

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Department of the Treasury

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

Open to Public Inspection

	E Al-	2000 Indian very content on the very hearing in the court of the co		onionio.	
		e 2008 calendar year, or tax year beginning , 2008, and e	ending	ID Suntained	entification Number
В		applicable Please use CT TWARD GOVERN		,	
	Add	ress change IRS label CLIMATE SOLUTIONS		91-112	
	∐ Nan	ne change or type 219 LEGION WAI SW, SUITE 2UI		E Telephone n	
	Initi	al return specific SIIII III, WII 50501		360-35	52-1763
	Teri	mination linstruc-			
	X Ame	ended return		G Gross receip	ts \$ 1,890,658.
	\Box	lication pending F Name and address of principal officer	H(a) Is th	is a group return for	
		SAME AS C ABOVE		all affiliates included	
_	Tax	exempt status X 501(c) (3) (insert no) 4947(a)(1) or 52	7 If 'N	o,' attach a list (see	instructions)
		site: WWW.CLIMATESOLUTIONS.ORG		p exemption numbe	, >
<u> </u>		of organization. X Corporation Trust Association Other ► L Year of		```	of legal domicile WA
	rt I	Summary	Tomation 15	30 III SIZIC	or regar donners 1722
Ĭ		Briefly describe the organization's mission or most significant activities: THE M	T MOTEST	S TO ACCE	LERATE
		PRACTICAL AND PROFITABLE SOLUTIONS TO GLOBAL WARMIN			
Activities & Governance		GROWING INVESTMENT AND BRIDGING DIVIDES	7G DT 799		TEUNCKOUTT
	-		FCEIVE	ED	
2	2 (Check this box I if the organization discontinued its operations or disposed-			ets
5	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 1일1 3	
	4 1	Number of independent voting members of the governing body (Part VI, wee 1b)	MAR O 9 Z	010 3	
:		Total number of employees (Part V, line 2a)	_		
;		Total number of volunteers (estimate if necessary)	GDEN,	117 6	
۲			IGUEIN,		'a 0.
_	1 d	Net unrelated business taxable income from Form 990-T, line 34			b 0.
				Prior Year	Current Year
,	8 (Contributions and grants (Part VIII line 1h)		1,024,139	
	9 F	Program service revenue (Part VIII, line 2g)		107,234	
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		881	
:	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	20,692	
		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,152,946	1,790,576.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		Benefits paid to or for members (Part IX, column (A), line 4).		<u> </u>	
ກ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	687,814	1,048,688.
3e	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	ь.	Total fundraising expenses (Part IX, column (D), line 25) ►165, 8	56.		
۵		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		496,104	. 593,841.
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	- 	1,183,918	
		Revenue less expenses Subtract line 18 from line 12		-30,972	
	13 1	Nevertue less expenses Subtract line to north line 12			
200			Bed	ginning of Year	
1 Balancee		Total assets (Part X, line 16)		966,212	
Fund		Total liabilities (Part X, line 26)	}	42,455	
		Net assets or fund balances. Subtract line 21 from line 20		923,757	1,071,804.
<u> a</u>	rt II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a true, corlect, and complete peclaration of preparer (other than officer) is based on all information of which	and statements, a	ind to the best of my	knowledge and belief, it is
		due, contest, and complete declaration of preparer (other train officer) is based on an information of time.	T properci ries e		110
ìiç	ın	- Dragg James			11.0
Чē	re	Signature of officer	4	Date	
		- Gragg Small Executive Dire	ctor		
		Type or print name-and title			
		Date		Check if	Preparer's identifying number (see instructions)
Pa		Preparer's COSM		self- employed ►	
re		signature > W Other has 3/0	3/10		P00188877
	rer's	Firm's name (or HUEBNER, DOOLEY & COMPANY, PS			
Js On		yours if self- employed). 1424 NE 155TH. ST., SUITE 100	-	EIN ► 91-	1529999
ا ا ن	·y	address, and ZIP+4 SHORELINE, WA 98155			206) 522-8000
Ma\	the IF	RS discuss this return with the preparer shown above? (see instructions)		· · ·	X Yes No
		Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		TEEA0112L 12	
		acj met and Lahet Maly Vennetion were upaged are me achainte in an action a	-		· OIIII 220 (2000)

Form	990 (2008)	CLIMATE SO	LUTIONS						91-	11233	02	1	Page 2
Par	t III S	tatement of Pro		ce Acco	mplishm	ents (see	ınstruct	ions)					
<u>*1</u>		cribe the organization							_				
		SSION IS TO A								BAL_W	RMIN	IG_B	<u></u>
	<u>GALVAN</u>	IZING LEADERS	HIP, GRO	<u>WING_I</u> I	NVESTME	<u>NT_AND_B</u>	RIDGIN	<u>G_DIVID</u>	<u>ES</u>				
			 .							_ _			
		· · · · · · · · · · · · · · · · · · ·											
2	-	janization undertake	any significa	nt progran	n services o	luring the ye	ear which v	were not lis	ted on the prio	r _		G.	
		or 990-EZ?									Yes	X	No
•		scribe these new se							•		V	₩.	A1.
3		ganization cease con scribe these change	-	_	icant chang	es in now it	conducts,	any progra	im services?	لــا	Yes	X	No
4	Describe thand 501 (c)	he exempt purpose a (4) organizations ar	achievements ad section 494	for each o	usts are req	uired to rep-	ee largest ort the am	program se ount of gra	ervices by expe nts and allocat	enses So ions to o	ection 5 thers, 1	501(c) the total	(3) al
	expenses,	and revenue, if any,	, for each pro	gram serv	ice reported								
4 a	NORTHWIND WE WOR) (Expense E SOLUTIONS I EST, WHILE SU K WITH BUSINE ST GROUPS TO ORK FOR THE E	PPORTING SS, AGRI CREATE P	MATE AL AND BU CULTURI RACTICA	ND CLEAN UILDING E, ENVII AL AND I	N-ENERGY A STRON RONMENTA PROFITAE	INITI G BASE LISTS,	ATIVES FOR ST GOVERN	RONG NATI MENT, AND	CIFIC ONAL A PUBL	<u></u>))
							. – – – .						
						- -							
						-							
4 b	(Code.) (Expense	s \$		includin	g grants of	\$) (Revenue	s <u>\$</u>)
										- -			
	(Cada	\(\(\(\) \)					<u> </u>) (Daysarus	Ċ			
40	(Code]) (Expense	s ə		includin	g grants of	۶) (Revenue	. ۶			'
		- -											
									-				
										- -			
													
