			E	x sended to g	115/12						
				Solfial Rotu							
	O	90	Dotum			ma linas	tes s		OMB No. 1545-	-0047	
For	m alla	JU	Return	of Organization Ex	empt Pro	m mcc	Jule 15	(X	2011		
			Under section 5	501(c), 527, or 4947(a)(1) of the benefit trust or priv			except blac	k lung	Open to Pu		
		of the Treasury	▶ The organizatio	in may have to use a copy of this			utino requir	ements	Inspectio	and a start of the	
A			ndar vear, or tax year			nd ending					
B	Check i	if applicable:	C Name of organization	Western Climate Initiative, Inco		หมายสามารถ และออก มาได้สาม	11.77841.92.94 SUCT	D Employe	er identification num	nber	
	Address	s change	Doing Business As						45-4044016		
	Name c			 D. box if mail is not delivered to stre 	et adoress)	Room/suite	without	E Telephor			
	Initiai re Termina	1-	P.O. Box 1796 City or town, state or co	puntry and 7IP + 4	1				818-445-4382		
H		ed return	Sacramento, Califo				412-00PM	G Gross re	ceipts \$. 0	
1			F Name and address of pr	rincipal officer:	n seranda karan dari yang barkan dari papara bark	***************************************	H(a) Is this a	group return t	ior affiliates? 🗌 Yes 🖸	√ No	
		-		Chair of the Board Same as "					cluded? Yes		
1		empt status:	✓ 501(c)(3)	501(c) ()	4947(a)(1) or	527	1		list. (see instructions)	.)	
J	Website	<u>.</u>	-INC.ORG	Association Other M	11.200	of formation	H(c) Group			DE	
	Form of	Summa	Corporation Trust		L rear	oriormation	: 2011	1 M State	of legal domicile:	DE	
1978	1			on's mission or most signific	ant activities:	To provid	de technica	and sci	entific advisory		
0				States and Provinces and Terr						ation	
nce		of their res	spective greenhouse	gas emissions trading program	ns.						
Activities & Governance			·····								
Gov	2			anization discontinued its op the governing body (Part VI,				25% of I	ts net assets.	6	
2 2 2 2 3	4			members of the governing I				4		6	
itie	5	Total num		0							
ctiv	6	Total num	6		0						
A	7a			nue from Part VIII, column (C)				7a		0	
-	b	Net unrela	ted business taxable	e income from Form 990-T, li	ne 34	<u></u>		7b		0	
		o		1011 P #11			Prior Yea	ar	Current Year		
anı	8		ons and grants (Part ervice revenue (Part	·····			0				
Revenue	10			column (A), lines 3, 4, and 7d						0	
Å	11									0	
	12			ough 11 (must equal Part VIII,					*****	0	
	13			aid (Part IX, column (A), lines					-	0	
	14			rs (Part IX, column (A), line 4)		•••			-	0	
565	15			mployee benefits (Part IX, colu						0	
Expenses	16a b			Part IX, column (A), line 11e) art IX, column (D), line 25) 🕨					and a state of the	0	
EX	17			nn (A), lines 11a-11d, 11f-24	e)	·····			<u>an an tarta an an a</u>	0	
	18			17 (must equal Part IX, colum						0	
	19	Revenue le	ess expenses. Subtr	ract line 18 from line 12						0	
s or	20 21 22					Begi	inning of Curi	rent Year	End of Year		
Balar	20		ts (Part X, line 16)							0	
Net /	21		ities (Part X, line 26)	Subtract line 21 from line 20		· ·				0	
	Idell	and the same the same to same the same to same the same to same the same to same the same same same same same s	ire Block		· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>		1		0	
			4	mined this return, including accompa	inving schedules a	and statemen	ts, and to the	e best of m	v knowledge and bei	lief, it is	
				(other than officer) is based on all ini							
		164	A/								
Sig		Sighat	Bire of officer	holaten			Date	12/17			
He	re	10 10	11/2/10	- popular -	-		S/	8/10			
		11 /	priprint name and title	Preparer's signature		Date					
Pa		Daniel		reparers signature	1	1 1	26/12	Check 🗸 self-empid	j (64	
				A second in the							
	epare		Swires, CPA ne 🍺 Daniel L. Swi	ires, CPA	Laner						
	e Onl		ne 🕨 Daniel L. Swi	ires, CPA Road, Lafayette, Colorado 800	026			s EIN 🕨	84-1106230 303-665-6477		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Ves No Form 990 (2011)

