary fo	r contributi	ione or	other assets no	ŧ		
ıa	included on Form 990, Part X?								r	Yes	No
h	If "Yes," explain the arrangement in								· · · · [
b	II Tes, explain the attangement if	i i ait Xiv t	and com	ipicie tri	C 10110Willy	, table.	[Δ	mount		
•	Beginning balance						1c		mount		
C C	Additions during the year										
u	Distributions during the year							1			
f	Ending balance										
2 a	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement in		01111 000	,, ,	, 21.						
Par			organiz	ation ar	swered '	Yes" to Fo	orm 99	0 Part IV. line	10.		
I ai	Endownient ando. Gon	(a) Curre		Υ	rior year	(c) Two ye				(e) Four yea	rs back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f											
g	End of year balance										
2	Provide the estimated percentage	of the year	r end ba	lance he	ld as:						
а	Board designated or quasi-endown			%							
b	Permanent endowment >	%									
С	Term endowment ▶	%									
3a	Are there endowment funds not in	the posse	ssion of	the org	anization	hat are he	ld and a	administered for	the		
	organization by:									Ye	s No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related org	ganizations	listed a	s require	ed on Sche	dule R?.				3 b	
4	Describe in Part XIV the intended u	uses of the	organiz	ation's e	endowmer	t funds.					
Par	rt VI Investments - Land, Buil	ldings, ar	nd Equi	pment.	See For	n 990, Pa	art X, lii	ne 10.			
	Description of investment			or other bavestment)	asis (t) Cost or othe basis (other)	ır ((c) Accumulated depreciation	(d) Book value	
1 a	Land										
b	Buildings	[,		
С	Leasehold improvements								. , ,	,	
d	Equipment	[10,1	15			10,	115.
е	Other										
Tota	al. Add lines 1a through 1e. <i>(Column</i>	(d) must	equal Fo	orm 990,	Part X, co	lumn (B), lir	ne 10(с,).) ▶		10,	115.

Part VII	Investments - Other Securities. See	e Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial o	lerivatives		
	Id equity interests		
-			
011101			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	
Part VIII	Investments - Program Related. Se	e Form 990, Part X, line 13	,
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
,			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	> .	
Part IX	Other Assets. See Form 990, Part 2	X, line 15.	4
		(a) Description	(b) Book value
			· · · · · · · · · · · · · · · · · · ·
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. See Form 990, Pa		
1.	(a) Description of liability	(b) Amount	
Federal in	come taxes		
DUE TO	FROM PARENT	423,665.	
	, 44.4		
		· · · · · · · · · · · · · · · · · · ·	

Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 423,665.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

chedule D (Form 990) 2009 04-3355728 Page **4**

	W D was all the set Oheans in Net Accepts from 5000 to Audited Financial States		rage +
Part			<u>S</u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		'
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R		n
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· •	
a			
. b			
q C			
d	/	_	2e
e	Add lines 2a through 2d Subtract line 2e from line 1	· • -	3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· • -	<u> </u>
4			
a			
b			40
	Add lines 4a and 4b	· • ⊢	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	5
and 2	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Papert V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Alart to provide any additional information.		

Part XIV Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Depa Inter	Department of the Treasury Internal Revenue Service	Complete if the organization an ▼ A
Nam	Name of the organization	
CL.	CLF VENTURES, INC.	INC.
Pa	TI General Ir	Part I General Information on Grants and Assistance
-	Does the organiz	1 Does the organization maintain records to substantiate the amount of the

•	Governments, and Individuals in the United States	E 005
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Open to Public Inspection
Name of the organization	Employer identification number	nber
CLF VENTURES, INC.	NC. 04-3355728	
Part I General Info	Part General Information on Grants and Assistance	
1 Does the organizati	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria	the selection criteria used to award the grants or assistance?	es No
2 Describe in Part IV		
Part Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	
Form 990, F	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	000. Use
Part IV and 5	Part IV and Schedule I-1 (Form 990) if additional space is needed	A

