Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Number of compensation Number of street per Po Door multils not destined actives) Number of street per Po Door multils not destined actives) Number of street per Po Door multils not destined actives) Number of street per Po Door multils not destined actives) Number of street per Po Door multils not destined actives) Number of street per Po Door multils not destined actives Number of street per Po Door multils not destined actives Number of street per Poly Number of Door Door Door Number of Door Number of Door Number of Doo	Α	For t	he 2013 calen	dar year, or tax							d endin	9		,						
Number of a description of the process of the pro	В	Check	if applicable:	C Name of organiz	zation Ce	nter fo	r Min	dful	Learni	ing	Inc.		D Employ	er Identif	fication Number					
Number of long-period protections and greet for PO best first all nord-indexed better address)		ΧA	ddress change							_			36-	46950	073					
Type		-	_	Number and str	eet (or P.O. b	oox if mail is not o	lelivered to	street addr	ess)		Room/s	uite								
Comparison of the comparison		-	•	1754 Nort	h Droe	nect St	root						(802) 540-0820							
Amended return Part Supplement partial part Part Supplement partial partia		-				_		n postal cod	de				(00	2) 54	10-0020					
Application pending Future and address of principal officer. Teal Scott 1755 Birth Evapset Street Burlington VT 05401 Tax-exampt status X Silic(S) Solito Y answard no. MPP/Birth (or S27) Media status displacement Teal Scott 1755 Birth Evapset Street Burlington VT 05401 Media status appeared in the case of the power reach no. Teal Scott 1755 Birth Evapset Street Burlington VT 05401 Media status appeared in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Media status and continued in the case of the power reach no. VT Vest Vest of teachers and continued in the case of the power reach no. VT Vest Vest of teachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers and continued in the case of the power reachers (settinued in the case of th		\vdash				o, oounu j, una 2	00.0.9	, poota. oo.			E 4 O 1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Tax-exempt status Sign(c)(3) Spile (-				-1 -#:			VT	. 0		U(a) lo thio								
Tareezempt status X S01(c)(3) S01(c) Y (Inset no.) 1947(c)(1) or S27		A	pplication pending												⊟					
Website: Writer Cml Time New Comparison No Comparison No Comparison No Comparison No No No No No No No						-					5401	If 'No,'	attach a list. (see instru	ctions)	No				
Form of organization: X Concoration Trust Association Other Liver of tomation: 2011 Mf State of legal domicis: VT	<u> </u>			X 501(c)(3)	501(c) () 1	(inse r t no).)	4947(a)(1) (יוס	527									
Brefity describe the organization's mission or most significant activities: To bring a deep practice of mindfulness to large numbers of people in the modern world.	J	We	bsite: ► ww									H(c) Group	exemption nu	mber -						
	K		n of organization:	X Corporation	Trust	Association	Othe	er ►	L	_ Year	of formatio	n: 201	1 M s	State of le	gal domicile: VT	1				
Mindfulness to large numbers of people in the modern world	Pa	art I																		
2 Check this box		1	Briefly describ	e the organization	on's missi	on or most si	ignifican	t activitie	s: Ţ	o l	oring	a dee	p prac	tice	of					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ø		mindfuln	ess to lar	cge nu	mbers of	peor	ole in	n the n	mod	ern w	orld.								
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	anc																			
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Ĕ																			
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ŏ	2												ssets.						
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	<u>ر</u>	3		•	•			,								4				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	S	4														3				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ij	5																		
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	듕	6																		
Prior Year Current Year 183,114 263,154 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328 11,236 25,328	ď						, ,,									0.				
8 Contributions and grants (Part VIII, line 1h) 183,114. 263,154. 9 Program service revenue (Part VIII, line 2g) 25,328. 11,236. 11,236. 12,328. 11,236. 12,328. 11,236. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20 208,442. 291,710. 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 208,442. 291,710. 13 Grants and similar amounts paid (Part IX, column (A), line 1-3) 4 Benefits paid to or for members (Part IX, column (A), line 4) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021. 91,672. 16 a Professional fundraising expenses (Part IX, column (A), line 11e) 5 Total fundraising expenses (Part IX, column (A), line 11e) 5 Total expenses (Part IX, column (A), line 11e) 5 Total expenses (Part IX, column (A), line 11e) 5 Total expenses (Part IX, column (A), line 11e) 5 Total expenses (Part IX, column (A), line 11e) 5 Total expenses (Part IX, column (A), line 11e) 5 Total expenses (Part IX, column (A), line 25) 5,553. 17 Other expenses (Part IX, column (A), line 25) 208,442. 200,515. 19 Revenue less expenses. Subtract line 18 from line 12 0 0 91,195. 208,442. 200,515. 19 Revenue less expenses. Subtract line 18 from line 12 0 0 91,195. 20 11,117. 92,840. 21 Total liabilities (Part X, line 26) 84,455. 18,479. 21 Total liabilities (Part X, line 26) 1,117. 92,840. 21 Total liabilities (Part X, line 26) 1,117. 92,840. 21 Total liabilities (Part X, line 26) 1,117. 92,840. 21 Total liabilities (Part X, line 26) 1,117. 92,840. 21 Total liabilities (Part X, line 26) 1,117. 92,840. 92,84		b	Net unrelated	business taxabi	e income	from Form 9	90-1, line	e 34 .		• •				76						
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), lines 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total undraising expenses (Part IX, column (A), lines 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Salaries, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer for there than of line. 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 for them deficier) is based on all information of which preparer has any knowledge. Part II Signature of officer Preparer Vigor print name and title. Primit Type preparer's name Wallace W. Tapia, CPA Burlington Proparer's algnature Proparer's algnature Proparer's algnature Primit Signature of officer Proparer in an ame and title. Primit Signature of officer Proparer's algnature Proparer's algnat		_																		
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 208,442 291,710 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021 91,672 16 a Professional fundraising fees (Part IX, column (A), line 11e) 5 Total fundraising expenses (Part IX, column (B), line 25) 5,553 17 Other expenses (Part IX, column (B), line 25) 5,553 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 208,442 200,515 18 Total expenses (Part IX, line 16) 99,421 108,843 20 Total assets (Part X, line 16) 85,572 111,319 21 Total liabilities (Part X, line 26) 844,455 18,479 22 Net assets or fund balances. Subtract line 21 from line 20 1,117 92,840 Part II Signature Block Part II Signature Block President Preparer signature Preparer (other than officer) is based on all information of which preparer has any knowledge. President Preparer signature Preparer Prepa	e			•		,														
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 208,442 291,710 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021 91,672 16 Professional fundraising fees (Part IX, column (A), line 11e)	en		-										25,3	328.	11					
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 208,442 291,710 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021 91,672 16 a Professional fundraising fees (Part IX, column (A), line 11e) 5 Total fundraising expenses (Part IX, column (B), line 25) 5,553 17 Other expenses (Part IX, column (B), line 25) 5,553 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 208,442 200,515 18 Total expenses (Part IX, line 16) 99,421 108,843 20 Total assets (Part X, line 16) 85,572 111,319 21 Total liabilities (Part X, line 26) 844,455 18,479 22 Net assets or fund balances. Subtract line 21 from line 20 1,117 92,840 Part II Signature Block Part II Signature Block President Preparer signature Preparer (other than officer) is based on all information of which preparer has any knowledge. President Preparer signature Preparer Prepa	ě																			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021 91,672 109,021 91,672 109,021 109,021 91,672 109,021 109,021 91,672 109,021 109	ш.			•	. , .				•											