MILLION AND MARK	990 (2011)				Page 2
Per	Delastro Mate	gram Service Accompl			and the second
	Briefly describe the orga	O contains a response	to any question in this Part	<u>III</u>	🗸
1			to states of the United States	and Provinces and Territories of Canada	in
	development and collabo	rative implementation of th	eir respective greenhouse gas	emissions trading programs.	
2	Did the organization und	ortako anv significant pro	gram convince during the use	ar which were not listed on the	
2	prior Form 990 or 990-E2	Z?			s 🗹 No
3		new services on Schedule ase conducting, or mak		ow it conducts, any program	
	services?				s 🗸 No
	If "Yes," describe these o				
4	Describe the organization	n's program service acco	mplishments for each of its	three largest program services, as me	easured by
	expenses. Section 501(c grants and allocations to	c)(3) and 501(c)(4) organized others, the total expenses	zations and section 4947(a) s, and revenue, if any, for eac	(1) trusts are required to report the a ch program service reported.	amount of
4a	(Code:) (Expe	nses \$0 in	cluding grants of \$	0) (Revenue \$	0)
	NOTHING IN 2011				
	NOTTING IN 2011				
4b	(Code:) (Exper	nses \$0 ind	cluding grants of \$	0) (Revenue \$	0)
4c	(Code:) (Exper	nses \$0 inc	luding grants of \$	0_) (Revenue \$	0)
			······		
				······	
4d	Other program services (D				
40	(Expenses \$ Total program service ex	0 including grants of \$	0) (Revenue \$	0)	
4e	rotal program service ex	heuses N	0		

* (j

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a 5

	Checklist of Required Schedules			
1	In the exception department is position $E(1/p)/p$ or $40.47/p/(1)/(-1) = 10.47/p/(1)/(-1)/(-1)/(-1)/(-1)/(-1)/(-1)/(-1)/$		Yes	No
,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Y	1
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		V
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		V
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			V
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			
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		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		 √
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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		*
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			•
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	19222.0.2	1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
	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	11c		1
	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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
2 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f		√ √
b	Schedule D, Parts XI, XII, and XIII 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, XII, and XIII is optional	12a		v √
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		¥ ./
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 appreciate	- Tru		<u>v</u>
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	14b		√`
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		/
7	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)	16		/ ·
3	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.	17		/
9	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	18		/
)a	Did the execution and water and an analysis in the little of the second se	19	v	/
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	Y	·

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- II.	M Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		\checkmark
<u> </u>	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		~
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	25b 26		√ √
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		<u>↓</u>
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
с	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? <i>If "Yes," complete Schedule L, Part IV</i>	28b		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		√ √
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
13	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		<u> </u>
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254	,	/
6	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	35b		/
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		
1	Part VI	37	,	/
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 1	, [

Form 99	90 (2011)			Page 5
Part				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
ia		0		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
5	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	13.47.3	1.836
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	Au IJ		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- ¹ 11 - 14	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		√
b	If "Yes," enter the name of the foreign country: 🕨			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		4
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		1
Ь	organization solicit any contributions that were not tax deductible?	<u>6a</u>		¥
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	V D		e Hanal
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		\checkmark
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	Change - He	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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.)			
		10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	11.02-6	C. Margaret
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- Galdari - Salatari		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		\checkmark
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	146		

