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Form **990-EZ**

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form

990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-1150

2009

	Α	For the 2009 ca	alendar	year, or tax year beginning	7/01		, 2009,	, and end	ling 6/3	30		, 2010
	B_	Check if applicable		С					<u> </u>		mployer	identification number
	Ш	Address change	Please use IRS	PROJECT CLEAN AIR,	INC.					/	33-04	472571
	Ш	Name change	label or print or	7850 WHITE LANE, S	UITE E.	PMB 36	52					number
	Ц	Initial return	type. See	BAKERSFIELD, CA 93	309						,	
		Termination	Specific							<u> </u>	100	342-8262
	=	Amended return	Instruc- tions.							F G	roup E	Exemption
-	Ц	Application pending		<u> </u>							umber	
_		• Section : m	501(c)(3 just atta	B) organizations and 4947(a)(1) ach a completed Schedule A () nonexemp Form 990 or	t charitab 990-EZ).	le trusts	C	Account Other (s	ing meth		Cash X Accrual
1	1	Website: ► <u>N</u>	I/A					I	H Check required	d to attac	h Sche	ganization is not edule B (Form 990,
-		Tax-exempt status			✓ (insert no.)	4947(a)(1) or	527	-	or 990-F	•	
		Check > If	the org	panization is not a section 509(a)(3) suppor	rting orga	nization a	and its g	ross receip	ts are no	rmally	not more than
-				Z or Form 990 return is not requir		_				sure to f	le a co	mplete return
	L	Add lines 5b, 6 instead of Forn	b, and 1 n 990-E	7b, to line 9 to determine gros	s receipts; if	\$500,000	0 or more	e, file Foi	m 990		► ŝ	58,264.
	Pa	rt I Reve	enue.	Expenses, and Changes	in Net Δ<	sets or	Fund F	Ralance	s (See t	he inst		
				ifts, grants, and similar amoun		, , , , , , , , , , , , , , , , , , , 	, and	<u>Jaian o</u>	, 000 t	110 11101	1	58,177.
				revenue including governmen		ontracts					2	30,177.
				es and assessments	t ices and c	ormacis					3	
		4 Investme	•								4	37.
				om sale of assets other than in	oventory		ĺ	5a			2000	31.
				ner basis and sales expenses	iveniory			5b			┨	
	R			sale of assets other than inventory (Sub	stract In 5h fron	ı In 5a)		30			5c	
	RE>EZUE			ctivities (complete applicable parts of \$			o from man	mima obool	horo	▶ □	36	
	Ě							ning, checi	riere			
	ΰ			not including \$	or (contribution	ons					
	-	reported		•				6a				
				enses other than fundraising e				6 b				
				from special events and activities (Sub		om line 6a).	1				6c	
				nventory, less returns and allow	vances			7a			4	
		b Less: cos	_					7Ь				
				loss) from sales of inventory (S		7b from	line 7a)	• •			7c	
			-	ribe ► <u>See Statement 1</u>)	8	50.
				Add lines 1, 2, 3, 4, 5c, 6c, 7c,							9	58,264.
		10 Grants ar	nd simila	lar amounts paid (attach sched	lule)	1	RI	ECE	VED	1	10	
	_	11 Benefits	paid to	or for members	•	. 1			V LU	10	11	
	χ	12 Salaries,	other co	compensation, and employee b	enefits	1	စ္က			Ι <u>α</u>	12	16,971.
	EXPESSE	13 Professio	nal fees	s and other payments to indep	endent cont	ractors	E1-233	AY 17	2011	RS-OSC	13	1,661.
	S			, utilities, and maintenance			ᇤ			18	14	
	E S	15 Printing,	publicat	tions, postage, and shipping			1		1 11-30	,- <u> </u>	15	766.
	Ĭ			cribe ► See Statement 2	2	1	U	コリヒい	I, UT	- }	16	15,955.
				Add lines 10 through 16 .		L					-	35,353.
_		-	-	it) for the year (Subtract line 1	7 from line 9	3)					18	22,911.
	. A			•		•	(^)\	· /		al af vaa:	22288	
	E S	figure reg	orted o	nd balances at beginning of ye on prior year's return)	ar (from line	27, colui	mn (A)) ((must agi	ee with en	α-οι-yeai	19	39,008.
	ŦĘ			n net assets or fund balances	(attach expl:	anation)					20	
	S			nd balances at end of year. Co			sh 20			•	-	61,919.
	Pá			heets. If Total assets on line				O or more	file Form			
Ŀ	44	Baid		(See the instructions for F		(D) ale a	.,250,000	5 51 111016	(A) Begini			(B) End of year
	22	Cash, savings	s and :	•	uit ii)			}-		24,945		45,762.
	23	=		1140301101103				}			23	43,102.
	24		_	be ► See Statement 3	2	`	•	}		15,938		17,107.
	25	Total assets	(uescill	Dee Deacement 3	,	_ '		-		40,883		62,869.
			oc (doce	oribo b Saa Statomont	4	,		-		1,875		950.
	26 27			cribe See Statement) 	21)	-		$\frac{1,0}{39,008}$		61,919.
_	<u>27</u>	14E1 035E15 OF	_unu D	palances (line 27 of column (B)	, musi agret	, with this	- 41)	1		22,000		01,010.

