

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



Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

<u>A 1</u>	or the	e 2009 calendar year, or tax year beginning and en	naing		
В	Check if applicab	Please use IRS		D Employer identific	cation number
	Addre	Iss label or 2020 TNO			
F	Name	type		26-0	251104
F	chang _lnttal	On the second se	oom/suite	E Telephone number	
F	retum _Termi	n- Specific CO.7 GERRETT CO. BOAR	JOIN/Suite	•	988-5309
片	⊸ated □Amen	ded A		G Gross receipts \$	621,410.
\vdash	ireturn _iApplic	City or town, state or country, and ZiF + 4			
_	tion pendi			H(a) Is this a group re for affiliates?	Yes X No
				H(b) Are all affiliates incl	
_			 -		list. (see instructions)
		te: > WWW.ARCHITECTURE 2030.ORG	I Voca	H(c) Group exemption	
	orm o		IL Year	of formation: ZOO / N	State of legal domicile: NM
[F		Summary	מד זפן דון	3 DDAMAGEC	DEDUCETON
çe	1	Bnefly describe the organization's mission or most significant activities: TO ACE			
& Governance	_	IN THE GLOBAL-WARMING-CAUSING GREENHOUSE G		GHG) EMISSIO	
Æ	Į.	Check this box ff the organization discontinued its operations or disposed	a or more	1 1	_
ő		Number of voting members of the governing body (Part VI, line 1a)	•	3	6
∞ 5		Number of independent voting members of the governing body (Part VI, line 1b)		. 4	5
Activities		Total number of employees (Part V, line 2a)		5	6
ξ		Total number of volunteers (estimate if necessary)		6	0
₹	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34			<u> </u>
				Prior Year	Current Year
SCAN	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	780,000.	<u>570,000.</u>
₩	9	Program service revenue (Part VIII, line 2g)		145,350.	<u>49,853.</u>
<u>ۆ</u> کے	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,257.	<u> </u>
24 11	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
<u>'</u>	12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		930,607.	621,410.
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
Z (14	Benefits paid to or for members (Part IX, column (A), line 4)	. L		
< 8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		490,505.	<u>472,777.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
, ĝ	l	Total fundraising expenses (Part IX, column (D), line 25)			
⊃ -	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_ [_	212,152.	161,621.
Ŝ	ľ	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		702,657.	634,398.
	19	Revenue less expenses Subtract line 18 from line 12		227,950.	<12,988.>
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X (Link) 6FD		313,095.	313,964.
SEG S	21	Total liabilities (Part X, line 26) 0		4,763.	18,620.
ĘĘ	22	Net assets of fund balances, Outstract line 21 from line 20		308,332.	295,344.
Pa	rt II	Signature Block 0 2010 / c/	——- 		
		Under deputies of persury I declare that have examined this return, including accompanying schedules and si	statements, a	and to the best of my knowledg	ge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge	/	1.
Sign	•			10/11	/2010
Her		Signature of officer		Date	
,,,,,	-	EDWARD MAZRIA, PRESIDENT & CEO		,	
		Type or print name and title			·
		Preparer's Date	Che	eck if Prepare	er's identifying number
Paid	l	signature lluttu). Hully 1 10-13-	sett	f- ployed (see ins	structions)
Prep	arer's	Firm's name (or THE HULTQUIST FIRM, CPA, P.C.	10 [6111]	EIN >	
Use	Only	yours if Self-employed). 3515 PELHAM ROAD, SUITE 101		CIIV	
		address and		Dhana sa 🕨 O	64-770-0240
<u> </u>	. Ala = 17	ZIP+4 GREENVILLE, SC 29615		Frione no.	64-770-0240 X Yes No
		RS discuss this return with the preparer shown above? (see instructions)			Yes No Form 990 (2009)
9320	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sepa	arate insi	ructions.	rum 330 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	•		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	•		
5		5		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<u> </u>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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			1
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
•				
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? 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			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
40		'		† <u>* * * * * * * * * * * * * * * * * * *</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	├ ┻
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		(2000)

	1990 (2009) 2030 , INC. 26-0251	<u>, 104</u>	F	age -
Pai	rt IV Checklist of Required Schedules (continued)			
	•	1 !	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	;		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
04-	Schedule J			
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No", go to line 25	24a		<u> X</u>
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
		27		х
	Schedule L, Part III	27		^
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)	l	-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_	 	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		X
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			
U.	Schedule N, Part II	32		X
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33		22		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		.,
	If "Yes," complete Schedule R, Part V, line 2	35	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O.