			- -										
													
4 d	_	ram services. (Desc											
	(Expenses			cluding gra) (Rever					
4e	Total prog	ram service expens	es ► Ş	1,35	1,833.	(Must equa	I Part IX, L	.ine 25, col	umn (B))				

Form 990 (2008) CLIMATE SOLUTIONS
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		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete 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, 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		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	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 U.S ?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business and program service activities outside the U.S.? If 'Yes' complete Schedule F. Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	v
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X
21		21		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х
		23		<u>~</u>
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25.	24a		х
ı	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		X
1	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х_

Form 990 (2008) CLIMATE SOLUTIONS

Part IV Checklist of Required Schedules (continued)

	-	- 1	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a		x
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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? If 'Yes' complete Schedule R, Part VI	37		Х

BAA

Form **990** (2008)

Form 990 (2008) CLIMATE SOLUTIONS	91-1123302	Pa	ge 5
Fart V Statements Regarding Other IRS Filings and Tax Compliance			
Total		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	20		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reg (gambling) winnings to prize winners?	portable gaming	x	-
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	19		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? . 2b	X	~
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	i i		Х
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 financial account in a foreign country (such as a bank account, securities account, or other financial a	authority over, a account)?		Х
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E Financial Accounts	Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction? 5b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Prohibited Tax Shelter Transaction?			
6a Did the organization solicit any contributions that were not tax deductible?	. 6a	i	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution deductible?	ns or gifts were not		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than \$75? 7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	· · · · · · · · · · · · · · · · · · ·		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	personal 7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	——————————————————————————————————————		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109			X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring org	509(a)(3)		-
excess business holdings at any time during the year?	• •	- 	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	-	
a Did the organization make any taxable distributions under section 4966?	9b	-+	-
b Did the organization make any distribution to a donor, donor advisor, or related person?	- 30		
10 Section 501(c)(7) organizations. Enter		1	
a 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 other 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)			-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	Form	000 /	2000
BAA	rorm	プラリ (2	こししど