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Form 9	90 (2011)			Page 6
Part		w, and	for a	"No"
a di	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	. See in	struc	tions.
	Check if Schedule O contains a response to any question in this Part VI			
Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
	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.	norder and		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	t 📃		1
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		\checkmark
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		\checkmark
6	Did the organization have members or stockholders?	6		\checkmark
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoin	t		
	one or more members of the governing body?	7a		\checkmark
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,		1
	stockholders, or persons other than the governing body?	76		\checkmark
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3		
	the year by the following:			
а	The governing body?	8a	\checkmark	
b	Each committee with authority to act on behalf of the governing body?	8b	\checkmark	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	t		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		\bigvee
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	enue C	ode.,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		\checkmark
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	THE MARK NO.
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		V	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	A CONTRACTOR	Alexand Charles Alexandres Alexandres	
		45-		
a	The organization's CEO, Executive Director, or top management official	15a		
d	Other officers or key employees of the organization	15b	Aliantes	1202200
16a		Constantion of the second s		
104	with a taxable entity during the year?	16a	sáise (15)	1
b				
5	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sacti	on C. Disclosure	1100	l	
17	List the states with which a copy of this Form 990 is required to be filed CA_DE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 6104 requires an	on 501/	c)(3)s	only)
.0	available for public inspection. Indicate how you made these available. Check all that apply.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	V Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of inter	rest p	olicy.
	and financial statements available to the public during the tax year.		a second to the	5
20	State the name, physical address, and telephone number of the person who possesses the books and record	s of the)	

organization: Patrick Cummins, 1700 Broadway, Suite 1700, Denver, Colorado 80202

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Form 990 (201	i age i
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				e than o is both	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) James Mack										
Director	3.0	~						0	o	
(2) Tim Liesuk										
Director - Secretary	4.0	\checkmark						0	0	
(3) Matt Rodriquez	1.0						_			4 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 19
Director	3.0	1						o	0	
(4) James N. Goldstene										
Director - Chair	5.0	\checkmark						0	0	
(5) Robert Noel de Tilly										
Director - Vice Chair	5.0	\checkmark						0	0	
(6) Jean Yves Benoit										
Director - Treasurer	4.0	1						0	0	
(7)										*
(8)										
(9)										
(10)							-			
(11)										
(12)	-									
(13)										
(14)			-		-					

	and (2011) TVII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd I	lighe	st C	Compensated E	mployees (cor	tinued)		Page
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule	box, office office or directo	(C) Position check more th ass person is a director/ Check more th a director th a di director th a director th a director th a di		e than o is both	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC) 0	(F) Estimate amount of other impensa from the rganization ganization	of tion e on ed	
		O)	stee	Institutional trustee		æ	pensate					ganizatio	2110
(15)		-											
(16)													
(17)													
(18)													
(19)													-
(20)													-
(21)								_					
(22)													
(23)													
(24)													
(25)													
1b c d 2	Sub-total	VII, Section					. 1	▶ ▶) Wt	0 0 0 no received mo	((() re than \$100,0)		000000000000000000000000000000000000000
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	Schedule J 1	for su	ch i	ndiv	vidu	al .				3		No √
4	For any individual listed on line 1a, is the organization and related organizations individual .	greater tha	in \$1: 	50,C	0001 	? If •	"Yes	," (complete Sche	edule J for su	ch4		1
5	Did any person listed on line 1a receive o for services rendered to the organization?									ation or individu			1
Secti 1	on B. Independent Contractors Complete this table for your five highest c	ompensate	d ind	epe	nde	ent c	ontra	icto	rs that received	i more than \$1	00.000	of	
	compensation from the organization. Rep year.	ort compen	isatio	n foi	r the	e ca	lenda	ar ye	ear ending with	or within the c	rganiza	tion's t	ax
	(A) Name and business addr	ress							(B) Description of ser	vices	(C Compe) nsation	
	NONE				-								
											•		
2	Total number of independent contractor received more than \$100,000 of compens							tho	ose listed abov 0	/e) who	e La companya Managara Managara Managara		
											Fo	orm 990	(2011)