Forn	990-EZ (2009) PROJECT CLEAN A	AIR, INC.		33	-04	72571 Page 2
Pai		rvice Accomplishments	(See the instruction	ons.)		Expenses
What	s the organization's primary exempt purpose? Se	e Statement 5			(Reg	ured for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers)
Deşo	ribe what was achieved in carrying out the services provided, the number of	he organization's exempt puri	oses. In a clear and co	oncise manner.	orga	c)(3) and (4) nizations and section
desc	ribe the services provided, the number o ram title	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts; optional
		<u>_</u>			for o	thers)
28	See Statement 6	·				
		. 				
						
	(Grants \$ 7,205.) If the	nis amount includes foreign d	rants chack hara		28 a	30,153.
29	7,200:) 11 (1				20 a	30,133.
		·			į	
					į	
	(Grants \$) If the	nis amount includes foreign gi	rants, check here.	▶ 🗍	29 a	
30						_
				- -	i	
						
	(Grants \$) If ti					
21	Other program services (attach schedul	nis amount includes foreign g	rants, cneck nere.		30 a	
31	·	•		. \Box		
	(Grants \$) If the	nis amount includes foreign g	rants, check here.	<u> </u>	31 a	
	Total program service expenses (add i			<u> </u>	32	30,153.
Par	tive List of Officers, Directors	s, Trustees, and Key Em	ployees. List each or	ne even if not con	npens	ated (See the instrs)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to:	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
HILL	WAN DEDDELT	to position		deferred compensa		
ur.	MAN_REDDELL	President	0.		0.	0.
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LIN	DA WILBANKS	Secretary	0.		0.	0.
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<u>/</u>	IDA A IIDAMA					
_r <u>T</u>	IDA A. URATA	Treasurer	14,825.		0.	0.
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Form 990-EZ (2009) PROJECT CLEAN AIR, INC.

Га	Other information (Note the statement requirements in the instrs for Part V.)	See State	ment	7
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed descreach activity	ription of		,,
34	· · · · · · · · · · · · · · · · · · ·	changes 34	- 	X
35	· ·	-		
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 603 reporting, and proxy tax requirements?	3(e) notice,	5a	х
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35	5b	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets dur year? If 'Yes,' complete applicable parts of Schedule N	_ 36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	0.		
	b Did the organization file Form 1120-POL for this year?	386	7b	X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer any such loans made in a prior year and still outstanding at the end of the period covered by this return?	e 3	За	X
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A		
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	N/A		
1	b Gross receipts, included on line 9, for public use of club facilities 39b	N/A		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			113
	section 4911 ► 0., section 4912 ► 0.; section 4955 ►	<u> </u>		
1	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified p prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 Yes, complete Schedule L, Part I	erson in a l I-EZ? If	ОБ	X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA	40)e	X
42		► <u>661 342</u> ► <u>93309</u>	- <u>8262</u>	
			Vaa	No.
1	 At any time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account). If 'Yes,' enter the name of the foreign country. 	over a	Yes 2b	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	4:	2 c	X
	If 'Yes,' enter the name of the foreign country:			
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ 📗	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year .	43		N/A
			Yes	No
	Did the assessment manufacture and demand the death of the control			
44	of Form 990-EZ	44	4	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Form 990 must be completed instead of Form 990-EZ	'Yes,'	5	X_
BAA			990-EZ	

Only

BAA

Bakersfield,

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

CA 93301

(661)

Phone no

322-6054

Form **990-EZ** (2009)