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

Section A. Governing Body and Management

	JUON A. C	soverning Body and Management				
	For each 'Y processes,	es' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, or changes in Schedule O. See instructions.	describe the circumstances,		Yes	No
1	a Enter the n	umber of voting members of the governing body.	1a14			
	b Enter the n	umber of voting members that are independent	1b 14			
2	Did any offi officer, dire	cer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee?	elationship with any other	2		Х
3	Did the organic of officers,	anization delegate control over management duties customarily performed by or directors or trustees, or key employees to a management company or other pers	under the direct supervision	3		Х
4		anization make any significant changes to its organizational documents		4		X
		rior Form 990 was filed?	•			
5	Did the orga	anization become aware during the year of a material diversion of the organization	on's assets?	5		X
6	Does the or	ganization have members or stockholders?		6		Х
7	a Does the or governing b	ganization have members, stockholders, or other persons who may elect one or ody?	more members of the	7a		X
ļ	b Are any dec	cisions of the governing body subject to approval by members, stockholders, or c	other persons?	7 b		Χ
8	Did the orga	anization contemporaneously document the meetings held or written actions und g	ertaken during the year by			
	a The govern	ing body?		8a	Х	
1	b Each comm	nittee with authority to act on behalf of the governing body?		8b	Х	
9	a Does the or	ganization have local chapters, branches, or affiliates?		9a	Χ	
l	b If 'Yes,' doe and branch	es the organization have written policies and procedures governing the activities es to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9b	Х	
10	Was a copy describe in	of the Form 990 provided to the organization's governing body before it was file Schedule O the process, if any, the organization uses to review the Form 990	d? All organizations must SEE SCHEDULE O	10	Х	
11	Is there any organization	y officer, director or trustee, or key employee listed in Part VII, Section A, who can's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	11		X
Car	diam D D	Policies	•			
360	tion B. F	Policies				
360	tion B. F	oncies			Yes	No
		rganization have a written conflict of interest policy? If 'No,' go to line 13.	· · · · · · · · · · · · · · · · · · ·	12a	Yes X	No
12	a Does the or	rganization have a written conflict of interest policy? If 'No,' go to line 13.	s that could give rise	12a 12b		No X
12:	a Does the or b Are officers to conflicts c Does the or	rganization have a written conflict of interest policy? If 'No,' go to line 13.	-			X
12:	a Does the or b Are officers to conflicts c Does the or Schedule C	rganization have a written conflict of interest policy? If 'No,' go to line 13. If directors or trustees, and key employees required to disclose annually interests in the conformal consistently monitor and enforce compliance with the polygonian consistent consistency.	-	12b	x	
12:	a Does the or b Are officers to conflicts c Does the or Schedule C Does the or	rganization have a written conflict of interest policy? If 'No,' go to line 13. I, directors or trustees, and key employees required to disclose annually interests or trustees, and consistently monitor and enforce compliance with the polynow this is done	-	12b 12c	X	X
12:	a Does the or b Are officers to conflicts c Does the or Schedule C Does the or Does the or	rganization have a written conflict of interest policy? If 'No,' go to line 13. directors or trustees, and key employees required to disclose annually interests	olicy? If 'Yes,' describe in	12b 12c 13	x	X
12: 13 14 15	a Does the or b Are officers to conflicts c Does the or Schedule C Does the or Does the or Does the or Does the propersons, co	rganization have a written conflict of interest policy? If 'No,' go to line 13 If directors or trustees, and key employees required to disclose annually interests to the confliction of the confliction o	olicy? If 'Yes,' describe in	12b 12c 13	х х х	X
12: 13 14 15	a Does the or b Are officers to conflicts c Does the or Schedule C Does the or Does the or Does the or Did the propersons, co	rganization have a written conflict of interest policy? If 'No,' go to line 13 If directors or trustees, and key employees required to disclose annually interests or trustees, and key employees required to disclose annually interests or trustees, and key employees required to disclose annually interests or ganization regularly and consistently monitor and enforce compliance with the proposition of the following persons include a review and simparability data, and contemporaneous substantiation of the deliberation and designation and de	olicy? If 'Yes,' describe in	12b 12c 13 14	X X	X
12: 13 14 15	a Does the or b Are officers to conflicts c Does the or Schedule C Does the or Does the or Did the propersons, co	rganization have a written conflict of interest policy? If 'No,' go to line 13 It, directors or trustees, and key employees required to disclose annually interests or trustees, and key employees required to disclose annually interests or compliance with the property of the following persons include a review and imparability data, and contemporaneous substantiation of the deliberation and destruction for the deliberation and destruction of the deliberation and destruction's CEO, Executive Director, or top management official?	olicy? If 'Yes,' describe in	12b 12c 13 14	х х х	X
12: 13 14 15	a Does the or b Are officers to conflicts' c Does the or Schedule C Does the or Does the or Did the propersons, co a The organiz b Other office Describe th	rganization have a written conflict of interest policy? If 'No,' go to line 13 It, directors or trustees, and key employees required to disclose annually interests or compliance with the property of the following persons include a review and consistent of the following persons include a review and contemporaneous substantiation of the deliberation and destruction are destruction and destruction and destruction are destruction and destruction and destruction and destruction are destruction and destruction and destruction are destruction are destruction are destruction and destruction are destruction	olicy? If 'Yes,' describe in I approval by independent ecision:	12b 12c 13 14	х х х	X
12: 13 14 15	a Does the or b Are officers to conflicts' c Does the or Schedule C Does the or Does the or Did the propersons, co a The organiz b Other office Describe th a Did the organity during	rganization have a written conflict of interest policy? If 'No,' go to line 13 It, directors or trustees, and key employees required to disclose annually interests of the conflict of interest policy? It ganization regularly and consistently monitor and enforce compliance with the property of the compliance of the property of the compliance with the property of the compliance of the property of the compliance with the property of the compliance with the property of the compliance of the compliance with the property of the compliance of the compliance with the property of the compliance of the compliance with the property of the compliance of the compl	olicy? If 'Yes,' describe in approval by independent ecision: arrangement with a taxable n to evaluate its participation	12b 12c 13 14 15a 15b	х х х	X
12 13 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	a Does the or b Are officers to conflicts? c Does the or Schedule C Does the or Does the or Did the propersons, coa The organize Other office Describe the Did the organize of	rganization have a written conflict of interest policy? If 'No,' go to line 13 I, directors or trustees, and key employees required to disclose annually interests or ganization regularly and consistently monitor and enforce compliance with the proposition have a written whistleblower policy? Iganization have a written whistleblower policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization include a review and station's CEO, Executive Director, or top management official?. Iganization includes a policy or procedure in a joint venture or similar the year? Is the organization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?	olicy? If 'Yes,' describe in approval by independent ecision: arrangement with a taxable n to evaluate its participation	12b 12c 13 14 15a 15b	х х х	X
12 13 14 15 16 Sec	a Does the or b Are officers to conflicts? c Does the or Does the or Does the or Does the or Did the propersons, co a The organize b Other office Describe the Did the organize that Did the organized the organized that Did the organized that Did the organized that Did the organized the organized that Did the organized the organiz	rganization have a written conflict of interest policy? If 'No,' go to line 13 i, directors or trustees, and key employees required to disclose annually interests or ganization regularly and consistently monitor and enforce compliance with the proposition have a written whistleblower policy? rganization have a written document retention and destruction policy? recess for determining compensation of the following persons include a review and emparability data, and contemporaneous substantiation of the deliberation and destruction's CEO, Executive Director, or top management official? rest of key employees of the organization? SEE SCHEDULE O e process in Schedule O. (see instructions) anization invest in, contribute assets to, or participate in a joint venture or similar githe year? the organization adopted a written policy or procedure requiring the organization are arrangements under applicable federal tax law, and taken steps to safeguare respect to such arrangements? Disclosures	olicy? If 'Yes,' describe in approval by independent ecision: arrangement with a taxable n to evaluate its participation	12b 12c 13 14 15a 15b	х х х	X
12: 13 14 15 :: 16: Sec 17	a Does the or b Are officers to conflicts: c Does the or Schedule C Does the or Doescribe the Doescribe the Did the organization of th	rganization have a written conflict of interest policy? If 'No,' go to line 13 I, directors or trustees, and key employees required to disclose annually interests or ganization regularly and consistently monitor and enforce compliance with the proposition have a written whistleblower policy? Iganization have a written whistleblower policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization have a written document retention and destruction policy? Iganization include a review and station's CEO, Executive Director, or top management official?. Iganization includes a policy or procedure in a joint venture or similar the year? Is the organization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?	approval by independent cision: r arrangement with a taxable in to evaluate its participation dithe organization's exempt	12b 12c 13 14 15a 15b 16a	X X X X	X
13 14 15 16 16 17 18	a Does the or b Are officers to conflicts? c Does the or Schedule C Does the or Does the or Does the or Did the propersons, coa The organize b Other office Describe the Did the organize that Did the	ganization have a written conflict of interest policy? If 'No,' go to line 13 It, directors or trustees, and key employees required to disclose annually interests of the conflict of interest policy? It ganization regularly and consistently monitor and enforce compliance with the property of how this is done. It ganization have a written whistleblower policy? It ganization have a written document retention and destruction policy? It ganization have a written document retention and destruction policy? It ganization have a written document retention and destruction policy? It ganization have a written document retention and destruction policy? It ganization for determining compensation of the following persons include a review and imparability data, and contemporaneous substantiation of the deliberation and destructions of the process in Schedule O. (see instructions) It ganization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest in, contribute assets to, or participate in a joint venture or similar granization invest	and 990-T (501(c)(3)s only) available in the colors of the organization of the organiz	12b 12c 13 14 15a 15b 16a 16b	X X X X	X
13 14 15 16 16 17 18	a Does the or b Are officers to conflicts? c Does the or Schedule C Does the or Does the or Does the or Did the propersons, coa The organize b Other office Describe the Did the organize that Did the organize that b If 'Yes,' has in joint venistatus with ction C. L List the state Section 610 inspection. Own we Describe in statements	ganization have a written conflict of interest policy? If 'No,' go to line 13 directors or trustees, and key employees required to disclose annually interests ganization regularly and consistently monitor and enforce compliance with the policy of how this is done ganization have a written whistleblower policy? ganization have a written document retention and destruction policy? gess for determining compensation of the following persons include a review and imparability data, and contemporaneous substantiation of the deliberation and detection's CEO, Executive Director, or top management official? gers of key employees of the organization? SEE SCHEDULE O genization invest in, contribute assets to, or participate in a joint venture or similar githe year? sthe organization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements? Disclosures tes with which a copy of this Form 990 is required to be filed MA OR MT Afterquires an organization to make its Forms 1023 (or 1024 if applicable), 990, a Indicate how you make these available Check all that apply	and 990-T (501(c)(3)s only) as	12b 12c 13 14 15a 15b 16a 16b	X X X X A A A A A A A A A A A A A A A A	X