	NIII	Statement of Reve	nue			(A)	(B)	(C)	(D)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Its	1 a	Federated campaigns		1a	0				
and Other Similar Amounts	b	Membership dues .		1b	0				
An	С	Fundraising events .		1c	0				
ar	d	Related organizations		1d	0				
mil	е	Government grants (cont	ributions)	1e	0				
S	f	All other contributions, git							
thei		and similar amounts not inc		1f	0				
õ	g	Noncash contributions includ	ed in lines 1a-	-1f: \$	0			i i i i i i i i i i i i i i i i i i i	
anc	h	Total. Add lines 1a-1f			🕨	0			
		<u> </u>			Business Code		a an ann anns a'		and the Content of Arris
Program Service Revenue	2a					0			
Nev	b					0			
Ce	C					0			
erv	d					0			
	e					0			
dia	f	All other program serv		e.		0			-
õ,	g	Total. Add lines 2a-2f				0		AND TABLES STATE	NATION PROVED IN 184
	3	Investment income (i							
	Ŭ	and other similar amou			0				
	4	Income from investment	1000 1000 PC 1000 PC 1000 PC		ALLON AN AN AN AN AN AN	0			······································
	5	Royalties				0			
	5	noyames	(i) Real	· ·	(ii) Personal	0		a the set of the set of the	an Astronya and Astron
	<u>^</u> .		()	0	0			Edge (1994) - Horeby al	
	6a	Gross rents		0	0				
	b	Less: rental expenses		0	0				
	c	Rental income or (loss)		0		0			
	d	Net rental income or (I Gross amount from sales of	oss) (i) Securitie		(ii) Other				TALK STREET
	7a	assets other than inventory	(i) 00001110	0	0	The Production of the			
	4	Less: cost or other basis		0	U				
	b	and sales expenses .							
				0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .		• •	🕨	0			
ω						and an and the state of the second			
Aenue	8a	Gross income from fur	ndraising						
		events (not including \$							
other he		of contributions reported							
ē		See Part IV, line 18 .		+	0				
5	b	Less: direct expenses			0				
	С	Net income or (loss) fro			events . 🕨	0			
	9a	Gross income from gar							
		See Part IV, line 19 .			0				
	b	Less: direct expenses			0				
	С	Net income or (loss) fro			vities 🕨	0			
	10a	Gross sales of inv							
		returns and allowances		-	0			a second second	
	b	Less: cost of goods so			0				
	с	Net income or (loss) fro		f inve		0			
		Miscellaneous Re	venue	-	Business Code				
	11a					0		-	
	b					0			
	С					0			
	d	All other revenue .				0			
				L		0	and a state of the second second	el l'andi génération des la f	and a summer of the
	e	Total. Add lines 11a-1	10		A 50 50 500 600 1			the second se	Harris Charles and the second second

<u>×</u>.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a respons				· · · · ·
o not include amounts reported on lines 6b, 7b, b, 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	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0	0	0	
7 Other salaries and wages	0	0	0	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0	0	0	
9 Other employee benefits	0	0	0	
0 Payroll taxes	0	0	0	
1 Fees for services (non-employees):				
a Management	0	0	0	
b Legal	0	0	0	
c Accounting	0	0	0	
d Lobbying	0	0	0	
e Professional fundraising services. See Part IV, line 17	0	0	0	
f Investment management fees	0	0	0	
g Other	0	0	0	
2 Advertising and promotion	0	0	0	
3 Office expenses	0	0	0	
	0	0	0	
5 Royalties	0	0	0	
7 Travel	0	0	0	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0	0	0	
9 Conferences, conventions, and meetings	0	0	0	
0 Interest	0	0	0	
1 Payments to affiliates	0	0	0	
22 Depreciation, depletion, and amortization	0	0	0	
23 Insurance	0	0	0	-
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)			<u>a de la debite de be</u>	
2				
b				
d				
e All other expenses Total functional expenses. Add lines 1 through 24e	0	0	0	
		0		
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here P if				
following SOP 98-2 (ASC 958-720)				Form 990 (2

For	m 990 (2				Page 11
	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
				5	
	6	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)		6	
ete	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		9	
	100	other basis. Complete Part VI of Schedule D 10a		S	
	b	Less: accumulated depreciation 10b		10c	an all construct all collections (as the
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0		0
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	The second s
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ►			
an	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117, check here ▶ □ and			
or		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	-	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
N	33	Total net assets or fund balances	0	33	0
	34	Total liabilities and net assets/fund balances	0	34	0