Form	990 (2009) 2030, INC.	26-0251	<u> 104</u>	P	age 5
Par					
		1	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1b</u> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	1	1c		ļ
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 6	· '		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		<u>2b</u>	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see it		_		٠,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			l	.,
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country.				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	sank and		ŀ	
	Financial Accounts		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	aing Pronibited			
	Tax Shelter Transaction?		_5c_		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	60		x
	any contributions that were not tax deductible?		6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the	ons or gins	6b		
_	were not tax deductible?	•	OD	 	+
7	Organizations that may receive deductible contributions under section 170(c).	soods and convices			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for grounded to the payer?	Juous and Services	7a		x
	provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		 ^
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		,,,,		1
С	to file Form 8282?	is required	7c	}	x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			† <u></u>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		
e	benefit contract?	····	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding			Ì	
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				T
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	}		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		1
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a]		
	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
_	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u></u>
			Earn	, ggn	(2009)

Form 990 (2009) 2030, INC. 26-0251104 Page
Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					
		Ι.	l	<u>-</u>	Yes	No
1a	3 3 , .	<u>1a</u>	· · · · · · · · · · · · · · · · · · ·	_6		
þ	Enter the number of voting members that are independent	_1b_	L	_5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other		i	۱
_	officer, director, trustee, or key employee?		. :	2	4	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dired	t supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	•••		. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?		5	_	X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	s of the	1		
	governing body?			7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	 	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following:					
а	The governing body?			. <u>8a</u>	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenu</u>	e Code.)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10t	<u>. </u>	<u></u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling th	e form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			128	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gıv	e rise			1
	to conflicts?			121	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	describe			
	ın Schedule O how this is done			120	X	
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	·			
а	The organization's CEO, Executive Director, or top management official			158	X	
b	Other officers or key employees of the organization		•	15k		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					T
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a			1
_	taxable entity during the year?			16		\mathbf{x}
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate i	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization					
	exempt status with respect to such arrangements?			16k	,	
Sec	tion C. Disclosure				_	
17	List the states with which a copy of this Form 990 is required to be filed ►NM					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501)	c)(3)s only) avail	able for		
. –	public inspection. Indicate how you make these available Check all that apply.	,,	-,,-,:,, -:			
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	anflict	of interest notice	v. and fir	ancial	
	statements available to the public.	J. 111101		اا ۱۱۵ ما می رود		
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the oros	nization	•	
-0	EDWARD MAZRIA - 505-988-5309	160	o. do or and orga		_	
	607 CERRILLOS ROAD, SANTA FE, NM 87505					
_	OF CHARLEDON ROLL DIMILITIE MA 0/303			For	m 990	(3000).

26-0251104

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization (A)		(B)			(0)			(D)	(E)	(F)
Name and Title		Average hours	(6		Pos		appl	lv)	Reportable compensation	Reportable compensation	Estimated amount of
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HARMON M LISNOW BOARD CHAIRMAN		1.00	x						0.	0.	0.
BEN CARDINALE		1.00								<u></u>	
BOARD MEMBER	ļ	1.00	x						0.	0.	0.
PETER SCHNEIDER											
BOARD MEMBER		1.00	X	_			Ш		0.	0.	0.
EDWARD MAZRIA		4.5.5.5				 	<u> </u>		4.50.000	•	_
FOUNDER & EXECUTIVE	DIRE	40.00	X	_	X	X	X		160,000.	0.	0.
LEONOR MISSRIE		1 00			i	}				0	
BOARD MEMBER		1.00	X	-			\vdash		0.	0.	0.
LYNETTE MONTOYA BOARD MEMBER		1.00	x						0.	0.	0.
KRISTINA KERSHNER		1.00	^		┢╌		\vdash				
VICE PRESIDENT		40.00			x	i	$ \mathbf{x} $		123,000.	0.	0.
<u> </u>					-						
	i				<u> </u>			乚			Form 990 (2009