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

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

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

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

Check this box if the organization did n	1	sate a	iny (directo	or, tr			
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	Pointing in the Pointing in th	institutional trustee	_	a Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
STEVE SUNDQUIST										
PRESIDENT	7 0	Х		X				0.	0.	0.
JABE BLUMENTHAL										
VICE PRESIDENT	<u> </u>	Х		Х				0.	0.	0.
RUSS LEHMAN										
TREASURER	0	Х		Х				0.	0.	0.
PAUL KNOX										
SECRETARY	0	X		Х				0.	0.	0.
GREGG SMALL										
EXECUTIVE DIREC	40				X			80,363.	0.	0.
JAMES DAILEY										
DIRECTOR	0	X						0.	0.	0.
ARON THOMPSON DIRECTOR	0	x						0.	0.	0.
ALEX LOEB	 	 ^	 	\vdash	-				· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	1 0	x						0.	0.	0.
LIZ THOMAS	 	 	┢	 				<u> </u>		
DIRECTOR	1 0	X						0.	0.	0.
HEIDI WILLS	 	 	┢		-	 -	<u> </u>			******
TREASURER	0	Х						0.	0.	0.
ANNE MCGUIRE	_			ŀ						
DIRECTOR	0	X	<u> </u>	L_	_		_	0.	0.	0.
ROB GRADY	_		l		i			į		
DIRECTOR	0	X	<u> </u>	_			<u> </u>	0.	0.	0.
PHILIP GERITY	_)								
DIRECTOR	0_	X	<u> </u>	<u> </u>	_			0.	0.	0.
MICHAEL BUTLER	_	ļ								
DIRECTOR	0	X	╙	L.	L	ļ		0.	0.	0.
ROGERS WEED	_							_	_	_
DIRECTOR	0	X	┞		_		 	0.	0.	0.
	-{									
	 	 -	 	-		 				
	┨									
			1				11	<u> </u>		

Part VII Section A. Officers, Directors, Trus		(ey	Em			es,	an			loyee		<u>nt.) </u>
(A) Name and Title	(B) Average	Posi	tion (C) k all i	that a	nnlv)	(D)	(E)	_	(F)	
Name and Tide	hours per week	or director	Institutional trustee	Officer		Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con f ore ai	stimated ount of ot one of other of other of other other one of the other of other o	on in id
												-
		<u> </u>	<u> </u>									
				<u> </u>								
			<u></u>									
					ļ							
		_										
1 b Total					<u>:</u>		<u> </u>	80,363.	0.	<u> </u>		0
 Total number of individuals (including those in 1a) volume organization ► 0 	who rec	eive	d m	ore '	thar	า \$10	00,0	00 in reportable o	ompensation from _	the		
											Yes	No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of re 	ndıvıdua	al		•		•				3	_	Х
the organization and related organizations greater t	han \$15	50,00	002	lf 'Y	'es'	com	ıplet	e Schedule J for :	such	4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atio J for	n fro	om a h pe	any erso	unre	elate	ed organization fo	r services	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ted inde	pen	dent	cor	ntra	ctors	s tha	it received more t	han \$100,000 of			
compensation from the organization (A)								(B)		(C)	
Name and business addres	S							Description of	of Services	Compe	<u>ensatio</u>	'n
2. Total number of redesendant visit in the contract of the co	Ab ·		- اس				202-	than \$100,000				
2 Total number of independent contractors (including compensation from the organization ► 0	mose II	(ו וו	WIIC	, 160	CIVE	eu II	iore	man \$100,000 m				

1 4	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns . b Membership dues 1b c Fundraising events 1c d Related organizations . 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,609,969.				
ONTRIBL ND OTH	g Noncash contribns included in Ins 1a-1f: \$				
EVENUE C	h Total. Add lines 1a-1f Business Code 2a SERVICE FEES	1,609,969. 156,434.	156,434.		
M SERVICE RI	b	-			
ROGRA	f All other program service revenue g Total. Add lines 2a-2f	156,434.			
	Investment income (including dividends, interest and other similar amounts).	4,859.	4,859.		
	4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ►	1,000.	1,033.		
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss). 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . a 119,219. b Less direct expenses . b 100,082.	· · —	-		
_	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a	19,137.	19,137.		
	b Less direct expenses b c Net income or (loss) from gaming activities		4 -		
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory	·			
	Miscellaneous Revenue Business Code 11 a OTHER REVENUE b Business Code	177.	177.		
	d All other revenue e Total. Add lines 11a-11d	177.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.	1,790,576.	180,607.	0.	0.