Fart IV and Schedule I-1 (Form 990) If additional space is needed	880) II addiiit	onal space is r					
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEREGRINE ENERGY GROUP, INC.							
œ.	04-3197556		96,778.				
CLEAN AIR COOL PLANET, INC.							
100 MARKET STREET PORTSMOUTH, NH 03801	04-3492988	501(C)(3)	26,058.				
CENTRAL NEW HAMPSHIRE REGINAL PLANNING COMM 28 COMMERCIAL STREET CONCORD, NH 03301	02-0279020	GOVERNMENT	5,573.				
STRAFFORD REGIONAL PLANNING COMMISSION							
67	02-0363744	GOVERNMENT	6,581.				
UPPER VALLEY LAKE SUNAPEE RPC							
10 WATER STREET LEBANON, NH 03766	02-0263542	GOVERNMENT	5,746.				
2 Enter total number of section 501(c)(3) and government organ	and governme	nt organizations	-				7
	ò)					
							1

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9E1288 2,000 68118H 649N 6/13/2011

Schedule I (Form 990) 2009

Schedule I (Schedule I (Form 990) 2009			04-3355728			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals in th 990) if additior	e United States	s. Complete if the ded.	e organization answered	Ι.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
				•			
Part IV	Supplemental Information. Complete this part		provide the inf	to provide the information required in Part I, line	N)	and any other additional information.	
GRANT I	GRANT MONITORING	 	: : : : : : :				
SCHEDULE	LE I PART 1 LINE 2						
THIS GI	GRANT FROM NEW HAMPSHIRE OFFICE	CCE OF ENERGY	AND	PLANNING (NHOEP)	S H		
PART OF	F THE AMERICAN RECOVERY AND	REINVESTMENT	INT ACT (ARRA)	OUR	CONTRACT		[[] [
WITH NE	NHOEP, WHICH IS BASED ON FEDE	FEDERAL REGULATIONS	FOR	ARRA FUNDED G	GRANTS,		
STIPULATES	ATES THE SUBMISSION OF DETAILED	LLED MONTHLY	Y REPORTING	SOF HOURS AND	Q		
AMOUNT	CHARGED TO THE GRANT	YENTURES.	BY CLF VENTURES AND OUR 11	SUBCONTRACTORS	RS AS		
WELL AS	FULLY DOCUMENTING MONTHLY	SPENDING F	AGAINST THE	GRANT. TO FU	TO FULFILL		1
THESE	OBLIGATIONS, CLF VENTURES ST	STIPULATED S	SPECIFIC CON	CONTRACTUAL			
REQUIR	REQUIREMENTS WITH ITS SUBCONTRACTORS	FOR	REPORTING AND	SETUP SPECIFIC	II.		

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Comple	Complete this part t	t to provide the information required in Part I, line 2,	ormation require	I in Part I, line 2, and any	and any other additional information.
CONTROLS FOR COMPILING, VERIFYING	AND DEL		INFORMATION.		
ACCORDING TO SUBCONTRACTS BETWEEN	CLF VENTURES	AND IT	SUBCONTRACTORS	\S',	
REPORTS OF LABOR AND MONEY SPENT A	AND TASKS	TASKS COMPLETED MU	MUST BE REPORTED	ED_BY	
HE 1ST OF EVERY MONTH TO MEET THE	NH OEP	REPORTING DEA	DEADLINE OF THE	5TH	
DE EVERY MONTH. INFORMATION FOR TH	THIS REPORT	REPORTING IS VERIFIED AND	FIED AND COM	COMPILED	
SY THE CLF VENTURES PROGRAM MANAGER PRIOR	1	TO SUBMISSION.	A. INVOICES	ARE	
DUE FROM ALL SUBCONTRACTORS ON THE	THE_10TH_BUS	BUSINESS DAY OF	E_THE_MONTH.		
					Schedule I (Form 990) 2009

Schedule I (Schedule I (Form 990) 2009			04-3355728			Page 2
Part Ⅲ	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in th 990) if addition	ne United States	Complete if the	e organization answered	n the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Ittional space is needed.	1 .
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2,	te this part to	provide the inf	ormation required		and any other additional information.	
 -			 				1
 		1					
INVOICES	MUST PROVIDE DETAILED	INFORMATION (ON THE AMOUNT	OF HOURS	AND		
DOLLARS	SPENT ON SPECIFIC TASKS	WITHIN THE I	PROGRAM, ALONG	NG WITH THE			
CALCULATION	ATION OF LABOR AND INDIRECT	RATES. TH	THESE INVOICES	S MUST MATCH			
REPORT	REPORTING DELIVERED ON THE 1ST OF	THE MONTH.	ALLOWED	EXPENSES WERE	ALSO		! ! !
DOCUMENTED	IN SUBCONTRACTS, AND	THESE EXPENSES	SES MUST BE	DETAILED IN			
INVOICES	ALONG WITH APPROPRIATE	ITEMIZED_REC	RECEIPTS AND S	SUPPORTING			
MATERIALS	(SUCH AS AGENDAS OF	MEETINGS ATTENDED	NDED OR MILEAGE	AGE TRACKING	FORMS		 - - - -
FOR TR	TRAVEL).						