				ees (continued)			est	<u>ligh</u>			yee	mplo	ıstees, Key Er	fficers, Directors, Tru
	(F)	_		(E)	(D)					_ ((l	(B)	
	timate ount		i i	Reportable compensation	Reportable compensation			app		Posi		(0)	Average hours	d title
tion e ion ed	other pensa om the anizat d relate	com fr org and	d ns	from related organizations (W-2/1099-MIS	rom the nization 999-MISC)	forga		Highest compensated employee		Officer	Institutional trustee	Individual trustee or director	per week	
			ļ											
0.			0.	· -	3,000.	28					·		<u> </u>	
2			ole),000 ın reportabl			no re	e) wh	OOVE	ed at	liste	ose	ot limited to th	riduals (including but n
	Yes			·									····	
х		3_	n [uch individual	list any former officer, aplete Schedule J for s and on line 1a, is the su
	X	4			lividual	or such ind	e J f	edule	Sche	ete S	mple	" co	0,000? <i>If "Yes,</i>	tions greater than \$150
			>	ices rendered to	ation for servi	ed organiz	elate	unr	any	rom				I on line 1a receive or a
X	_	5									on	pers	lule J for such	Yes, " complete Sched
	rom	ation f	mpensa	\$100,000 of com	ed more than	nat receive	ors t	acto	ontr	nt c	ende	depe	mpensated inc	or your five highest co
n	C) nsatio	(C	С	services	(B)	De		_					address	NONE (A) Name and business

1b Total Total number of individuals (including but not limited to those listed above) w compensation from the organization Did the organization list any former officer, director or trustee, key employee line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation an and related organizations greater than \$150,000? If "Yes," complete Schedul Did any person listed on line 1a receive or accrue compensation from any un the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contract NONE the organization. (A) Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Form 990 (2009) 932008 02-04-10

Form 990 (2009)

Part VII Section A.

(A)

Name and title

2009.03010 2030, INC.

6519___1

		0 (2009) 2030, INC	<u>.</u>				26-0251	104 Page 9
Pa	rt V	/III Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$	1a 570,000 1b 1c 1d 1e 1f	0.	570.000			
	2 :	h Total. Add lines 1a-1f a HONORARIUMS b	Business 6	_	49,853.	49,853.		
Program Service Revenue		c d e f All other program service revenue						
		g Total. Add lines 2a-2f		•	49,853.		* =-	
	3	other similar amounts)		>	1,557.			1,557.
	5 6 a	(0)	Real (ii) Perso	onal				
	•	b Less rental expenses c Rental income or (loss) d Net rental income or (loss)		>				
		assets other than inventory b Less' cost or other basis	cunties (ii) Oth	er				
	•	and sales expenses c Gain or (loss) d Net gain or (loss)	· ·	>				
Other Revenue		a Gross income from fundraising events including \$ contributions reported on line 1c) Se Part IV, line 18 b Less direct expenses	of . a . b					
		 Net income or (loss) from fundraising Gross income from gaming activities. Part IV, line 19 						
		b Less. direct expensesc Net income or (loss) from gaming actia Gross sales of inventory, less returns	. b	>				
		and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventors.		•				
	11 :	Miscellaneous Revenue a b	1	Code				
		d All other revenue e Total. Add lines 11a-11d		•				
93200	12	Total revenue See instructions.		>	621,410.	49,853.	0.	1,557. Form 990 (2009)

Part IX | Statement of Functional Expenses

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

	All other organizations must compl	ete column (A) but are		ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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				
4 5	Compensation of current officers, directors,				 ,
5	trustees, and key employees	283,000.	212,250.	70,750.	
	Compensation not included above, to disqualified	203,000.		7077301	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·	129,977.	97,483.	32,494.	
7	Other salaries and wages Pension plan contributions (include section 401(k)	147,7110		<u> </u>	
8	and section 403(b) employer contributions)	20,263.	15,197.	5,066.	
9	Other employee benefits	9,404.	7,053.	2,351.	
_	Payroll taxes	30,133.	22,600.	7,533.	
10 11	Fees for services (non-employees)	30,133.	22,000	.,,5551	
	Management				
a	· · · · · · · · · · · · · · · · ·	1,343.		1,343.	***
b	Legal	12,736.		12,736.	
C	Lobbying	12,,30.			
d	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				-
g	Other				
12	Advertising and promotion	9,428.	9,428.		_
13	Office expenses		- 1		
14	Information technology				
15	Royalties				_
16	Occupancy	31,581.		31,581.	
17	Travel	53,786.	53,786.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,392.		16,392.	
23	Insurance	3,893.		3,893.	
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.)				
а	TELEPHONE, TELECOMMUNIC	9,203.		9,203.	
b	PRINTING AND PUBLICATIO	6,442.	6,442.		
c	SUPPLIES	5,554.		5,554.	
d	WEBSITE EXPENSES	5,198.	5,198.		
e	COMPUTER EXPENSES	1,908.	1,908.		
	All other expenses	4,157.	1,657.	2,500.	
25	Total functional expenses. Add lines 1 through 24f	634,398.	433,002.	201,396.	0
<u></u> 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				