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 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 U.S. See Part IV, line 21.				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,363.	64,290.	8,037.	8,036.
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.	0.
7	Other salaries and wages	822,803.	657,756.	60,351.	104,696.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,602.	3,964.	461.	3,177.
9	Other employee benefits .	68,783.	52,708.	6,122.	9,953.
10	Payroll taxes	69,137.	54,658.	5,144.	9,335.
	Fees for services (non-employees)			,	
	n Management				
ŀ	Legal	·			
(Accounting	5,200.		5,200.	
•	1 Lobbying	3,643.	3,643.		
•	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
ç	g Other	9,003.	7,035.	603.	1,365.
	Advertising and promotion	,		i i	
13	Office expenses	33,270.	26,629.	3,416.	3,225.
14	Information technology				
15	Royalties				
16	Occupancy	81,736.	64,314.	6,620.	10,802.
17	Travel	59,070.	49,483.	4,939.	4,648.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,427.	4,706.	273.	448.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,001.		3,001.	
23		3,404.	2,689.	289.	426.
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	CONTRACT LABOR	307,892.	288,543.	17,344.	2,005.
	PRINTING AND PUBLICATIONS	47,971.	43,505.	1,621.	2,845.
(DUES AND SUBSCRIPTIONS	14,541.	13,578.	346.	617.
(MISCELLANEOUS	11,245.	8,662.	845.	1,738.
•	POSTAGE AND SHIPPING	8,438.	5,670.	228.	2,540.
1	All other expenses				
25		1,642,529.	1,351,833.	124,840.	165,856.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

تت				·						
					(A) Beginning of year		(I End o	3) of year	r	
	1	Cash – non-interest-bearing			550,295.	1			616.	
	2	Savings and temporary cash investments .			145,666.	2			816.	
	3	Pledges and grants receivable, net			245,000.	3			000.	
	4	Accounts receivable, net			10,567.	4			780.	
	5	,	rs. trus	tees, key employees.	20/307.			12,	, 00 .	
	•	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	L			5				
	6	Receivables from other disqualified persons (as defin-								
		and persons described in section 4958(c)(3)(B). Com	plete F	Part II of Schedule L		6				
ASSETS	7	Notes and loans receivable, net				7				
Ę	8	Inventories for sale or use				8				
Ś	9	Prepaid expenses and deferred charges			12,517.	9		30,	<u>558.</u>	
	10 a	Land, buildings, and equipment cost basis	10 a	32,686.						
	b	Less: accumulated depreciation. Complete Part VI of					_			
		Schedule D .	10 ь	18,611.	2,167.	10 c		14,0	075.	
	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)		966,212.	16	1,1	46,8		
	17	Accounts payable and accrued expenses			14,482.	17		<u>7,3</u>	<u>338.</u>	
	18	Grants payable .				18				
	19	Deferred revenue ,				19				
Ĭ	20	Tax-exempt bond liabilities				20				
A B	21	Escrow account liability. Complete Part IV of Schedul				21				
L L T	22	highest compensated employees, and disqualified persons. Complete Part II								
- 1		of Schedule L			,	22				
S	23	Secured mortgages and notes payable to unrelated the	nird pa	rties .		23				
	24	Unsecured notes and loans payable				24				
	25	Other liabilities Complete Part X of Schedule D		•	27,973.	25			703.	
	26	Total liabilities. Add lines 17 through 25	· · · ·	<u>-</u>	42,455.	26		75,0	<u> </u>	
Ĕ		Organizations that follow SFAS 117, check here ►	X ar	nd complete lines						
		27 through 29 and lines 33 and 34.								
ASSET	27	Unrestricted net assets			906,257.	27	1,0		804.	
Ē S	28	Temporarily restricted net assets			17,500.	28		45,	000.	
O R	29	Permanently restricted net assets .	-			29				
		Organizations that do not follow SFAS 117, check he	ere -	and complete						
FUZD	20	lines 30 through 34.				20				
	30	Capital stock or trust principal, or current funds		£		30 31				
Ā	31	Paid-in or capital surplus, or land, building, and equip				32				
Ā Ì	32	Retained earnings, endowment, accumulated income,	, or our	ner tunas	022 757		1 0	71 (001	
BALAZCES	33	Total net assets or fund balances. Total liabilities and net assets/fund balances	•		923,757. 966,212.	33			<u>804.</u> 845.	
	rt XI		•		900, 212.	34	1,1	40,0	343.	
1 6	II A	Trinancial Statements and Reporting	-				· · · · · · · · · · · · · · · · · · ·	Yes	No	
1	Δα	counting method used to prepare the Form 990:	Cash	X Accrual	Other			163	110	
		re the organization's financial statements compiled or					2a		- x	
		re the organization's financial statements compiled or re the organization's financial statements audited by a		•	accountailt: .	•	2b	Х	 	
				-	y for oversight of the a	udit	20		 	
	rev	Yes' to 2a or 2b, does the organization have a commiti lew, or compilation of its financial statements and sele	ection o	of an independent acco	untant?	auit,	. 2c	Х	<u>L.</u>	
	a As	a result of a federal award, was the organization requi					•		·	
	Au	dit Act and OMB Circular A-133?		•			3a	-	<u> </u>	
BA		Yes,' did the organization undergo the required audit o	r audit	57		•	3b		(2008)	
-~	~						1 0111		(=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 2008

2000

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number CLIMATE SOLUTIONS 91-1123302 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(bX1XAXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 Type II Type III — Functionally integrated b c Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of (i) Name of Supported (vi) is the organization in col (vii) Amount of Support (iv) is the anization in col (i) listed in your governing document? (i) organized in the U.S.? your support? Yes Yes No No Yes No **Total**

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

Par	Support Schedule for				(БД ГДАДІУ) ап	и тибрутуску	VI)						
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	(t l.)									
Cale	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total						
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')												
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.												
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge												
4	Total. Add lines 1-3												
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).												
6	Public support. Subtract line 5 from line 4]		•						
Sec	tion B. Total Support					-							
	endar year (or fiscal year inning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total												
7	Amounts from line 4 .												
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources												
9	Net income form unrelated business activities, whether or not the business is regularly carried on												
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV).												
11	Total support. Add lines 7 through 10												
12	Gross receipts from related activ	vities, etc. (see in:	structions)	•		12							
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)						
Sec	tion C. Computation of Pu		ercentage										
	Public support percentage for 20			ne 11, column (f).		. 14	%						
15	Public support percentage for 20	007 Schedule A, F	art IV-A, line 26f			. 15	%_						
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo	ox on line 13, and organization.	d the line 14 is 33	-1/3 % or more, ch	neck this box						
t	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13, or 16a organization.	a, and line 15 is 3	3-1/3% or more, c	heck this box						
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	IV how						
	b 10%-facts-and-circumstances test — 2007. 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, 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.												
18	rivate foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 1/b, check the	nis box and see in	SITUCTIONS						