No

►X Yes

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. No Yes 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 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average (c) Compensation (d) Contributions to employee (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (c) Compensation (b) Type of service None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12/2011 Sign Here Signature of officer Date LINDA A. URATA Treasurer Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid P00011242 chael employed Pre-M.J. Daillak Accountants Inc Firm's name (or yours if self employed), parer's Use 113 18th Street

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

Employer Identification number

	DECT CLEAN AIR,				•••				172571			
Par	ti Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See in	nstructi	ions		
The o	organization is not a priv	ate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)			<u> </u>		
1	A church, convention	on of churches or asso	ociation of churches des	cribed in	section	170(b)	(i)(A)(i)					
2			A)(ii). (Attach Schedule									
3			organization described		on 170(l	Y1YAY	iii).					
4	-		d in conjunction with a h					0/hY1Y4	Viii) En	ter the hose	utal's	
-	name, city, and sta		a in conjunction man a r	iospitai (30301100	u III 300		O(DX IX)	.,,(,		nia. o	
5		erated for the benefit	of a college or university	y owned	or oper	ated by	a gover	nmental	unit des	scribed in se	ction	
6	A federal, state, or	local government or o	governmental unit descri	bed in s	ection 1	70(b)(1)	KAXV).					
7	An organization that		substantial part of its si					t or from	the ger	neral public	descrit	bed
8	A community trust	described in section 1	1 70(b)(1)(A)(vi). (Comple	te Part I	I.)							
9	from activities relate investment income	d to its exempt function	more than 33-1/3 % of its s – subject to certain exc ss taxable income (less omplete Part III.)	eptions, a	and (2) n	o more !	than 33-	1/3 % of	its suppo	ort from aross	;	ter
10	An organization org	ganized and operated	exclusively to test for pi	ublic safe	ety. See	section	1 509(a)	(4).				
11	more publicly supp	orted organizations d	exclusively for the bene lescribed in section 509(cation and complete line	a)(1) or	section	509(a)(2	ctions (2) See	of, or car section	rry out th 509(a)(3	ne purposes). Check the	of one e box	e or that
	a Type I	b Type II	c 🗌 Type II	I – Fund	ctionally	ıntegraf	ted		d 🗌	Type III- (Other	
€	By checking this both than foundation materials 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direction	ctly or in d organi	directly zations	by one describe	or more ed in sec	disqualiction 509	ified person 9(a)(1) or se	s othe	er
f	If the organization check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organızatıon	,	
ç	Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	oution fro	om any	of the f	ollowing	persons	?		
	•	•	. , , ,			•		J	•		Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	togethe	r with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
	(ii) a famıly mem	ber of a person desc	ribed in (i) above? .							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the following	ng information about t	he supported organizati	ons								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?		zed in the	(vII) Amount	of Supp	ort
				Yes	No	Yes	No	Yes	No			
							<u></u>					
									-			
	<u> </u>				<u></u>		<u> </u>					
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Tota	ıt											

T.O.	(Complete only if you check				од і дадіў ап	a 170(b)(1)	(A)(VI)	•		
Sec	tion A. Public Support	ed the box on mile	2 3, 7, 01 0 01 1 21	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(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-through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			art. And						
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support						300.000			
	ndar year (or fiscal year nning 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 form 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									
12	Gross receipts from related activ	vities, etc. (see ins	structions)				12			
	First five years. If the Form 990 organization, check this box and	stop here.		nd, third, fourth,	or fifth tax year as	s a section 50	1(c)(3)	▶ 🗌		
	tion C. Computation of Pu					T				
	Public support percentage for 20 Public support percentage from		•	ne 11, column (f)) 	14 15	% %		
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bo	ox on line 13, and rganization.	I the line 14 is 33	-1/3 % or mor	e, checi	k this box ►		
ŀ	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box blicly supported o	on line 13, or 16a rganization.	a, and line 15 is 3	3-1/3% or mo	re, chec	k this box		
17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in rted organizal	Part IV tion.	how the		
18	18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.									