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021. 91,672. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 5,553. 99,421. 108,843. 17 Other expenses (Part IX, column (A), lines 11-1d, 11f-24e) 99,421. 108,843. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 208,442. 200,515. 19 Revenue less expenses. Subtract line 18 from line 12 0. 91,195. Beginning of Current Year End of Year En		<u> </u>											208,4	142.	291	<u>,710.</u>				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 109,021. 91,672. 16a Professional fundraising speenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 5,553. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,421. 108,843. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 208,442. 200,515. 19 Revenue less expenses. Subtract line 18 from line 12 0. 91,195. 20 Total assets (Part X, line 16) 85,572. 111,319. 21 Total liabilities (Part X, line 26) 84,455. 18,479. 22 Net assets or fund balances. Subtract line 21 from line 20 1,117. 92,840. Part II Signature Block Signature Block Signature of officer Date				•	•			•												
16a Professional fundraising fees (Part IX, column (A), line 11e)		14																		
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities 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. Paid Preparer Use Only Paid Preparer Use Only Paid Primit Type preparer's name Wallace W. Tapia, CPA Preparer's signature Preparer Use Only Phone no. (802) 863–6370	S	15	Salaries, othe	r compensation,	employee	e benefits (Pa	art IX, co	olumn (A)), lines 5-1	10)			109,0	21.	91	,672.				
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities 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. Paid Preparer Use Only Paid Preparer Use Only Paid Primit Type preparer's name Wallace W. Tapia, CPA Preparer's signature Preparer Use Only Phone no. (802) 863–6370	JSe	16 a	Professional f	undraising fees	(Part IX, c	olumn (A), lir	ne 11e)													
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities 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. Paid Preparer Use Only Paid Preparer Use Only Paid Primit Type preparer's name Wallace W. Tapia, CPA Preparer's signature Preparer Use Only Phone no. (802) 863–6370	<u>e</u>	b																		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 208,442. 200,515. 19 Revenue less expenses. Subtract line 18 from line 12 0. 91,195. 20 Total assets (Part X, line 16) 85,572. 111,319. 21 Total liabilities (Part X, line 26) 84,455. 18,479. 22 Net assets or fund balances. Subtract line 21 from line 20 1,117. 92,840. 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. Paid Preparer Preparer's signature Preparer's signature Date Check if PTIN self-employed P00070404	й	17						, —					00 /	121	100	0/12				
19 Revenue less expenses. Subtract line 18 from line 12 0 . 91,195. Beginning of Current Year End of Year																				
Beginning of Current Year End of Year 85,572. 111,319. 84,455. 18,479. 20 Total assets (Part X, line 16). 84,455. 118,479. 21 Total liabilities (Part X, line 26). 18,479. 22 Net assets or fund balances. Subtract line 21 from line 20 1,117. 92,840. 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 Print/Type or print name and title. Print/Type preparer's name Wallace W. Tapia, CPA Preparer Use Only Firm's address Wallace W Tapia PC 131 Main St 8th F1 Burlington VT 05401 Phone no. (802) 863-6370		_											208,4							
20 Total assets (Part X, line 16)	- 6		Revenue less	expenses. Subt	ract line i	8 from line i	2			• •										
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 Preparer's Signature of officer President Preparer's name Preparer's signature Primt/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type print/Type preparer's name Print/Type preparer's name Print/Type print/Type print/Type preparer's name Print/Type print/Type print/Type print/Type print/Type print/Ty	ets		T-1-11- /	D = -t V 15 40\								Beginni	•							
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 Preparer's Signature of officer President Preparer's name Preparer's signature Primt/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type print/Type preparer's name Print/Type preparer's name Print/Type print/Type print/Type preparer's name Print/Type print/Type print/Type print/Type print/Type print/Ty	Ass Ba	20	,	, ,						• •										
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 Preparer's Signature of officer President Preparer's name Preparer's signature Primt/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type print/Type preparer's name Print/Type preparer's name Print/Type print/Type print/Type preparer's name Print/Type print/Type print/Type print/Type print/Type print/Ty	ě	21		, , , , , ,	,								84,4	155.						
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 Teal Scott Type or print name and title. Print/Type preparer's name Wallace W. Tapia, CPA Firm's name Firm's name Firm's name Firm's address Wallace W Tapia PC Firm's elin > 03-0323274 Burlington VT 05401 Phone no. (802) 863-6370					Subtract li	ne 21 from lir	ne 20 .						1,1	17.	92	<u>,840.</u>				
Sign Here Teal Scott	Pa	art II	Signatur	e Block																
Sign Here Signature of officer Date	Und	er penal	ties of perjury, I ded	lare that I have exami	ined this retu	rn, including acco	mpanying	schedules a	and statemen	nts, an	d to the bes	t of my know	ledge and be	lief, it is tru	ue, correct, and					
Here Teal Scott Type or print name and title. Print/Type preparer's name Print/Type preparer's name Wallace W. Tapia, CPA Firm's name Firm's name Firm's name Firm's address Wallace W Tapia PC 131 Main St 8th F1 Burlington Preparer's signature Date Check if PTIN self-employed P00070404 Firm's EIN ▶ 03-0323274 Phone no. (802) 863-6370	00111	pioto. D	I.	or (outer than onlock)	10 Buoca 011 c	an innormation or t	Willow prope	aror nao any	, movioago.											
Here Teal Scott Type or print name and title. Print/Type preparer's name Print/Type preparer's name Wallace W. Tapia, CPA Firm's name Firm's name Firm's name Firm's address Wallace W Tapia PC 131 Main St 8th F1 Burlington Preparer's signature Date Check if PTIN self-employed P00070404 Firm's EIN ▶ 03-0323274 Phone no. (802) 863-6370			Cianatu	ro of officer								Dr	***							
Type or print name and title. Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Wallace W. Tapia, CPA Prim's name Firm's name Firm's address Wallace W Tapia PC Firm's address Main St 8th Fl Burlington VT 05401 Phone no. (802) 863-6370			Signatu	re of officer								Da	ate							
Print/Type preparer's name Print/Type preparer's name Wallace W. Tapia, CPA Preparer Use Only Print/Type preparer's name Wallace W. Tapia, CPA Wallace W Tapia PC Firm's name Firm's address Main St 8th Fl Burlington VT 05401 Phone no. (802) 863-6370	He	re										Pres	ident							
Paid Preparer Use Only Self-employed Poon VT 05401 Phone no. (802) 863-6370			,,	·																
Preparer Use Only Firm's name Firm's address Wallace W Tapia PC 131 Main St 8th Fl Firm's EIN ► 03-0323274 Burlington VT 05401 Phone no. (802) 863-6370			Print/Type p	reparer's name		Preparer's s	ignature			D	ate		Check	if	PTIN					
Preparer Use Only Use On	Pa	id	Wallac	ce W. Tapi	a, CPA								self-employe	ed I	P00070404					
Use Only Firm's address ► 131 Main St 8th Fl Firm's EIN ► 03-0323274 Burlington VT 05401 Phone no. (802) 863-6370			er Firm's name	► Wallac	ce W T	apia PC														
Burlington VT 05401 Phone no. (802) 863-6370	Us	e Or	. I			_						Firm's EIN ► 03-0323274								
								77	ጥ 054	01			Phone no.			7.0				
	Ma	y the I	RS discuss this		_	shown above	? (see ii								. X Yes	No				