6519___1

art X	Balance Sheet		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		7.	1_	
2	Savings and temporary cash investments		263,527.	2	282,735
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net	. [4	
5	Receivables from current and former officers, di	rectors, trustees, key			
	employees, and highest compensated employee				
	of Schedule L			5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)) and persons described in section 495			- 1	
	Part II of Schedule L			6	
, 7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
	Prepaid expenses and deferred charges		1,939.	9	
10.	Land, buildings, and equipment: cost or other	1 1			
100	basis Complete Part VI of Schedule D	10a 75,350.			
Ι,	Less: accumulated depreciation	10b 44,121.	47,622.	10c	31,229
11	Investments - publicly traded securities	11/222		11	
12	Investments - other securities See Part IV, line			12	
13	Investments - program-related See Part IV, line	***		13	
	Intangible assets	., .	· · · · · · · · · · · · · · · · · · ·	14	
14	Other assets. See Part IV, line 11			15	
15 16	Total assets. Add lines 1 through 15 (must equ	al line 34)	313,095.	16	313,964
17	Accounts payable and accrued expenses	ar iirie 0-17	3,655.	17	4,827
	Grants payable		0,000	18	
18	Deferred revenue			19	
19	•	•		20	···-
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete	Bart IV of Schodulo D		21	
21 22	Payables to current and former officers, director				
22	highest compensated employees, and disqualif				
]		led persons. Complete Part ii		22	
	of Schedule L			23	
23	Secured mortgages and notes payable to unrel			24	
24	Unsecured notes and loans payable to unrelate	d third parties	1,108.	25	13,793
25	Other liabilities Complete Part X of Schedule D	• •	4,763.	26	18,620
26	Total liabilities. Add lines 17 through 25	N V and complete	4,703.	20	10,020
_	Organizations that follow SFAS 117, check h	ere and complete			
3	lines 27 through 29, and lines 33 and 34.		278,615.	27	167,415
27	Unrestricted net assets	•	29,717.	28	127,929
28	Temporarily restricted net assets	• •	23,111.		
27 28 29 30 31 32	Permanently restricted net assets	h.ali.basa		29	· · · · · · · · · · · · · · · · · · ·
:	Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
5	complete lines 30 through 34.			20	
30	Capital stock or trust principal, or current funds			30	
į 31	Paid-in or capital surplus, or land, building, or ed			31	
32	Retained earnings, endowment, accumulated in	come, or other funds	200 220	32	205 244
33	Total net assets or fund balances		308,332.	33	295,344 313,064
34	Total liabilities and net assets/fund balances		313,095.	34	313,964 Form 990 (2009

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	ļ	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of t	the organizati	on						Er	nployer i	dentification	on number	r
		2030, I	NC.						26	-0251	104	_
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions				_
The organ	ization is not a	private foundation	because it is: (For lines	1 through 1	11, check o	only one b	ox)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cnbed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)(A)(iii).					
4 🗀	A medical res	search organization (operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter th	ne hospital'	's name,	
	city, and stat									.		_
5 🔲	An organizati	ion operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governr	nental und	describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲			ent or governmental unr									
7 🗀	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	ublic desci	ribed in	
	section 170(
8 🖳	A community											
9 X	An organizat											
	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.											
		509(a)(2). (Complete										
10			perated exclusively to te									
11 📖			perated exclusively for the									
			ations described in secti				2). See se c	tion 509(a	a)(3). Cne	ck the box	tnat	
		· · · · · - ·	organization and compl						4	Type III - C	Thor.	
	a Type		• •	Typ		-	_	r mara dia	d ∟ Luckfod r			
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquared foundation managers and other than one or more publicly supported organizations described in section 509(
f			ten determination from						λ(α)(1) Ο1 ο	,000,000	(α)(Σ).	
'		п, от турс					٦					
g		pporting organization, check this box										
9		person who directly or indirectly controls, either alone or together with persons described in (ii) al									Yes No	_ >
	the governing body of the supported organization?								,	11g(i)		_
	•	•	n described in (i) above?	,	•	_				11g(ii)		
	, ,	•	person described in (i)		e?	·			_			
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		•										_
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	u notify the	(vi) Is	the	(vii) An	nount of	
	anization	(,	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizátic (i) organiz	ed in the l		port	
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
							_					_
				-	<u> </u>		ļ					_
				 	 		 		+			—
		-		-		-	 		 			—
		· · ·		†	 		 	<u> </u>	 			_
Total												
I HA For F	Privacy Act ar	ıd Panerwork Redu	ction Act Notice, see t	he Instruc	tions for	1	1	Schedul	e A (Forn	n 990 or 99	90-EZ) 200	—)9
	us rocal	upuuuu									-,	-

Form 990 or 990-EZ.