Schedule A (Form 990 or 990-EZ) 2009 PROJECT CLEAN AIR, 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)	,
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Sec	tion A. Public Support						
Caler	idar year (or fiscal yr 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 'unusual grants ')	47,668.	18,525.	53,641.	64,363.	58,177.	242,374.
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			33/3.2.	0.17000.	30,1111	
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	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 through 5. Amounts included on lines 1, 2, 3 received from disqualified	47,668.	18,525.	53,641.	64,363.	58,177.	242,374.
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	0.
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						040 054
500	7c from line 6)						242,374.
	tion B. Total Support ndar year (or fiscal yr beginning in)						
	ndar vear (or fiscal vr heginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	47,668.	18,525.	53,641.	64,363.	58,177.	242,374.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	47,668. 37.	18,525. 79.			58,177. 37.	242,374. 285. 0.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	47,668.	18,525.	53,641.	64,363.	58,177.	242,374. 285. 0. 285.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,	47,668. 37.	18,525. 79.	53,641. 84.	64,363. 48.	58,177. 37.	242,374. 285. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	47,668. 37.	18,525. 79.	53,641. 84.	64,363. 48.	58,177. 37.	242,374. 285. 0. 285.
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Schedule A	(Form	990 or 9	990-EZ)	2009	PR	OJEC	T C	LEAN	I AI	R,	INC.				3	3-047	2571		Page 4
Schedule A Part IV	Supp Part I	lemen	tal Info	ormat	tion.	Com	plet	e this	par	t to Prov	provide	e the	explana	itions	require	ed by	Part I	l, line	10;
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109	Sched	ule	A, Paı	rt I	V -	Sup	ple	me	ntal	Infor	matic	n	Р	age
ent 390			PR	(OJ	EC1	CLEA	N A	IR, II	NC.				33-0	04725
2/11	· · · · · ·													02:44
Part III, Line 12 - 0	Other Income	е												
Nature and Sou	ırce		2009			2008			2007		200	16	 2005	
MISCELLANEOUS	INCOME		5	<u>0.</u>						 -			 	
	Total	\$	5	<u>0.</u>	<u>\$</u>		0.	<u>\$</u>		0. \$		0.	\$ 	0.

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2009	Federal Statements		Page 1
Client 390	PROJECT CLEAN AIR, INC.		33-047257
5/12/11			02·44PN
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue			
MISCELLANEOUS INCOME		Total \$	50. 50.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
AB1811 RESTRICTED GRANT EXP. Advertising and Promotion BOOTH FEES CORPORATE REGISTRATION Depreciation DOE RESTRICTED GRANT EXPENSES GRANT: CAR FREE Insurance MEMBERSHIP DUES Office Expenses TAXES - OTHER		\$	1,200. 2,461. 200. 75. 1,429. 2,610. 3,395. 804. 245. 1,593.
Travel		Total \$	1,893. 15,955.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets			
Accounts Receivable Miscellaneous	ם -	Beginning 1	9,250. 7,857. 17,107.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities			
Accounts Payable and Accrued I	Expenses	Beginning F \$ 1,875. \$ Fotal \$ 1,875. \$	950. 950.

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

SUPPORT THE WORK OF THE CENTRAL CALIFORNIA CLEAN CITIES COALITION AND THE SAN JOAQUIN VALLEY CLEAN CITIES COALITION.

2009

Federal Statements

Page 2

Client 390

PROJECT CLEAN AIR, INC.

33-0472571

5/12/11

02.44PM

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

SUPPORT THE WORK OF THE CENTRAL CALIFORNIA CLEAN CITIES COALITION AND THE SAN JOAQUIN VALLEY CLEAN CITIES COALITION. ANNUAL MEETINGS IN EACH REGION. MORE THAN 200 INDIVIDUALS RECEIVE THE ELECTRONIC DAILY NEWSLETTER. PUBLIC OUTREACH INCLUDES EARTH DAY AND CLEAN AIR MONTH ACTIVITIES, BOOTHS/VEHICLE DISPLAYS, AND MEDIA RELEASES.