Form 990 (2013) Center for Mindful Learning Inc. 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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) Center for Mindful Learning Inc. Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25a	24a		Х
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 with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
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 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013) BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			. П
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	E Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
h	of Yes, enter the name of the foreign country:	4 a		71
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5.8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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 as charitable contributions?	6 a		X
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	0.1-		
7	Organizations that may receive deductible contributions under section 170(c).	6 b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
b	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b		
c	EDid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			***
	Form 8282?	7 c		X
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	/ 1		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
^				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8		
9	holdings at any time during the year?	0		
	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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

	and the state of t			
1 0	Enter the number of voting members of the governing body at the end of the tax year 1 a 4		Yes	No
16	If there are material differences in voting rights among members			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	D Enter the number of voting members included in line 1a, above, who are independent			
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		Х
3	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?	3		X
4	Did the organization make any significant changes to its governing documents			**
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	О		X
7 8	members of the governing body?	7 a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following:			
	The governing body?	8 a	X	
t	Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
10.	Did the organization have local chapters, branches, or affiliates?	10.0	Yes	No X
	of the organization have local chapters, branches, or animates?	10 a		X
	operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	10.0	х	
12	The state of the s	12 c	Λ	Х
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		Λ
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a		Х
	Other officers of key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		X
b	olf 'Yes,' did the organization follow 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 the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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 inspection. Indicate how you make these available. Check all that apply.	for pu	blic	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
•	Karen Hunt 175A No. Prospect St. Burlington VT 05401-1607 (8	02) 5	540-0	0820
ВАА				2013)