1.8

2

Form 9	90 (2011)		P	age 12
Par	X Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			0
2	Total expenses (must equal Part IX, column (A), line 25)			0
З	Revenue less expenses. Subtract line 2 from line 1			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			0
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
2015/4/10/08/07/07/07	column (B))			0
Par				
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		1.1.1.1.1.1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
		5. N ² 98		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		\checkmark
b	Were the organization's financial statements audited by an independent accountant?	2b		\checkmark
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
u	issued on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
ou	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-34		¥
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	· · · · · · · · · · · · · · · · · · ·		990	(00/4)

SCHEDULE A (Form 990 or 990-EZ)

1.5

-Total

Public Charity Status and Public Support

	201	1
C	open to P Inspect	ublic ion

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						Open to Public			
Internal Revenue Service	▶.	Attach to Form 990 or F	o Form 990 or Form 990-EZ. ► See separate instructi						
Name of the organization		te Initiative, Incorporate	he				Employer	identificatio	n number)44016
Part Reason		arity Status (All org		ne muet	complet	te this no	art I Soo		
Participation of the second second second	the second s	dation because it is: (F	the sum was seen to be a server subset	The second when the second second			Contraction of the second s	manucin	5115.
		ches, or association c						(i)	
		n 170(b)(1)(A)(ii). (Atta			000 117 30	ouon n		(1).	
		ospital service organiz			section	170(b)(1	\(A)(iii)		
4 A medical re	search organizat	tion operated in conjur ate:	nction wit	th a hospi	tal descr	ibed in s	ection 17		
5 🗌 An organizat	tion operated for (b)(1)(A)(iv). (Cor	the benefit of a colle	ege or ur	niversity c	wned or	operate	d by a g	overnmen	tal unit described in
7 📝 An organizat	ion that normall	rnment or governmen y receives a substanti 1)(A)(vi). (Complete Pa	al part of					nit or fron	n the general public
8 🗌 A community	rtrust described	in section 170(b)(1)(A	4)(vi). (Co	mplete P	art II.)				
receipts from support from	n activities relate n gross investm	y receives: (1) more th ad to its exempt func ent income and unre after June 30, 1975. S	tions—su elated bu	ubject to Isiness ta	certain e xable in	exception come (le	s, and (2 ss sectio) no more	e than 331/3% of its
10 🗌 An organizat	ion organized an	d operated exclusively	/ to test f	or public	safety. S	ee secti o	on 509(a)	(4).	
purposes of	one or more pu	nd operated exclusiv blicly supported orga describes the type of	nizations	describe	d in sec	tion 509(a)(1) or s	ection 50	9(a)(2). See section
a 🗌 Type	і Ь 🗌	Type Ii c	🗌 Туре	III-Funct	ionally ir	tegrated		d] Type III–Other
	undation manag	/ that the organization ers and other than on							
		a written determinati						II, or Typ 	e III supporting
g Since Augus following per		the organization acce	pted any	gift or c	ontributio	on from a	any of the	e	
(iii) below	, the governing b	indirectly controls, eit ody of the supported	organiza	tion?			• • •	• • •	11g(i)
		son described in (i) abo							11g(ii)
		a person described in							11g(iii)
		tion about the support							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ col. (i)	vou notify nization in of your port?	organiza (i) organi	Is the tion in col. zed in the S.?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
	and double the second			1.12.20.20					

For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2011 Form 990 or 990-EZ.

