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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

C Name of organization

CLOUD FOREST CONSERVATION ALLIANCE, INC

Number and street (or P O box, if mail is not delivered to street address)

75 GRINNELL ST

Room/suite

City or town, state or country, and ZIP + 4

RHINECLIFF, NY 12574

D Employer identification number

06-1790429

E Telephone number

( ) -

F Group Exemption  
Number ►G Accounting method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► WWW.CLOUDBRIDGE.ORG

J Tax-exempt status  
(check only one) -☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527H Check ► ☐ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A  
Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses  
to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,  
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$ 42,145.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I. . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	42,145.
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5 a	Gross amount from sale of assets other than inventory . . . . . 5a		
	5 b	Less cost or other basis and sales expenses . . . . . 5b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 5c		
	6	Gaming and fundraising events		
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 6a		
	6 b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . . 6b		
6 c	Less direct expenses gaming and fundraising events . . . . . 6c			
6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 6d			
Expenses	7 a	Gross sales of inventory, less returns and allowances . . . . . 7a		
	7 b	Less cost of goods sold . . . . . 7b		
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 7c		
	8	Other revenue (describe in Schedule O) . . . . . 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 9		42,145.
	10	Grants and similar amounts paid (list in Schedule O) . . . . . 10		
	11	Benefits paid to or for members . . . . . 11		
	12	Salaries, other compensation, and employee benefits . . . . . 12		37,700.
13	Professional fees and other payments to independent contractors . . . . . 13		450.	
14	Occupancy, rent, utilities, and maintenance . . . . . 14		618.	
15	Printing, publications, postage, and shipping . . . . . 15			
16	Other expenses (describe in Schedule O) . . . . . 16		7,093.	
17	Total expenses. Add lines 10 through 16 . . . . . 17		45,861.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18		-3,716.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . 19		11,628.
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . . 20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 21		7,912.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

59 20



**Part V Other Information** (Note the statement requirements in the instructions for Part V)  
Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	X
<b>c</b> 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 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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 . . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ NY,		
<b>42a</b> The organization's books are in care of ▶ JENNIFER GIDDY Telephone no ▶ 917-494-5408		
Located at ▶ 75 GRINNELL ST RHINECLIFF, NY ZIP + 4 ▶ 12574		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here. . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ		X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI 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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI ☐

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>b</b> If "Yes," was the related organization a section 527 organization?		X
<b>50</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"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

**51** 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	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer <i>J. Giddy</i>		Date <i>Oct 21 2011</i>		
	Type or print name and title <i>Director</i>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>Ned Howe, CPA</i>	Preparer's signature <i>Ned Howe</i>	Date <i>10/1/11</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00076710</i>
	Firm's name <i>PATTISON, KOSKEY, HOWE &amp; BUCCI, P.C.</i>			Firm's EIN <i>14-1746505</i>	
	Firm's address <i>502 UNION STREET HUDSON, NY 12534</i>			Phone no <i>518-828-1565</i>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

CLOUD FOREST CONSERVATION ALLIANCE, INC

Employer identification number

06-1790429

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> Total support. Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2010.</b> 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 . . . . .	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**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 or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19,591.	40,050.	46,809.	27,965.	42,146.	176,561.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	19,591	40,050.	46,809.	27,965.	42,146.	176,561.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						176,561.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6. . . . .	19,591.	40,050.	46,809.	27,965.	42,146.	176,561.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	80.	101.				181
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	80.	101.				181.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	19,671.	40,151.	46,809	27,965.	42,146.	176,742.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.90 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	0.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	.10 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	0.00 %

- 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒ X
- b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CLOUD FOREST CONSERVATION ALLIANCE, INC

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

06-1790429

ATTACHMENT 1

FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	444.
DEPLETION	617.
REFORESTATION EXPENSE	3,503.
OFFICE EXPENSE	1,367.
BANK SERVICE CHARGES	1,137.
NYS FILING FEE	25.
<b>TOTAL</b>	<u><u>7,093.</u></u>

ATTACHMENT 2

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	11,628.	1,129.
<b>TOTALS</b>	<u><u>11,628.</u></u>	<u><u>1,129.</u></u>

ATTACHMENT 3

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CLOUD FOREST CONSERVATION ALLIANCE, INC. HAS BEEN FORMED TO PROMOTE, SUPPORT AND SUSTAIN WORLDWIDE EFFORTS OF PRESERVATION OF TROPICAL CLOUD AND RAINFORESTS, INCLUDING REFORESTATION, RESEARCH AND CREATING PUBLIC AWARENESS ON ISSUES RELATED TO THIS ENDEAVOR. RESTORING AND PRESERVING THE NATIVE FOREST PROTECTS THE BIODIVERSITY FOR WHICH THE NEOTROPICAL FORESTS ARE SO FAMOUS. 3 AREAS OF CONCERN ARE: 1. TO PRESERVE STRATEGIC PORTIONS OF TROPICAL FORESTS; 2. TO HELP REBUILD DEFORESTED AREAS OF THE TROPICAL FORESTS AS WELL AS PROTECTING THE EXISTING FOREST AND ALLOW NATURAL RE-GROWTH AND 3. RESEARCH AND EDUCATION FOCUSED ON UNDERSTANDING, PROTECTING AND EXPLAINING TO OTHERS THE TROPICAL/CLOUD FOREST ECOLOGY.

## Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500

OMB No 1545-1836

For tax years beginning , and ending , 20

Print or type. See Specific Instructions.	Name of organization <b>CLOUD FOREST CONSERVATION ALLIANCE</b>		Employer identification number <b>06 1790429</b>
	Number and street (or P.O. box number if mail is not delivered to street address) <b>75 GRINNELL STREET</b>	Room/Suite	Telephone number <b>( 917 ) 494-5408</b>
	City or town, state, and ZIP + 4 <b>RHINECLIFF, NY 12574</b>		E-mail address _____
			Fax number ( ) _____

**Note:** • Get **Schedule A (Form 990 or 990-EZ)**, Organization Exempt Under Section 501(c)(3), and its separate instructions before you complete this form.

- If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
- Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
- Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

Calendar year (or fiscal year beginning in) ►	(a) Year 5	(b) Year 4	(c) Year 3	(d) Year 2	(e) Year 1 (See Note above)	(f) Total of Years 1 through 5
<b>1</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.) . . . . .	42,146	27,965	46,809	40,050	19,591	176,561
<b>2</b> Membership fees received . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>3</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>4</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	-0-	-0-	-0-	101	80	181
<b>5</b> Net income from unrelated business activities not included in line 4 . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>6</b> Tax revenues levied for your benefit and either paid to you or expended on your behalf . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>7</b> The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>8</b> Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>9</b> Total of lines 1 through 8 . . . . .	42,146	27,965	46,809	40,151	19,671	176,742
<b>10</b> Line 9 minus line 3 . . . . .	42,146	27,965	46,809	40,151	19,671	176,742
<b>11</b> Enter 1% of line 9 . . . . .	421	280	468	402	197	

For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Cat No 10010S

Form **8734** (Rev 1-2004)

- 12** If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines 12a through 12f. (Sections 509(a)(1) and 170(b)(1)(A)(vi)). **If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.**

<b>a</b> Enter 2% of amount in column (f), line 10 . . . . .	12a	
<b>b</b> Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts . . . . .	12b	
<b>c</b> Total support for section 509(a)(1) test: Enter line 10, column (f) . . . . .	12c	
<b>d</b> Add: Amounts from 4 _____ 5 _____ column (f) for lines: 8 _____ 12b _____ . . . . .	12d	
<b>e</b> Public support (line 12c minus line 12d total) . . . . .	12e	
<b>f</b> Public support percentage (line 12e (numerator) divided by line 12c (denominator)) . . . . .	12f	%

- 13** If you are an organization that normally receives: **(1) more than 33⅓%** of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and **(2) no more than 33⅓%** of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines **13a** through **13h**. (Section 509(a)(2)). **If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.**

- a** For amounts included in lines 1, 2, and 3 that were received from a “disqualified person,” attach a list showing the name of, and total amounts received in each year from, each “disqualified person.” Enter the sum of such amounts for each year:

(Year 5) 10,535 (Year 4) NONE (Year 3) NONE (Year 2) NONE (Year 1) NONE

- b** For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 11 for the year or **(2)** \$5,000. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(Year 5) NONE (Year 4) NONE (Year 3) NONE (Year 2) NONE (Year 1) NONE

[illegible]

- 14 Unusual Grants:** For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not include these grants in line 1.**

**List the amount of unusual grants excluded for each year below.**

(Year 5) \_\_\_\_\_ (Year 4) \_\_\_\_\_ (Year 3) \_\_\_\_\_ (Year 2) \_\_\_\_\_ (Year 1) \_\_\_\_\_

- 15** Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed **Form 2848, Power of Attorney**.

Name: \_\_\_\_\_

Type or print name and title

Phone: ( ) \_\_\_\_\_ Fax Number (if available). ( ) \_\_\_\_\_

Fax Number (if available). ( )

**Please  
Sign  
Here**

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete

Signature of officer, director, or trustee

Date \_\_\_\_\_

Type or print name and title or authority of signer



## CLOUD FOREST CONSERVATION ALLIANCE, INC

06-1790429

ATTACHMENT 4FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
JENNIFER GIDDY 75 GRINNELL ST RHINECLIFF, NY 12574	PRESIDENT 10.00	5,000.	0.	0.
JULIE REED-YEBOAH 75 GRINNELL ST RHINECLIFF, NY 12574	SECRETARY 5.00	0.	0.	0.
GRAND TOTALS		5,000.	0.	0.

## DEPRECIATION

[illegible]

Asset description	Date placed in service	Cost or basis		Accumulated amortization	Ending accumulated amortization	Code	Life		Current-year amortization
TOTALS									

\*Assets Retired  
JSA  
0X9024 1 000