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

	(Complete only if you checked the box on line 9 of Part I.)										
Section A. Public Support											
Calen	dar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
	Giffs, grants, contributions and membership fees received (Do not include 'unusual grants.')		1,541,159.	871,910.	1,024,139.		5,726,664.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	91,841.	98,414.	62,268.	107,234.	156,434.	516,191.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
-	Total. Add lines 1-5	771,328.	1,639,573.	934,178.	1,131,373.	1,766,403.	6,242,855.				
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,	•	0	0	0		0				
_	and 12 for the year or \$5,000	0.	0.	0. 0.	<u>0.</u>	0.	0.				
	Add lines 7a and 7b . Public support (Subtract line	0.	U.	0.	<u> </u>	U.	<u> </u>				
٥	7c from line 6.)					i	6,242,855.				
Sec	tion B. Total Support	 	l.,,		L	<u></u>	0,242,000.				
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
	Amounts from line 6	771,328.	1,639,573.	934,178.	1,131,373.	1,766,403.	6,242,855.				
_	Gross income from interest.	111,320.	1,639,573.	934,176.	1,131,373.	1,700,403.	0,242,633.				
102	dividends, payments received on securities loans, rents, royalties and income form similar sources	111.	486.	914.	1,508.	4,859.	7,878.				
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.				
	Add lines 10a and 10b	111.	486.	914.	1,508.	4,859.	7,878.				
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	4,485.	5,228.	2,401.	67.	177.	12,358.				
13	Total support. (add ins 9, 10c, 11, and 12)						6,263,091.				
14	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)				
15	Public support percentage for 20			no 13 notimes (A)		15	99.7%				
16	Public support percentage for 20 Public support percentage from		• • •		1	16	99.6%				
	tion D. Computation of Inv				<u>:</u> :						
17	Investment income percentage f				ump (fl)	17	0.1%				
18	Investment income percentage f		, ,	-	(7)	18	0.0%				
	33-1/3 support tests — 2008. If the comore than 33-1/3%, check this b	organization did not	t check the box on I	ine 14, and line 15	is more than 33-1/3 ublicly supported	3%, and line 17 is no					
b	33-1/3 support tests — 2007. If the support test is not more than 33-1/3%, check	he organization d	id not check a box	on line 14 or 19	a, and line 16 is i	more than 33-1/39	%, and line 18				
20	Private foundation, If the organi	zation did not che	eck a box on line	14 19a or 19h o	heck this box and	d see instructions	▶ 🗍				

Schedule A	(Form 99	0 or 990	0-EZ) 20	008	CLIMAT	E SO	LUTI	ONS				91-11	.23302	Page 4
Part IV	Supple	menta	Infor	matio	n. Com	plete	this	part to	provide	the	explanation red additional infor	uired by	Part II, lır	ne 10;
	Part II,	line 17	a or	/b; o	r Part I	II, line	12.	Provid	e any c	other	additional infor	mation. (see instru	ctions)
	- 													
											-			
														=
								<u>-</u>						
											- 			
														
										- ·				_ _ _ _ _ _
		- -												

TEEA0404L 10/07/08

91-1123302

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 CLIMATE SOLUTIONS

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations, complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Ta	x). then
--	----------

	Section 501(c)(4), (5), or (6) a	rganizations Complete Part III						
Name	of organization			Employer identification				
	IMATE SOLUTIONS			91-112330				
Pa	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c) a	ind section 527 org	janizations.			
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV.				
	Political expenditures			▶\$				
	Volunteer hours							
Pai	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c)(3	3).				
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶\$	· · · · · · · · · · · · · · · · · · ·			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$				
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		. Yes X No			
4:	Was a correction made?.				Yes No			
	f 'Yes,' describe in Part IV							
Pa	To be completed See the instructio	by all organizations exempt under ns for Schedule C for details.	r section 501(c), (except section 501	(c)(3).			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities >\$				
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt				
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b							
4	Did the filing organization file	e Form 1120-POL for this year? .			Yes No			
5	State the names, addresses made Enter the amount par received and promptly and committee (PAC). If addition	and employer identification number (EIN) d and indicate if the amount was paid from directly delivered to a separate political org- ial space is needed, provide information in	of all section 527 poli the filing organization anization, such as a s Part IV	itical organizations to won's funds or were politi separate segregated fur	hich payments were cal contributions a political action			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0			

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

Schedule C (Form 990 or 990-EZ) 2008

h Subtract line 1g from line 1a Enter -0- if line g is more than line a

i Subtract line 1f from line 1c Enter -0- if line f is more than line c

chedule C (Form 990 or 990-EZ) 2008 CLIMATE S		91-11233	· · · · · · · · · · · · · · · · · · ·
Part II-A To be completed by orga under section 501(h)). Se	nizations exempt under section 501(c)(3) e the instructions for Schedule C for detail	that filed Form 5768 ls.	(election
A Check ► If the filing organization b	elongs to an affiliated group.		
B Check ► If the filing organization of	hecked box A and 'limited control' provisions apply		
Limits on Lobb (The term 'expenditures' n	ying Expenditures – leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	3,643.	
b Total lobbying expenditures to influence	a legislative body (direct lobbying) .		
c Total lobbying expenditures (add lines 1	a and 1b)	3,643.	0.
d Other exempt purpose expenditures		1,738,968.	
e Total exempt purpose expenditures (add	l lines 1c and 1d) .	1,742,611.	0.
f Lobbying nontaxable amount. Enter the both columns	amount from the following table in	237,131.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is		·
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25	% of line 1f)	59,283.	0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes X No

0.

0.

0.

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a Lobbying non-taxable amount	164,629.	151,067.	194,972.	237,131.	747,799.			
b Lobbying ceiling amount (150% of line 2a, column (e))					1,121,699.			
c Total lobbying expenditures	55,402.	20,663.	2,976.	3,643.	82,684.			
d Grassroots non-taxable amount	41,157.	37,767.	48,743.	59,283.	186,950.			
e Grassroots ceiling amount (150% of line 2d, column (e))					280,425.			
f Grassroots lobbying expenditures	15,922.	20,663.	2,976.	3,643.	43,204.			