Statement 7 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

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

No

No

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return

OMB No 1545-1709

intervenue		The a separate application for each return.			ł	
If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this bo	ox			► X
If you are	e filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II	(on pa	ge 2 of tl	his form)	
Do not comp	plete Part II unless you have alrea	ady been granted an automatic 3-month extension	onap	reviously	filed Form 8868	
		ion of Time. Only submit original (no cop				
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension — che	eck this	box and	l complete Part I o	nlv ► 🗀
	porations (including 1120-C filers)), partnerships, REMICS, and trusts must use Forr				_
Electronic Fi returns noted the additiona Form 990-T	ling (e-file). Generally, you can e	lectronically file Form 8868 if you want a 3-month on required to file Form 990-1) However, you can ion or (2) you file Forms 990-BL, 6069, or 8870, gily completed and signed page 2 (Part II) of Form 8 e-file for Charities & Nonprofits	autom not file roup re 3868 F	atic exter Form 88 turns, or or more o	nsion of time to file 68 electronically if a composite or co details on the elect	one of the (1) you want nsolidated tronic filing of
	Name of Exempt Organization				Employer (dentification	on number
Type or print						
•	PROJECT CLEAN AIR, I	NC.			33-0472571	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions				
filing your return See instructions	7850 WHITE LANE, SUI City, town or post office, state, and ZIP coo	TE E, PMB 362				
	BAKERSFIELD, CA 9330					
Check type o	of return to be filed (file a separate					
Form 990		Form 990-T (corporation)	Г	Form 47	720	
Form 990	_	Form 990-T (section 401(a) or 408(a) trust)		Form 52		
X Form 990		Form 990-T (trust other than above)		Form 60		
Form 990		Form 1041-A	-	Form 88		
If the orgaIf this is f check this	or a Group Return, enter the orga	FAX No. ► or place of business in the United States, check to anization's four digit Group Exemption Number (Given the group, check this box ► and attach a list to the group.	EN)		f this is for the who and EINs of all me	ole group,
1 reques	st an automatic 3-month (6 month	ns for a corporation required to file Form 990-T) ex	xtensio	n of time		
		the exempt organization return for the organization				
	ension is for the organization's re					
>	calendar year 20 or					
► <u>X</u>		, 20 <u>09</u> _, and ending <u>6/30</u> , 20	10	_		
2 If this ta	ax year is for less than 12 months	s, check reason.	return		Change in account	ing period
3a If this a nonrefu	pplication is for Form 990-BL, 99 ndable credits See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax	k, less	any	3a \$	0.
b If this a made 1	pplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and estimated nt allowed as a credit	tax pa	yments	3b \$	0.
deposit	Due. Subtract line 3b from line 3 with FTD coupon or, if required, tructions.	Ba Include your payment with this form, or, if requesty using EFTPS (Electronic Federal Tax Payment	ured, Syster	n)	3c \$	0.
Caution. If you cayment instr		c fund withdrawal with this Form 8868, see Form 8	8453-E	O and Fo	orm 8879-EO for	
BAA For Priv	vacy Act and Paperwork Reducti	on Act Notice, see instructions.			Form 8868	(Rev 4-2009)

Form 8868	(Rev 4-2009)	<u> </u>	age 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete onl	ly Part II and check this box	X
Note. Only	complete Part II if you have already been granted an automatic 3-month ext	tension on a previously filed Form 8868	
	are filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	T	
	Name of Exempt Organization	Employer identification number	
Type or			
print	PROJECT CLEAN AIR, INC.	33-0472571	
File by the	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only	
extended due date for	M.J. Daillak Accountants Inc.		
filing the return See	113 18th Street		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Bakersfield, CA 93301		
	e of return to be filed (File a separate application for each return):		
Form 9		Form 1041-A Form 6069	
X Form 9		Form 4720 Form 8870	
		Form 5227	
	not complete Part II if you were not already granted an automatic 3-month e oks are in care of ► LINDA A. URATA	extension on a previously filed Form 8888.	
	one No ► 661 342-8262 FAX No ►		
-	organization does not have an office or place of business in the United States	check this how	▶ □
	is for a Group Return, enter the organization's four digit Group Exemption Nu	•	ப the
		and attach a list with the names and EINs of all	
•	the extension is for		
	uest an additional 3-month extension of time until $5/15$, 20	11	
5 For a	calendar year , or other tax year beginning _ 7/01 , 20	 0 09, and ending 6/30 , 20 10	
		Final return Change in accounting perio	od
7 State	e in detail why you need the extensionTaxpayer_respectfully	requests additional time to	
	ther information necessary to file a complete and		
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent efundable credits. See instructions	tative tax, less any	
payn	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable onents made. Include any prior year overpayment allowed as a credit and any Form 8868.	credits and estimated tax amount paid previously 8b \$	
c Bala with	nce Due. Subtract line 8b from line 8a Include your payment with this form, of FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	or, if required, deposit t System) See instrs 8c \$	
	Signature and Verificatio		
Under penaltie correct, and c	es of perjury, I declare that I have examined this form, including accompanying schedules and statement omplete, and that I am authorized to prepare this form	nts, and to the best of my knowledge and belief, it is true,	
Signature >	Title ► Treasurer		