Schedule 1 (Form 990) 2009

PAGE 27

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this	part	to provide the information required in Part I	ormation required	, line 2,	and any other additional information.
INVOICES ARE REVIEWED BY THE CLF V	VENTURES E	PROGRAM MANAGER	AGAINST	WORK	
KNOWN TO HAVE BEEN COMPLETED DURING	NG THE MONTH	ALL	EXPENSES ARE AI	ALSO	
CHECKED AGAINST THE LIST OF ALLOWED	ED EXPENSES	AND TO	ENSURE THAT PRO	PROPER	
DOCUMENTATION IS INCLUDED. INVOICES	ARE	APPROVED BY TH	THE CLE VENTURES	SH	
R AND SUBMITTE	CLE VENTUE	KES FINANCE I	EPARTMENT FOR	J.R.	
INCLUSION INTO A MASTER INVOICE AND	ND_DATA_ED	ENTERED INTO	INTO CLF VENTURES		
ACCOUNTING SYSTEM OF RECORD. INVC	INVOICES_FOR	FOR ALL SUBCONTRACTORS ARE	ACTORS ARE		
	ı				
					Schedule I (Form 990) 2009

Schedule I (Schedule I (Form 990) 2009			04-3355728		OR C	Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in th 990) if addition	the United States.	s. Complete if the ided.	organization answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
				-			
Part IV	Supplemental Information. Complete this part		provide the inf	to provide the information required in Part I, line	lαί	and any other additional information.	
SUMMARIZED	ON A COVER SHEET BY	PROGRAM TASK FOR	BOTH	LABOR COSTS AND			1
DIRECT	EXPENSES, AND ARRA TRACKING	FORMS	ARE COMPLETED	WHICH TRACK TOTAL	TOTAL		! ! !
DOLLARS	S SPENT TO DATE AGAINST THE	PROJECT BU	BUDGET. ONCE	THIS MASTER			
INVOICE	E IS COMPLETED IT IS INTERNALLY	REVI	EWED, THEN DE	DELIVERED TO N	NHOEP.		
UPON DI	DELIVERY, THE MASTER INVOICE	IS_AGAIN_R	REVIEWED IN	DETAIL WITH	THE		!
NHOEP	PROGRAM MANAGER FOR APPROPRIATENESS	i	AND COMPLETENESS	BEFORE	TI TS		
APPROVED.	BY NHOEP FOR PAYMENT.	EINALLYIN	INTERNAL MONTHLY	THLY STATEMENTS	HO SH		
ACCOUN	ACCOUNTS ARE PRODUCED BY THE CLE VENTURES	i	FINANCE DEPARTMENT,	SIMENI, IO			

Schedule I (Form 990) 2009

JSA

Schedule I (Schedule I (Form 990) 2009			04-3355728			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	ndividuals in the 1990) if addition	ne United States	s. Complete if the	e organization answered	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ional space is needed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV	Supplemental Information. Complete this part		provide the inf	ormation require	in Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.	
							 - - -
RE-VERIFY	INFORMATION ENTERED IN	THE SYSTEM	SYSTEM MATCHES IN	INVOICES SUBMITTED	TED		
BOTH B	BY THE SUBCONTRACTORS AND SU	SUBMITTED TO	TO NHOEP."				[[] [
				-			
 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: 	 				
 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1	 			1
 	1	 	 	 			
						Schedule 1 (Form 990) 2009	990) 2009

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CLF VENTURES, INC.