Part VII Section A. Officers, Directors, Tru		Key	En			es,	an	d Highest Con	pensated Emp	oyees	(conti	nued)
	(B) (C)											
(A) Name and title	Average hours per week	box	, unle	ss pe nd a c	rson i directo	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) timated nt of other	
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro orga and	pensation om the unization I related unizations	
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total			٠.	٠.	٠.	٠.	>	68,309.	0.			0.
c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c)							-	69.200	0.			
2 Total number of individuals (including but not limited							eive	68,309. d more than \$100.0		npensat	ion	0.
from the organization • 0											Yes	No
3 Did the organization list any former officer, director, on line 1a? <i>If 'Yes,' complete Schedule J for such ind</i>										. 3	100	Х
4 For any individual listed on line 1a, is the sum of reputhe organization and related organizations greater the	an \$150,	000?	If 'Y	'es'	com	plete	Scl	hedule J for				
such individual	mpensat	ion fr	om a	any	unre	lated	lorg	ganization or individ	dual	. 4		X
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors	mplete S	Schea	lule .	J for	suc	h pei	rsor	1		. 5		Х
Complete this table for your five highest compensate compensation from the organization. Report compensation.												
(A) Name and business address						Description o	f services	Compe	C) nsatior	n		
2 Total number of independent contractors (including to		nited	to th	iose	liste	ed ab	ove) who received mo	re than			
\$100,000 of compensation from the organization	0											

	n 990 (2013) Center for Mindful Learning	Inc.		36-4695073	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$	4.			
	h Total. Add lines 1a-1f	· ► 263,154.			
	Business Code 2 a Teacher training 611600 b Community fees 611600 c d e f All other program service revenue	5,630. 5,606.	5,630. 5,606.	0.	0.
	 3 Investment income (including dividends, interest and other similar amounts)	2.	0.	0.	2.
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss)				
REVENUE	d Net gain or (loss)	. •			

b Less: direct expenses	b				
c Net income or (loss) from fundraising ev	ents ►				
9 a Gross income from gaming activities. See Part IV, line 19	а				
b Less: direct expenses	b				
c Net income or (loss) from gaming activiti	es ≻				
10 a Gross sales of inventory, less returns and allowances	17,100.				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of invent	ory ▶	17,168.	17,168.	0.	0.
Miscellaneous Revenue	Business Code				
11a Miscellaneous	900099	150.	0.	0.	150.
b					
c					
d All other revenue					

150

28,404.