Schedul	e A (Form 990 or 990-EZ) 2011						Page 2
Part		ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n talleo to qua	lify under
		quality unde		sted below, p	lease comple		
Sectio	on A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2007	(b) 2000	(0) 2000	(-)		
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")					0	0
			-				
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf					0	0
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge					0	0
4	Total. Add lines 1 through 3					0	0
5	The portion of total contributions by each person (other than a						
	each person (other than a governmental unit or publicly	en su especia de					
	supported organization) included on						
	line 1 that exceeds 2% of the amount					and and an array of the	
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.					Service Record	0
	on B. Total Support					1 1	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008.	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4					0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources					0	0
9	Net income from unrelated business						
	activities, whether or not the business						0
	is regularly carried on					0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						0
	(Explain in Part IV.)		and the second second			0	0
11	Total support. Add lines 7 through 10	New Sector Property	Second and		alto Cantorio In		0
12	Gross receipts from related activities, etc	. (see instructi	ions)		 or fifth tax w	12	
13	First five years. If the Form 990 is for the	ne organizatio					
	organization, check this box and stop he	t Deveortes					
	on C. Computation of Public Suppo Public support percentage for 2011 (line	C column (f) d	livided by line	11 column (fi)		14	%
14	Public support percentage for 2011 (lifte					15	%
15	Public support percentage from 2010 Sc 331/3% support test-2011. If the organ	requie A, Pari	check the how	on line 13 an	d line 14 is 33		
16a	box and stop here. The organization qua		licly supporter	d organization			. 🔺 🔽
	331/3% support test-2010. If the orga	nization did n	ot check a bo	x on line 13 o	r 16a. and line	e 15 is 331/3% (or more,
b	check this box and stop here. The organ	nization qualifie	es as a publich	v supported or	ganization .		. 🍽 🗌
	10%-facts-and-circumstances test-2	Ott If the ora	anization did r	ot check a bo	v on line 13 16	Sa or 16b, and I	ine 14 is
17a	10% -racts-and-circumstances test-2 10% or more, and if the organization me	ote the "facts	-and-circumst	ances" test, ch	eck this box a	nd stop here. E	xplain in
	Part IV how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	zation gualifies	as a publicly su	ipported
	organization					de la sila	. 🏲 🗌
	10%-facts-and-circumstances test-2	040 lfthe ore	ionization did r	not check a bo	y on line 13 1	6a 16b or 17a	and line
b	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organiza	tion mosts th	amzation uid I a "facte-and-c	sircumstances	' test check t	his box and sto	pp here.
	15 is 10% or more, and if the organization n Explain in Part IV how the organization n	meets the "fac	ts-and-circums	stances" test.	The organizatio	on qualifies as a	publicly
	supported organization						. pr-
40	Private foundation. If the organization d	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, cheo	ck this box and s	see
18	instructions						. 🔺 🗌
			na manado e alta e tanto entre e forçan anecesa			hedule A (Form 990	

5

Schedule A (Form 990 or 990-EZ) 2011

Pard	UI Support Schedule for Organiza (Complete only if you checked th	tions Descr	ribed in Sect	ion 509(a)(2) or if the organ	ization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
Sacti	on A. Public Support						
Colon	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(4) 2001	(-)				
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities				-		
J	furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	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 8	Add lines 7a and 7b						
Secti	on B. Total Support					1	
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						F 01 (-)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop here	re		id, third, tourth	n, or fifth tax ye	ear as a section	n 501(c)(3) · · ▶ □
Sect	ion C. Computation of Public Suppor	t Percentag	je			1 4 1 1	<u></u>
15	Public support percentage for 2011 (line &	3, column (f) d	livided by line	13, column (f))		15	%
16	Public support percentage from 2010 Sch	nedule A, Part	III, line 15 .	· · · · ·		16	%
Sect	ion D. Computation of Investment Inc	come Perce	entage		(0)		
17	Investment income percentage for 2011 (line 10c, colur	mn (f) divided b	by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010) Schedule A,	Part III, line 17		· · · · · ·	18	%
19a	$33^{1/3}$ % support tests – 2011. If the organ	ization did not	t check the bo	x on line 14, a	nd line 15 is m	ore than 331/39	o, and line
b	17 is not more than 33 ¹ / ₈ %, check this box 33 ¹ / ₈ % support tests - 2010. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a, or 19b,	check this box	and see instruc	ctions 🖻 🗌