Employer identification number 04-3355728

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	_1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
2	Indicate which if any of the following the aggregation was to establish the companyation of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			:
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Form 990 of other organizations Compensation survey or study X Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	organization or a related organization:			Х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 D		X
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46		. 21
	if tes to any or lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5 b		Х
~	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
~	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	H	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ	147,315.				11,		
WILLIAM C COLEMAN	€	7,753.		0	0		8,356.	.0
(1)	(E)			1				
(ii)	(ii)							
(j)	(i)							
(1)	(E)							
(E)	E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(ii)	(E)							
(0)	(E)							
(ii)	(ii)				 	 		
(1)	(E)							
(ii)	(E)						 	
(1)								1
(E)	L							
(0)	€							
(ii)	(E)							
(1)	=		 					
(ii)	Œ							
(b)	1	1						
(ii)								
(E)	(E)	.						
(ii)	Œ							
9	Ξ							
(ii)	(E)							
<u> </u>	i			 	- T 			
(ii)	(E)							
(5)	i							
(ii)	<u> </u>							
(i)	=		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(ii)	<u>(E</u>)							
(C)	=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii)	(E)							
				-			Sch	Schedule J (Form 990) 2009

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization

CLF VENTURES, INC.

Employer identification number

04-3355728

ATTACHMENT 2

990 PART VI, SECTION A, LINE 6

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF THE CONSERVATION LAW FOUNDATION, INC., WHICH IS ITS SOLE MEMBER.

990 PART VI, SECTION A, LINE 7A

THE ORGANIZATION'S SOLE MEMBER, THE CONSERVATION LAW FOUNDATION, INC., ELECTS ITS BOARD OF DIRECTORS, WHICH IS ITS GOVERNING BODY.

990 PART VI, SECTION A, LINE 11

A COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING. THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF THE ORGANIZATION'S SOLE MEMBER, THE CONSERVATION LAW FOUNDATION, INC., REVIEWS THE FORM 990 PRIOR TO DISTRIBUTION TO THE ORGANIZATION'S BOARD OF DIRECTORS.

990 PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST DISCLOSURE FORMS ARE REQUIRED TO BE COMPLETED

ANNUALLY. TRANSACTIONS POTENTIALLY INVOLVING CONFLICTS OF INTEREST ARE

IDENTIFIED BY MANAGEMENT AND GIVEN SPECIAL ATTENTION BY COUNSEL.

990 PART VI, SECTION B, LINE 15 A

THE COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE ORGANIZATION IS

DETERMINED BY THE PRESIDENT OF THE ORGANIZATION'S SOLE MEMBER, THE

CONSERVATION LAW FOUNDATION, INC., BASED ON PERFORMANCE, AVAILABLE

Name of the organization CLF VENTURES, INC. Employer identification number

04-3355728

ATTACHMENT 2 (CONT'D)

COMPARABILITY DATA AND OTHER FACTORS, AS APPROPRIATE. THIS IS

CONTEMPORANEOUSLY DOCUMENTED AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS.

990 PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

CLF VENTURES, INC. Name of the organization

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ▶ Attach to Form 990.

Employer identification number 04-3355728

Part I Identification of Disregarded Entities (Complete if the organize	the organization answered "Yes" on Form 990, Part IV, line 33.)	on Form 990, Par	t IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	te if the organization ark year.)	nswered "Yes" on	Form 990, Part I	V, line 34 becau	se it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		-		Schec	Schedule R (Form 990) 2009

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Part **III**

able as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34		
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General or managing partner?				
(i) Code V-UBI amount in box 20 of Schedule K-1 . (Form 1065)				m 990, Part
(h) Disproportionate allocations?				s" on For
(g) Share of end-of-year assets				zation answered "Ye the tax year.)
(f) Share of total income				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
Predominant income (related, unrelated, unrelated, excluded from tax under sections 512-514)				ration or Trust (Co treated as a corpor
(d) Direct controlling entity				able as a Corpo ed organizations
(c) Legal domicile (state or foreign country)				ions Tax
(b) Primary activity				elated Organizat
(a) Name, address, and EIN of related organization				Part IV Ine 34 because it had one or more related organ

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ENVIRONMENTAL INSURANCE AGENCY, INC. 04-3393004 62 SUMMER STREET BOSTON, MA 02110	INSURANCE AGE		CLF VENTURES	C CORP	67,090.	497,143.	92.0000

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Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) **Part VI** Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section	(e) Share of end-of-year	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20	(h) General or managing
			organizations?		Yes No		Yes No
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