0.

152.

291,710.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do i	not include amounts reported on lines 7b, 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 United States. See Part IV. line 21		,	5 1	·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,604.	42,408.	18,358.	838.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,737.	24,298.	0.	1,439.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	4,331.	3,412.	733.	186.
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,997.	0.	4,997.	0.
c	Accounting	4,310.	0.	4,310.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,771.	13,894.	1,251.	1,626.
12	Advertising and promotion	5,353.	5,353.	0.	0.
13	Office expenses	6,278.	2,514.	2,454.	1,310.
14	Information technology	7,247.	5,794.	1,453.	0.
15	Royalties	.,==	-,	_,	
16	Occupancy	50,896.	46,861.	4,035.	0.
17	Travel	4,821.	4,068.	753.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings	1,855.	1,670.	81.	104.
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	498.	0.	498.	0.
23 24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	4,717.	1,920.	2,797.	0.
	expenses on Schedule O.)				
a					
b					
C					
C	All all an arm are a	1 100	5.7.0	400	F 2
	All other expenses	1,100.	570.	480.	50.
25	Total functional expenses. Add lines 1 through 24e	200,515.	152,762.	42,200.	5,553.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	4	Cook non interest heaving		4	
	1 2	Cash — non-interest-bearing	85,407.	1 2	91,166.
		Pledges and grants receivable, net		3	14,802.
	3 4	Accounts receivable, net	165	4	1 067
	4	Accounts receivable, net	165.	4	1,967.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		_	
ASSETS		Loans and other receivables from other disqualified persons (as defined under		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	898.
Ū	10 a	Land, buildings, and equipment: cost or other basis.			030.
				10-	0.406
	_	Less: accumulated depreciation		10 c	2,486.
	11	Investments — other securities. See Part IV, line 11		11	
	12 13	Investments – program-related. See Part IV, line 11		12 13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	05 572	16	111 210
	17	Accounts payable and accrued expenses	85,572. 11,340.	17	111,319. 18,479.
	18	Grants payable	11,540.	18	10,479.
	19	Deferred revenue	73,115.	19	0.
	20	Tax-exempt bond liabilities	, , , , , , , , , , , , , , , , , , , ,	20	<u>~~</u>
L I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B I L I	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
Ť	00	Secured mortgages and notes payable to unrelated third parties		22	
E S	23	Unsecured notes and loans payable to unrelated third parties		23	
•	24 25	Other liabilities (including federal income tax, payables to related third parties,		24	
	25	and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	84,455.	26	18,479.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
		lines 27 through 29, and lines 33 and 34.			
Ŝ	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
O R	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds	1,117.	32	92,840.
BALANCES	33	Total net assets or fund balances	1,117.	33	92,840.
Š	34	Total liabilities and net assets/fund balances	85,572.	34	111,319.

BAA Form **990** (2013)

For	m 990 (2013) Center for Mindful Learning Inc. 36-4	4695073		Pa	ge 1 :
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1		91,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	00,5	15.
3	Revenue less expenses. Subtract line 2 from line 1	3		91,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		5	28.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		92,8	40.
Pa	rt XII Financial Statements and Reporting	*			
	Check if Schedule O contains a response or note to any line in this Part XII				
	Officer in octreature of contains a response of flote to any line in this rait Air		$\stackrel{\cdot}{-}$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	140
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	'			
	${f b}$ Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	c. If 'Ves' to line 2a or 2h, does the organization have a committee that assumes responsibility for oversight of the audit	·			

BAA Form **990** (2013)

2 c

3 a

Х

review, or compilation of its financial statements and selection of an independent accountant?

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

If the organization changed either its oversight process or selection process during the tax year, explain

in Schedule O.

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Center for Mindful Learning Inc.