932021 02-08-10

	edule A (Form 990 or 990-EZ) 2009			0 1: 470	M 1/41/41/2 1	1 470%-\/4\/4\/	Page 2
Pa	rt II Support Schedule for)(D)(1)(A)(IV) an	a 170(b)(1)(A)(\	/I)
_	(Complete only if you checked	the box on line t	o, 7, or 8 of Part I.		·		
	ction A. Public Support				1		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				<u> </u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		·				
4	Total. Add lines 1 through 3	,		<u> </u>			
5	The portion of total contributions		İ				
	by each person (other than a				İ		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			ļ	 		
	Public support. Subtract line 5 from line 4		<u> </u>	1	↓		
	ction B. Total Support				1 2 2 2 2 2 2	4) 0000	(D.T.)
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			+			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	_			 	 	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			-	 	 	
11	Total support. Add lines 7 through 10					 	L
12	Gross receipts from related activities,	•			_	12	···
13	First five years. If the Form 990 is for		s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	_
50.	organization, check this box and stor		roontage				
	ction C. Computation of Publ					44	
	Public support percentage for 2009 (=	column (i))		14	<u>%</u>
15	Public support percentage from 2008			and loss	14 10 22 1/20/ 07 1	15	
162	33 1/3% support test - 2009. If the o				14 15 33 1/376 01 1	noie, check this be	N and
	stop here. The organization qualifies		_		d lino 15 is 22 1/20	6 or more check th	. PL
t	33 1/3% support test - 2008. If the o				J III E I J IS 33 1/37	o or more, check ti	▶
4-	and stop here. The organization qual				. 12 162 or 16b	 and line 14 is 10%	or more
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					art iv now the orga	
	meets the "facts and circumstances"					17a and line 15 is	10% or
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						_
40	organization meets the "facts-and-circ Private foundation. If the organization		-				
18	Frivate foundation. If the organization	m ulu not check a	DONOTHING 13, 1	ou, iou, ira, ui li	D, CHUCK HIS DUX	and see matruction	·

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 2030, INC.

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			914,458.	780,000.	570,000.	2264458.
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			115,900.	145,350.	49,853.	311,103.
3	Gross receipts from activities that		-				
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1			
6	Total. Add lines 1 through 5			1030358.	925,350.	619,853.	2575561.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	······					0.
	Public support (Subtract line 7c from line 6)			<u> </u>			2575561.
	etion B. Total Support		l,		···· -		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(4) 2000	(2) 2000	1030358.	925,350.	619,853.	2575561.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5,282.	5,257.		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			5,282.	5,257.	1,557.	12,096.
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.)				, , , ,		
	Total support (Add lines 9, 10c, 11, and 12)					621,410.	
14	First five years. If the Form 990 is for	the organization's	s first, second, th	ırd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	zation,
	check this box and stop here		· · · · · ·				
<u>Sec</u>	ction C. Computation of Publi	c Support Pe	rcentage			, , , , , , , , , , , , , , , , , , , 	
15	Public support percentage for 2009 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15	99.53 %
	Public support percentage from 2008			··		16	99.46 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	09 (line 10c, colur	nn (f) divided by i	ine 13, column (f))		17	.47 %
	Investment income percentage from 2			**		18	.54 %
19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box ar	-					. ▶ [X]
b	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che-						. ▶⊟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th			<u> </u>
					Sch	edule A (Form 99	0 or 990-EZ) 2009

Schedule D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

2030, INC.