Schedule A (Form 990 or 990-EZ) 2011

	Sorm 990 or 990-EZ) 2011 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	
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Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information	ons on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.		Inspection
Name of the organization Western Clin	nate Initiative, Incorporated	Employer identif	fication number 15-4044016
DADT III Statement of Br	ogram Services Accomplishments		
Line 4: The organization h	ad no expenses or program service accomplishments in 2011. The organiz	ation was incorp	oorated October 28,
2011. In 2011, it establishe	ed its governance and adopted internal policies, available at [http://wci-inc	.org/documents.p	php].
Part VI - Governance, Man	agement and Disclosure		
Section A. Governing Bod	ly and Management		
Line 1(a) - Article 6 of the	Western Climate Initiative, Inc. By-Laws establishes an Executive Committee	ee, a Finance Cor	mmittee, and an Audit
Committee. The Executive	Committee consists of at least four directors: the Chair, Vice Chair, Treas	urer, and Secreta	ry. At the November 3,
2011 Board meeting, the E	Board delegated to the Executive Committee authority to manage the day-t	o-day affairs of th	ne Corporation until the
hiring of an Executive Dire	ector. The resolution can be found on the website at [http://wci-inc.org/doc	cuments.php]	
Section B. Policies			
	nat the organization used to review the 2011 Form 990 is as follows:		
	worked with certified public accountant [CPA] to create a draft Form 990 v	with required atta	abmonto This droft
		Milli required alla	connents. This draft
return was submitted to th			
	viewed the Form 990 with attachments. The Audit Committee obtained a re		
3. The Audit Committee se	ent the final Form 990 to all the members of the Board via email for approva	I for submission	to the US IRS, CA, and
DE.	······		
4. The final Form 900 and	attachments were sent to the Board via email for final agreement to submit	to the US IRS, C	A, and DE.
The Form 990 was also pu	blished to the website [www.wci-inc.org]		
Line 12 (a)			
Because the organization	had no income, expenditures,or assets in 2011, it did not prepare financial	statements for th	ne tax year.
For Paperwork Reduction	Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056	K Schedule O	(Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization Western Climate Initiative, Incorporated	Employer identification number 45-4044016
Line 12(c) - The Western Climate Initiative, Inc. was formed on October 28, 2011. During the reporting pe	riod for the 2011 Form 990, the
Board established its governance and adopted internal policies, including a Conflict of Interest Policy [C	COI] . Each member of the Board
signed a disclosure statement in compliance with the Policy. Each Board member will annually sign a di	sclosure statement. Signed copies
of the Directors' annual COI Statements are retained in the corporate files. The Conflict of Interest Polic	y can be found at the website
[http://wci-inc.org/documents.php].	
Part VI - Governance, Management and Disclosure	
Section C. Disclosure	
Line 19 The organization makes it governing documents, policies, audited financial statements, annual	state and federal tax filings, and
minutes of the meetings of the Board of Directors available to the public through the organizations webs	ite: [www.wci-inc.org]

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Schedule O (Form 990 or 990-EZ) (2011)

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

01

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part A corporation required to file Form 990-T and requesting an automatic 6-month extension--check this box and complete Part I only.... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
WESTERN CLIMATE INITIATIVE INC.	X 45-4044016
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
P.O. BOX 1796	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
SACRAMENTO	CA 95812
	WESTERN CLIMATE INITIATIVE INC. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1796 City, town or post office, state, and ZIP code. For a foreign address, see instructions.

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

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

 The books are in the care of 3

	Telephone No. ▶ (818) 445-4382 FAX No. ▶	
ø	If the organization does not have an office or place of business in the United States, check this box	🗠
9	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If	this is
	the whole group, check this box 🕨 🔄 . If it is for part of the group, check this box 🕨 📃 ar	nd attach a
list	with the names and EINs of all members the extension is for.	
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	until 8/15/2012 , to file the exempt organization return for the organization named above. The ex	tension
	is for the organization's return for:	
	calendar year or	
	► X tax year beginning 10/28/2011 , and ending 12/31/2011	
2	If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final return	

Change in accounting period

(HTA)

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$

		1		
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.				
NAMES OF BRIDE AS A DESCRIPTION OF BRIDE AS			0000 0 000	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.