Employer identification number

36-4695073

Part	I	Reason for Publ	ic Charity Status	(All organizations r	nust co	omplete	e this p	art.) S	ee inst	ruction	S.			
The o	gar	nization is not a private	foundation because it	is: (For lines 1 through 1	11, check	k only on	e box.)							
1		A church, convention of	of churches or associa	tion of churches describe	ed in sec	ction 17	0(b)(1)(A	۸)(i).						
2		A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E.)										
3		A hospital or a coopera	ative hospital service o	organization described in	section	170(b)(1)(A)(iii)).						
4		A medical research or	ganization operated in	conjunction with a hosp	ital desc	ribed in s	section	170(b)(1)(A)(iii).	Enter th	e hospital's			
	ш	name, city, and state:												
5		An organization opera 170(b)(1)(A)(iv). (Cor	ted for the benefit of a nplete Part II.)	college or university own	ned or o	perated I	by a gov	ernmen	tal unit d	escribed	in section			
6		A federal, state, or local	al government or gove	rnmental unit described	in sectio	on 170(b)(1)(A)(\	/).						
7	X	An organization that no in section 170(b)(1)(A	ormally receives a sub A)(vi). (Complete Part	stantial part of its suppo	rt from a	governn	nental ur	nit or fro	m the ge	eneral pu	blic describ	ed		
8		A community trust des	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		from activities related investment income and	to its exempt functions d unrelated business to	y receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts xempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross lated business taxable income (less section 511 tax) from businesses acquired by the organization after 509(a)(2). (Complete Part III.)										
10		An organization organ	ized and operated exc	lusively to test for public	safety. S	See sect	ion 509	(a)(4).						
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
		a Type I b	Type II c	Type III — Function	ally integ	grated	c	ı 🔲 -	Гуре III -	- Non-fu	nctionally in	tegrate	ed	
е		By checking this box, I	I certify that the organi managers and other th	zation is not controlled d nan one or more publicly	irectly or supporte	r indirect ed organ	ly by one izations	e or mor describ	e disqua ed in sec	lified per tion 509	rsons (a)(1) or			
f				nation from the IRS that			II or Ty	pe III su	pporting	organiza	ation,			
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntribution	n from ar	ny of the	followin	g persor	ns?				
												Yes	No	
		below, the gover	rning body of the support	trols, either alone or toge orted organization?					·		. 11 g (i)			
		(ii) A family membe	r of a person described	d in (i) above?							. 11 g (ii)			
		(iii) A 35% controlled	d entity of a person des	scribed in (i) or (ii) above	?						· 11 g (iii)			
h		Provide the following is	nformation about the s	supported organization(s)).								L	
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organiza column (i) your gov docur	ation in) listed in verning	(v) Did you the organiz column (i) suppo	zation in of your	(vi) Is organiza colum organize U.S	ation in In (i) d in the	(vii) Amount sup		etary	
					Yes	No	Yes	No	Yes	No				
A)														
В)														
C)														
D)														
E)														
-,														
Catal														

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support		T	1	T		
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			6,500.	183,805.	263,154.	453,459.
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			6,500.	183,805.	263,154.	453,459.
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)						301,563.
6	Public support. Subtract line 5 from line 4						151,896.
Sec	tion B. Total Support		1			I	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			6,500.	183,805.	263,154.	453,459.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2.	2.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				2.	150.	152.
11	Total support. Add lines 7 through 10						453,613.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	53,732.
13	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	× <u>X</u>
	tion C. Computation of Pul						
	Public support percentage for 2013						%_
15	Public support percentage from 20	112 Schedule A, Pa	art II, line 14			15	<u>%</u>
16 a	16a 33-1/3% support test − 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17 a 10%-facts-and-circumstances test − 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or 1	/b, check this box	and see instruction	ns ▶ _
RΛΛ					Sob	edule A (Form 990	000 EZ\ 2012

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

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

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) 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							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
	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 \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)							
14	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pul							
	Public support percentage for 2013			3 column (f))			15	%
		, ,	,					
16	Public support percentage from 20				<u> </u>		16	%
	tion D. Computation of Inv				\\\		47	
17	Investment income percentage for	•			• •		17	8
18	Investment income percentage from						18	<u> </u>
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the 23-1/3% support tests — 2013. If	nis box and stop h	ere. The organizat	tion qualifies as a p	oublicly supported	organization		▶ 🔲
b	b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶							
20	Private foundation. If the organiza	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions.		▶ 🗍

Schedule A (Form 990 or 990-EZ) 2013

36-4695073

Page 4

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization		Employer identification number				
Center for Mindful Learning I	nc.	36-4695073				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a pri	vate foundation				
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 Gen	eral Rule or a Special Rule .					
Note. Only a section 501(c)(7), (8), or (10) organi	zation can check boxes for both the General Rule and a Specia	I Rule. See instructions.				
General Rule For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more (in mor	ney or property) from any one				
Special Rules						
509(a)(1) and 170(b)(1)(A)(vi) and received fr	m 990 or 990-EZ that met the 33-1/3% support test of the regula om any one contributor, during the year, a contribution of the gr II, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ations under sections eater of (1) \$5,000 or				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for use exclusively for religious, If this box is checked, enter here the total con purpose. Do not complete any of the parts un	on filing Form 990 or 990-EZ that received from any one contrib charitable, etc, purposes, but these contributions did not total to tributions that were received during the year for an <i>exclusively</i> r less the General Rule applies to this organization because it red or more during the year	nore than \$1,000. eligious, charitable, etc, ceived nonexclusively				
990-PF) but it must answer 'No' on Part IV, line 2	ne General Rule and/or the Special Rules does not file Schedule, of its Form 990; or check the box on line H of its Form 990-EZ ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	or on its Form 990-PF,				