Employer identification number 26-0251104

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 2030 , I	NC.					<u>-025110</u>		
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, c	or Othe	er Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that	ıt are a sı	gnificant use	of its collectio	n items	s
	(check all that apply):								
а	Public exhibition		Loan or exc	change progra	ams				
ь	Scholarly research		Other						
С	Preservation for future generations			-			•		
4	Provide a description of the organization's co	ollections and expla	in how they further	the organizati	on's exer	mpt purpose ii	n Part XIV.		
5	During the year, did the organization solicit o								
Ū	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arran				s" to For	n 990. Part IV			<u>, ,,,,</u>
	reported an amount on Form 990, Par	-	oto ii organicanon e				,		
12	Is the organization an agent, trustee, custod		diany for contribution	ns or other as	sets not	included			
ıa	on Form 990, Part X?	and of other interme-	ulary for continuatio	no or other as	30101101	o.uaca	Yes	Г	No
	• •	and complete the fr	allowing toblo:					<u> </u>	J 140
D	If "Yes," explain the arrangement in Part XIV	and complete the it	ollowing table.				Amoun		
	Paraman halanan					4-	Airiouii		
C	Beginning balance			•	•	1c			
d	Additions during the year			•••					—
е	Distributions during the year	•				1e			
f	Ending balance		•			1f			1
	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes	<u> </u>	J No
	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete	f the organization ai		1					
		(a) Current year	(b) Pnor year	(c) Two year	rs back	(d) Three years	back (e) Fou	years	<u>back</u>
1a	Beginning of year balance			<u> </u>					
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities						ŀ		
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held	as.						
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	%	_						
c		 **							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	ered for th	ne organizatio	n		
	by:					J		Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations	•• ••		•	•		3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required (on Schedule R?	•			3b		
4	Describe in Part XIV the intended uses of the			•				1	
	rt VI Investments - Land, Building) Part X line	10				
	· · · · · · · · · · · · · · · · · · ·			t or other		ocumulated.	(d) Boo	k valu	
	Description of investment	(a) Cost or of basis (investigation)	1 , ,	(other)		ccumulated preciation	(0) 500	n valut	ن
	Lood	Da313 (1114631	Dasis	, (30,101)		J. JOIGGOT	1		
	Land .	.	 				+		
b	Buildings	.	E E C			27 047	1	1 5	00
С	Leasehold improvements		556.			27,047		$\frac{1}{0}, \frac{5}{0}$	
d	Equipment .	36,	794.			17,074	•	9,7	<u> 40.</u>
е					<u> </u>		 		
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c))		>	1 3	1, 2	<u> 29.</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Sche	edule D (Form 990) 2009 2030, INC.		26-02	51104	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		621,	410.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	·	634,	398.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 _			988.>
4	Net unrealized gains (losses) on investments	. 4			
5	Donated services and use of facilities	5			
6	Investment expenses	. 6	•		
7	Prior period adjustments	7			
8	Other (Describe in Part XIV.)	8			
9	Total adjustments (net) Add lines 4 through 8	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		<u> <12.</u>	988.
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Re	venue per	Return		
1	Total revenue, gains, and other support per audited financial statements		1	<u>621</u> ,	410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments . 2a		_		
b	Donated services and use of facilities		_		
c	Recovenes of pnor year grants		_		
d	Other (Describe in Part XIV) 2d		_		
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	<u>621</u> ,	<u>410.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	· · · · · · · · · · · · · · · · · · ·		_		
b	Other (Describe in Part XIV.)		_		
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	<u>621</u> ,	<u>,410.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Ex	cpenses p	er Return		
1	Total expenses and losses per audited financial statements		1	<u>634</u> ,	<u>,398.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		_		
b	· · · · · · · · · · · · · · · · · · ·		_		
С	Other losses <u>2c</u>		\dashv \vdash		
d	•		⊣ i		•
е	• • • • • • • • • • • • • • • • • • • •		2e		
3	Subtract line 2e from line 1		3	634,	398.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.)				^
	Add lines 4a and 4b	•	4c		0.
5 D o	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	634,	<u>.398.</u>
	rt XIV Supplemental Information	- Dad 84 to	- 4h 01	Ded V. Fe	4. David
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4				4; Paπ
	ie 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to	-	additional into	ormation.	
PAI	RT X: PAYROLL LIABILITIES REPRESENT WITHHELD EMPLO	YEE			
ר א כד	VIOLI MAVIEC AC OF 12/21/00 MUAM UAD NOM VEM DEEN D	EDVG TWI	מחדנה מי	mur	
PA:	YROLL TAXES AS OF 12/31/09 THAT HAD NOT YET BEEN D	FPOSITI	מזיא מי	THE	
777 T	DIOUS MANING AUMUODIMING				
VAL	RIOUS TAXING AUTHORITIES.				
					
			Oak of the	D /F ^	

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

2030, INC.

► Attach to Form 990. ► See separate instructions.