BAA

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 CLIMATE SOLUTIONS 91-1123302 Page 3 To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?. d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If 'Yes,' describe in Part IV i Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section **501(c)(6).** See the instructions for Schedule C for details. Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 b **b** Carryover from last year 2 c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?. ... 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV | Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i Also, complete this part for any additional information

Schedule C (F	orm 990 or 990-EZ) 2008 CLIMATE SOLUTIONS Supplemental Information (continued)	91-1123302	Page 4
Part IV	Supplemental Information (continued)		
			- -
			. .
			_ _
		. — -: — -	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization		Employer Identification number						
CL1	CLIMATE SOLUTIONS 91-1123302								
Par	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if								
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	·						
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year) .								
3	Aggregate grants from (during year).								
4	Aggregate value at end of year .		<u> </u>						
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	onor advised Yes No						
6	Did the organization inform all grantees, done used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or otl	ids may be ner Yes No						
Par		ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held b	by the organization (check all that apply).							
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	of an historically important land area						
	Protection of natural habitat	Preservation	of certified historic structure						
	Preservation of open space								
2		a qualified conservation contribution in the form	m of a conservation easement on the last day						
	of the tax year.		Held at the End of the Year						
2	Total number of conservation easements		2a						
	Total acreage restricted by conservation ease	ements	2 b						
	Number of conservation easements on a cert		2c						
	Number of conservation easements included	* *	2 d						
		transferred, released, extinguished, or termina	ated by the organization during the taxable						
	year ►								
4	Number of states where property subject to c								
5	enforcement of the conservation easement it		Yes No						
9		g, inspecting, and enforcing easements during							
7	•	nspecting, and enforcing easements during the							
8	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of so	Yes No						
9	include, if applicable, the text of the footnote conservation easements	is conservation easements in its revenue and expe to the organization's financial statements that	describes the organization's accounting for						
Par	Complete if the organization ans	ections of Art, Historical Treasures, of swered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.						
1 a	If the organization elected, as permitted under treasures, or other similar assets held for put the text of the footnote to its financial statem	er SFAS 116, not to report in its revenue staten blic exhibition, education, or research in further ents that describes these items.	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,						
t	treasures, or other similar assets held for put amounts relating to these items:	er SFAS 116, not to report in its revenue staten olic exhibition, education, or research in further	ance of public service, provide the following						
	(i) Revenues included in Form 990, Part VIII	, line 1 .							
_	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·						
	amounts required to be reported under SFAS	-	for financial gain, provide the following						
	Revenues included in Form 990, Part VIII, lin	е і	. • 5						
t	Assets included in Form 990, Part X	•	P 3						

Schedule D (Form 990) 2008 CLIMATE SO	LUTTONS			91-112	23302	Page 2
Part III Organizations Maintaining C		of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (conti	
Using the organization's accession and ot that apply):						
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's Part XIV	collections	and explain ho	w they further the organ	nization's exempt purpo	se in	
5 During the year, did the organization solid assets to be sold to raise funds rather that	it or receive	donations of ai	t, historical treasures, of the organization's co	or other similar ollection?	Yes	□No
Part IV Trust, Escrow and Custodial					Form 990.	
IV, line 9, or reported an amo	ount on Fo	rm 990, Par	t X, line 21.			
1a Is the organization an agent, trustee, cust included on Form 990, Part X?	odian, or ot	her intermediary	for contributions or ot	her assets not	Yes	No
b If 'Yes,' explain the arrangement in Part >	(IV and com	plete the follow	ing table.			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance .				1 f		
2a Did the organization include an amount or	n Form 990,	Part X, line 213	,	••	Yes	No
b If 'Yes,' explain the arrangement in Part >	(IV.					
Part V Endowment Funds Complete	ıf organız	ation answer	ed 'Yes' to Form 9	90, Part IV, line 10		
(a) C	ırrent year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four y	years back
1 a Beginning of year balance						
b Contributions .						
c Investment earnings or 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 y	ear end bal	ance held as.				
a Board designated or quasi-endowment		%				
b Permanent endowment ►	8					
c Term endowment ► %						
3a Are there endowment funds not in the post organization by:	ssession of	the organization	that are held and adm	inistered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations .					3a(ii)	
b If 'Yes' to 3a(ii), are the related organization	ons listed a	s required on S	chedule R?		3b	
4 Describe in Part XIV the intended uses of		•				
Part VI Investments-Land, Building				. line 10.		
Description of investment	(a) Cos	t or other basis ivestment)		(c) Depreciation	(d) Book	Value
1a Land .						
b Buildings						
c Leasehold improvements						
d Faunment						

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

e Other

BAA

32,686.

18,611.

14,075.

14,075.

Schedule **D** (Form 990) 2008

Total. Column (b) Total (should equal Form 990, Part X, col. (8) line 25)
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Par	<u>t XI</u>	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Tota	revenue (Form 990, Part VIII,column (A), line 12)		1,790,576.
2	Total	expenses (Form 990, Part IX, column (A), line 25)	. [1,642,529.
3		ss or (deficit) for the year Subtract line 2 from line 1 .	Ī	148,047.
4		unrealized gains (losses) on investments.	Ī	
5		ated services and use of facilities	` '	
6		stment expenses	`	
7		period adjustments		
8		r (Describe in Part XIV) .	·	
_		·	-	
9		adjustments (net) Add lines 4-8	·	140 047
10		ss or (deficit) for the year per financial statements. Combine lines 3 and 9	*****	148,047.
		Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	r	1 000 650
1		revenue, gains, and other support per audited financial statements	1	1,890,658.
2		unts included on line 1 but not on Form 990, Part VIII, line 12		
		unrealized gains on investments 2a		
		ated services and use of facilities		
		veries of prior year grants		
C	l Othe	r (Describe in Part XIV) . SEE PART XIV 2d 100,082.		
€	Add	lines 2a through 2d	2e	100,082.
3	Subt	ract line 2e from line 1	3	1,790,576.
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Inves	stments expenses not included on Form 990, Part VIII, line 7b 4a		
t	Othe	r (Describe in Part XIV)	_	
(Add	lines 4a and 4b	4c	
5	Total	revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,790,576.
		Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	
		expenses and losses per audited financial statements	1	1,742,611.
		unts included on line 1 but not on Form 990, Part IX, line 25		
		ated services and use of facilities 2a	1 1	
		year adjustments . 2b	1 1	
		es reported on Form 990, Part IX, line 25		
		r (Describe in Part XIV) SEE PART XIV 2d 100, 082.	1	
		•	20	100,082.
_		lines 2a through 2d	2e	1,642,529.
3		ract line 2e from line 1	3	1,042,323.
4		unts included on Form 990, Part IX, line 25, but not on line 1:		
		stments expenses not included on Form 990, Part VIII, line 7b		
		r (Describe in Part XIV)		
		lines 4a and 4b.	4c	1 640 500
		expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	1,642,529.
Par	t XIV	Supplemental Information		
Com line	plete 4, Par - – –	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, t X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	lines	1b and 2b; Part V,
BAA		TEEA3304L 12/23/08	Sched	dule D (Form 990) 2008