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Cer	nter for Mindful Learning Inc.	36-4695073
Par		
Гаі	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	(b) I alloc allo alloc accounts
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 advisors in writing that the assets held in donor adv	vised 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 can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e conferring Yes No
Par	Conservation Easements. Complete if the organization answered 'Yes' to Form 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 education)	an historically important land area
	Protection of natural habitat Preservation of a	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	m of a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
	. ,	20
C	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?	'
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements •	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements durir ►\$	ng the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(ii)?	70(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exper include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	nse statement, and balance sheet, and s the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Other Similar Assets.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items.	
t	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	
	(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 assets for financian amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	cial gain, provide the following
	a Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Part III Organizations Maintainin	g Collections	of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition, accitems (check all that apply):	cession, and othe	r records, check	any of the following that	are a significant use of its	s collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generations						
4 Provide a description of the organization Part XIII.	n's collections and	d explain how the	ey further the organizatio	n's exempt purpose in		
5 During the year, did the organization so to be sold to raise funds rather than to be	e maintained as	part of the organ	ization's collection?		Yes	No
Part IV Escrow and Custodial Ar line 9, or reported an amou	rangements. Int on Form 99	Complete if the Book Part X, line	he organization ans e 21.	wered 'Yes' to Form	990, Part IV	<i>'</i> ,
1 a Is the organization an agent, trustee, cu on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement in Part						
2 ii 100, explain iilo arrangement iii i arr	7 m and complet	o are renewing to			Amount	
c Beginning balance					741104111	
d Additions during the year						
e Distributions during the year						
f Ending balance					-	
2 a Did the organization include an amount				L .	Yes	No
b If 'Yes,' explain the arrangement in Part						- ''
bir 103, explain the arrangement in Fart	AIII. OHOOK HOTO	ii tiic explantion	nas been provided in ra	It XIII		
Part V Endowment Funds. Comp	olete if the ora	anization ans	wered 'Yes' to Form	990 Part IV line 10	0	
	(a) Current year	(b) Prior year			(e) Four year	s hack
1 a Beginning of year balance	a) Ourront your	(b) i noi year	(c) Two years back	(u) Thice years back	(c) i oui you	3 Duck
b Contributions					+	
					_	
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	•	` `	g, column (a)) held as:			
a Board designated or quasi-endowment	-	 %				
b Permanent endowment	 8					
c Temporarily restricted endowment ►		% 				
The percentages in lines 2a, 2b, and 2c	should equal 100	0%.				
3 a Are there endowment funds not in the p	ossession of the	organization that	are held and administer	ed 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 organization	ations listed as red	quired on Schedu	ule R?		. 3b	
4 Describe in Part XIII the intended uses	of the organizatio	n's endowment f	unds.			
Part VI Land, Buildings, and Equ	ipment.					
Complete if the organization		es' to Form 9	990, Part IV, line 11a	a. See Form 990, Pa	art X, line 10	
Description of property	1	or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	
		vestment)	basis (other)	depreciation	(4) 20011 10	
1 a Land		,	, ,			
b Buildings						
c Leasehold improvements						
d Equipment			2,984.	498.	2	,486.
e Other			2,704.	470.		, 100.
Total. Add lines 1a through 1e. (Column (d) r.	•	990, Part X. colui	mn (B), line 10(c).)		2	,486.
		,,,	1 // (-/-/			,

BAA

		Part IV, line 11b. See 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
1) Financial derivatives		
2) Closely-held equity interests		
B) Other		
A)		
B)		
C)		
D)		
E)		
(F)		
G)		
H)		
(I)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) . ►		
Part VIII Investments — Program Related.		
Complete if the organization answered "	Yes' to Form 990, I	Part IV, line 11c. See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Fotol (Column (h) must squal Form 000 Port V solumn (P) line 12 \		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ►		
Part IX Other Assets.	l Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered "	Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Other Assets. Complete if the organization answered " (a) Des	Yes' to Form 990, I scription	
Other Assets. Complete if the organization answered " (a) Des	Yes' to Form 990, I scription	
Other Assets. Complete if the organization answered " (a) Des (1) (2) (3)	Yes' to Form 990, I	
Other Assets. Complete if the organization answered " (a) Des (1) (2) (3) (4)	Yes' to Form 990, I	
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5)	Yes' to Form 990, I	
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5) (6)	Yes' to Form 990, I scription	
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5) (6) (7)	Yes' to Form 990, I scription	
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, I	
Other Assets. Complete if the organization answered (a) Des (a) Des (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, I	
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription	(b) Book value
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In	scription	(b) Book value
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities.	scription	(b) Book value
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), In Part X	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Destruction (b) must equal Form 990, Part X, column (B), Is Complete if the organization answered 'Yes' to Formula (a) Description of liability	scription	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Form (a) Description of liability Other Assets. Complete if the organization answered 'Yes' to Form (a) Description of liability Other Lassets. Complete if the organization answered 'Yes' to Form (a) Description of liability	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Form (a) Destruction (b) must equal Form 990, Part X, column (b), In the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered '(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Form Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form Description of liability (1) Federal income taxes (2) (3) (4)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In the organization answered 'Yes' to Formula (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Is Complete if the organization answered 'Yes' to Formula (Column (B)) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Is Complete if the organization answered 'Yes' to Formula (Column (B)) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) Column (b) must equal Form 990, Part X, column (B), Institute (B) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	line 15.)	(b) Book value
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) Must equal For	line 15.)	(b) Book value
Other Assets. Complete if the organization answered 'Yes' to Formula (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Is Complete if the organization answered 'Yes' to Formula (Column (B)) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	ine 15.)	(b) Book value