Employer identification number

26-0251104

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		!	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			•
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.	ĺ		
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	ŀ		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	. 5b	ļ	<u>_x</u>
	If "Yes" to line 5a or 5b, describe in Part IIi			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			1
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	<u> </u>	X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Ь
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	e J (Forn	n 990)	2009

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

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c)	(Q)	(E)	(F)
(А) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetilement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
EDWARD MAZRIA	0	160,000.					160,000.	
	€							
	E							
	€							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(iii)							
	(i)							
	(1)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	Œ							
	Ξ			:	:			
	(ii)							
	Ξ							
	Ξ							
	ε							
	Ξ							
	Ξ							
	▣							
	Ξ							
	⊞							
	Ξ							
	iii							

Schedule J (Form 990) 2009

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No 1545-0047

Open To Public

Internal Revenue Service Name of the organization

or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection Employer identification number

	30, INC							2	6-02	5110	4	
Part I Excess Benefit		•										
Complete if the org	anization ansv	vered "Ye	es" on Form	990, Part IV, I	line <u>25a or</u>	25b, or For	m 990-E	Z, Part	V, line 40)b	(c) Corr	ected?
(a) Name of di	squalified pers	son			(b) D	escription (cription of transaction			Yes	No.	
			-									
									-			
2 Enter the amount of tax imp section 49583 Enter the amount of tax, if a					•	s dunng the	year un	der	▶ \$ ▶ \$			
				-								
Part II Loans to and/o					line 26 or	Form 990-F	Z. Part \	/. line 34	Ва			
(a) Name of interested person and purpose	(b) Loan the organ	o or from	(c) Ongi	inal principal mount	i	ince due	(e)	In ault?	(f) App	proved ard or nittee?	(g) W agree	
	То	From					Yes	No	Yes	No	Yes	No
				<u>-</u>					ļ			
	_								-			
								<u> </u>		<u> </u>		
										-	-	_
	 	-										
[otal				\$					<u> </u>			
Part III Grants or Assi		_										
Complete if the org		vered "Ye		990, Part IV,		tod porcon	and		(a) Am	nount an	d type o	f
(a) Name of interested	person		(b) neiai		ganization		anu			assistan		•
				<u></u>						· · · — — —		
				· -			_	-				
		_						_	_			
Part IV Business Tran	sactions In	volving	Interest	ed Person	ıs.			_				
Complete if the org	anization ansv	vered "Ye	es" on Form	990, Part IV,	line 28a, 2	8b, or 28c.					1 (-) Ch	
(a) Name of interested	l person	(t		nip between in and the organiz		(c) Amo transa		(d)	Descrip transact		(e) Sha organiz rever	
						~ ~ ~	0 17 0			· > >	Yes	No
MAZRIA PARTNERSH	.IP	M2	AZRIA :	PARTNER	SHIP,		, 413	·LLH	ORG	ANIZ	ļ.—	X
		_		<u> </u>				-			<u> </u>	
											L	L
HA For Privacy Act and Pape	erwork Reduc	tion Act	Notice, see	the			;	Schedu	le L (For	m 990 c	r 990-E	Z) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

DESCRIPTION OF ORGANIZATION MISSION:

2009
Open to Public Inspection

Name :	of the	organization
--------	--------	--------------

FORM 990, PART I, LINE 1,

2030, INC.

Employer identification number 26-0251104

REDUCING GHG ENERGY CONSUMPTION, AND BY CHANGING THE WAY BUILDINGS AND
DEVELOPMENTS ARE PLANNED, DESIGNED AND CONSTRUCTED.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
ACTIVITY 2: EXPERT TESTIMONY, KEYNOTES AND LECTURES, AND REPORTS
PRESENTATIONS NATIONWIDE TO KEY DECISION MAKERS, BUILDING SECTOR
PROFESSIONALS AND OTHER STAKEHOLDERS ON BUILDING ENERGY CODES, ENERGY
CONSUMPTION AND GREENHOUSE GAS EMISSIONS, AND ECONOMIC OPPORTUNITIES IN
THE BUILDING SECTOR WERE ACCOMPANIED BY REPORTS MADE AVAILABLE IN PRINT
AND ONLINE. THESE PRESENTATIONS AND REPORTS ALLOWED 20300S MESSAGE
CONCERNING CLIMATE SCIENCE AND IMPACTS, THE DESIGN OF RESILIENT BUILT
ENVIRONMENTS, AND THE REDUCTION OF FOSSIL FUEL CONSUMPTION AND GHG
EMISSIONS TO BE DISSEMINATED NATIONALLY AND INTERNATIONALLY TO HUNDREDS
OF THOUSANDS.
ACTIVITY 3: THE ARCHITECTURE 2030 WEBSITE IS A PRIMARY MEANS OF
OUTREACH TO BUILDING SECTOR PROFESSIONALS, RESEARCHERS, ORGANIZATIONS,
AND THE PUBLIC; IT CURRENTLY REACHES 400,000 ANNUALLY. ARCHITECTURE
2030 BEGAN A MAJOR REDESIGN OF ITS INFORMATION-PACKED WEBSITE IN 2009.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS REVIEWED FOR ACCURACY