91-1123302

Page 4

Schedule D (Form 990) 2008 CLIMATE SOLUTIONS

Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

nternai	Reveilue Service						
	f the organization					Employer identifica	
	MATE SOLUTIONS					91-112330	
Part							line 17.
1	Indicate whether the organization	raised funds the	rough any	of the foll			
	Mail solicitations				Solicitation of non-	government grants	
	Email solicitations				Solicitation of gove	rnment grants	
	Phone solicitations				Special fundraising	events	
	In-person solicitations						
2a	Did the organization have written employees listed in Form 990, Pa	or oral agreeme	ent with ar	y individu	al (including officers, di	rectors, trustees or key	Yes X No
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or en	tities (func Form 990	Iraisers) p)F7 filers :	ursuant to agreements are not required to com	under which the fundra	iser is to be
	compensated at least 45,000 by the	TC Organization	1 01111 330	702 111013	lare not required to com	(v) Amount paid to	
	(i) Name of individual	(ii) Activity	(ni) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
	or entity (fundraiser)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		dy or control	from activity	fundraiser listed in	(or retained by)
			of contr	ibutions?		col.(ı)	organization
			Yes	No			
			-				
		ļ					
		f					
			1				
		1					
			 			· · · · · · · · · · · · · · · · · · ·	
			 	 		<u>. </u>	<u></u>
				!			
		ļ					<u> </u>
				İ			
					· <u>-</u> -		
				1			
	· · · · · · · · · · · · · · · · · · ·		1	1	· · · · · · · · · · · · · · · · · · ·		
	Total						0.
	Total	·_					· · · · · · · · · · · · · · · · · · ·
3	List all states in which the organiz	ation is registe	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration
	or licensing.						
							
•							
•							
•							
•							
•							
•							
							_

		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts grea	ater than \$5,000.	
			(a) Event #1 CONFERENCE	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
R			(event type)	(event type)	(total number)		
こと かくかみ	1	Gross receipts	119,219.			119,219.	
Ě	2	Less Charitable contributions					
	3	Gross revenue (line 1 minus line 2)	119,219.			119,219.	
	4	Cash prizes					
D-RECT	5	Non-cash prizes		1			
	6	Rent/facility costs .					
EXPESSES	7	Other direct expenses	100,082.			100,082.	
Ē	8	Direct expense summary Add lines 4- tl	hrough 7 in column (d).		. •	100,082.	
	9	Net income summary. Combine lines 3 a	=			19,137.	
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported more than	
R E V E			(a) Bingo (b) Pull tabs/Insta bingo/progressiv bingo		(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))	
m Z D m	1	Gross revenue					
-	2	Cash prizes					
D-RECT	3	Non-cash prizes .					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	6		[<u> No</u>	No	No		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•		
	8	Net gaming income summary. Combine	ines 1 and 7 in column	(d)		lyss No	
9	Ente	er the state(s) in which the organization of	perates gaming activitie	es:		YES NO	
		ne organization licensed to operate gaming	-			. 9a	
b	If 'N	lo,' Explain.					
		e any of the organization's gaming license es,' Explain	es revoked, suspended	or terminated during the	e tax year?	10a	
11	Doe	s the organization operate gaming activities	es with nonmembers?			11	
12	ls th	ne organization a grantor, beneficiary or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership of	or other entity formed t	0 12	
=							

Schedule G (Form 990 or 990-EZ) 2008 CLIMATE SOLUTIONS	91-1123302	Р	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 13b	96 96		
14 Provide the name and address of the person who prepares the organization's gaming/special events boo	ks and records:		
Name			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organization \$and of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address		a	
Name •			
Address· ►			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided:			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	o retain the	a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or specific contents.	pent in the		
organization's own exempt activities during the tax year ► \$			<u> </u>
BAA TEEA3703L 07/18/08 Sched	dule G (Form 990 or	990-EZ)	2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
CLIMATE SOLUTIONS	91-1123302
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
A DRAFT COPY IS MADE AVAILABLE TO THE GOVERNING BOARD FOR RE	EVIEW AND APPROVAL PRIOR
TO FILING THE TAX RETURN.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROC	ESS FOR OFFICERS & KEY EMPLOYE
ALL SALARIES ARE REVIEWED ANNUALLY USING COMPARABILITY DATA	FOR SIMILAR NONPROFITS
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	Y AVAILABLE
ALL DOCUMENTS ARE AVAILABLE BY REQUEST.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~-	

2008 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 CLIENT CLIM990X CLIMATE SOLUTIONS 91-1123302							
IENT CLIM990X 3/10		CLIM	ATE SOLUTION	JN5		91-11233 0	
PART III, LINE 12 - 0	THER INCOM	iF					
			2007	2006	2005	2004	
NATURE AND SOURC	<u> </u>	2008					
OTHER REVENUE	TOTAL \$	177. 177. \$	67. 67.	2,401. \$ 2,401.	5,228. \$ 5,228.	4,485. 4,485.	

2008 SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT CLIM990X

CLIMATE SOLUTIONS

91-1123302

3/03/10

02 22PM

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

NETTING OF SPECIAL EVENTS EXPENSE

TOTAL \$ 100,082.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS EXPENSE

TOTAL \$ 100,082. \$ 100,082.