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Tota	I revenue, gains, and other support per audited financial statements	1	
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net ı	unrealized gains on investments		
b Dona	ated services and use of facilities		
c Reco	overies of prior year grants		
	er (Describe in Part XIII.)		
e Add	lines 2a through 2d	2 e	
3 Subt	ract line 2e from line 1	3	-
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:		
	stment expenses not included on Form 990, Part VIII, line 7b 4 a		
	er (Describe in Part XIII.)		
	lines 4a and 4b	4 c	
5 Tota	I 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 F	Retur	 n.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Tota	I expenses and losses per audited financial statements	1	
	unts included on line 1 but not on Form 990, Part IX, line 25:	1	
-	er losses		
	lines 2a through 2d	0.0	
	ract line 2e from line 1	2 e	
		3	
	unts included on Form 990, Part IX, line 25, but not on line 1: stment expenses not included on Form 990, Part VIII, line 7b 4a		
	er (Describe in Part XIII.)		
	lines 4a and 4b	4 c	
	I expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	
	Supplemental Information.	1	
Provide the	e descriptions required for Part II. lines 3, 5, and 9: Part III. lines 1a and 4: Part IV. lines 1b and 2b: Part V.		
line 4; Part	t X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	al infori	nation.

Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 Center for Mindful Learning Inc.	36-4695073	Page 5
Part XIII Supplemental Information (continued)		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Center for Mindfu	ıl Learning Inc.	36-4695073
Pt VI, Line 8b	There are no committees or subcommittees at this	
Pt_VI, Line 11b_	The full Board of Directors and the bookkeeper i	
Pt_VI, Line 11b_	return at a meeting.	
Pt VI, Line 12c	Board members receive a copy of the policy and p	
Pt_VI, Line 12c_	regarding any conflicts.	
Pt VI, Line 19	The organization does not share any financial in	
Pt VI, Line 19	public other than its tax returns.	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2013

2013

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (9 Name(s) shown on return

(99)

Center for Mindful Learning Inc. 36-4695073 Business or activity to which this form relates Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (c) Elected cost 6 (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 15 15 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (c) Basis for depreciation (d) (g) Depreciation deduction (b) Month and (e) Convention Recovery period year placed in service (business/investment use only — see instructions) 2,984 S/L 498. 19 a 3-year property 3.0 yrs **b** 5-year property c 7-year property d 10-year property . . . e 15-year property f 20-year property S/L 25 yrs **g** 25-year property 27.5 yrs h Residential rental MM S/L 27.5 yrs MM S/L property 39 yrs MM S/L i Nonresidential real S/L MM property . . . Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System **20 a** Class life S/L 12 yrs S/L S/L 40 yrs MM Part IV | Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 498. For assets shown above and placed in service during the current year, enter

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24 a Do you have evidence to support the business/investment use claimed? No 24b If 'Yes,' is the evidence written? No Yes Yes (h) (i) (d) (e) (b) (c) Type of property Business/ Basis for depreciation Method/ Elected Cost or Recovery Depreciation Date placed section 179 investment (business/investment Convention deduction (list vehicles first) other basis period in service use percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) Vehicle 6 (a) (b) (c) (d) Total business/investment miles driven Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 during the year (do not include commuting miles) Total commuting miles driven during the year . . Total other personal (noncommuting) miles driven Total miles driven during the year. Add 33 lines 30 through 32 Yes No Yes Nο Yes No Yes No Yes Nο Yes No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the 40 vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI | Amortization (d) (a) (b) (c) (e) (f) Description of costs Date amortization Amortizable Code Amortization begins amount section for this year period or percentage Amortization of costs that begins during your 2013 tax year (see instructions): 43 43 Total. Add amounts in column (f). See the instructions for where to report 44