AGAINST THE COMPANY'S BOOKS AND AUDITED FINANCIAL STATEMENTS. QUESTIONS

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

Schedule O (Form 990) 2009

ALL SECTIONS WERE REWORKED AND UPDATED FOR RELEVANCE AND INFORMATION

DENSITY AND ALL GRAPHIC CONTENT WAS RECONFIGURED. THE NEW WEBSITE IS

MORE VISUALLY APPEALING, AND EASIER TO ACCESS AND NAVIGATE.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

2030, INC.	26-0251104
AND/OR CONCERNS ARE REVIEWED WITH THE TAX PREPARER. ONCE	ALL QUESTIONS HAVE
BEEN SATISFIED THE RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES ARE	E REQUIRED TO
DISCLOSE ANY CONFLICTS OF INTEREST IMMEDIATELY UPON DISCO	OVERY OR KNOWLEDGE
OR FACE DISCIPLINARY ACTION.	
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION C	OF THE TOP
MANAGEMENT ARE REVIEWED AND SET ANNUALLY BY THE BOARD OF	DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	ATEMENTS ARE
MAINTAINED INTERNALLY. ALL INFORMATION IS AVAILABLE TO LE	EGITIMATE REQUESTS.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	PORS, ETC:
HARMON M LISNOW - 5533 VICTORIA PLACE, CROWN POINT, IN 46	5307
BEN CARDINALE - 2801 BEACH AVE, VENICE, CA 90291	
PETER SCHNEIDER - 701 VIA DEL LA PAZ, PACIFIC PALISADES,	CA 90272
LEONOR MISSRIE - MONTE CHIMBORAZO NO 510-202, LOMAS DE CH	HAPULTEPEC, MEXICO
LYNETTE MONTOYA - 1466 MIRACERROS LOOP NORTH, SANTA FE, N	NM_87505
PART XI, LINE 2C	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule O (Form 990) 2009

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization 2030, INC.	Employer identification number 26-0251104
COMMITTEE THAT ASSUMES OVERSIGHT FOR AUDIT:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED	D PERSONS:
(A) NAME OF PERSON: MAZRIA PARTNERSHIP	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	ON:
MAZRIA PARTNERSHIP, OWNED BY EDWARD MAZRIA, LEASES OFFICE	SPACE TO THE
(C) AMOUNT OF TRANSACTION \$ 23273.	
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION IS UNDER	A ONE YEAR
LEASE WITH A RENEWABLE OPTION FOR 2 ADDITIONAL ONE YEAR T	ERMS. TOTAL
RENTS UNDER THE LEASE PAID IN 2009 WERE \$23,273.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	

2030, INC.

26-0251104

FORM 8688 .

EXPLANATION FOR EXTENSION

STATEMENT

1

EXPLANATION

THE TAXPAYER HAS NOT HAD SUFFICIENT TIME TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN. THEREFORE, WE ARE REQUESTING ADDITIONAL TIME TO GATHER THE APPROPRIATE INFORMATION SO WE CAN FILE A COMPLETE AND ACCURATE TAX RETURN.

Form	8868 (Rev. 4-2009)		Page 2							
Note	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo . Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed tou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		. ► X 3868.							
_	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)									
Туре	Name of Exempt Organization		oyer identification number							
print	2030, INC.	2	6-0251104							
File by extend due da filing th	Number, street, and room or suite no. If a P.O. box, see instructions.	1	RS use only							
return Instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
$\overline{}$	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	_	orm 5227 Form 8870 orm 6069							
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.							
Te If 1 If 1 box 4 5 6 7	EDWARD MAZRIA e books are in the care of ▶ 607 CERRILLOS ROAD - SANTA FE, NM 87505 lephone No. ▶ 505-988-5309 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason Initial return Final return State in detail why you need the extension SEE STATEMENT 1 If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	is is foi memb								
8a	If this application is for Form 990-BL, 990-PF, 990-1, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$							
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	Od	Ψ							
-	tax payments made Include any prior year overpayment allowed as a credit and any amount paid									
	previously with Form 8868	8b	\$							
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit									
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A							
	Signature and Verification									
Under	penalties of perjugy, I declare that I have examined this form, including accompanying schedules and statements, and to the ue, correct, and complete, and that I am althorized to prepare this form.	best o	f my knowledge and belief,							
	11011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	► 8-12-10							
olylidi	ure ► CPA	Date	Form 9969 (Pay 4-2000)							

923832 05-26-09