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OMB No 1545-1150

Open to Public Inspection

Form **990-EZ** 

Department of the Treasury Internal Revenue Service

EXTENSION GRANTED TO 11/15/2011

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 900 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

Form 990 return is not required though 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.  Add lines 85, 6c, and 7b, to line 9 to determine gross receipts. If gross recepts are \$200,000 or more, or if total assets (Part II, line 25, column (5) below) are \$500,000 or more, lite Form 990-EZ  Part II  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I  Contributions, grifts, grants, and similar amounts received  1			le 2010 calendar year, or tax year beginning and ending				
Number activation   Number and street (in PO. Dox, of main is not delivered to street address)   Room/surfe   E Telephone number   717 - 334 - 5594	В	Check if	C Name of organization	D Employe	r identification number		
Number   Temporated   Tempor	Ļ	_ Addr	* I				
Terminase   2.2 MUMMASBURG STREET	Ļ	_ Nam					
International content   Give for with, safe or country, and ZiP + 4   F. Group Exemption   Applicates partial   Give for with, safe or country, and ZiP + 4   F. Group Exemption   Applicates partial   General Section   Applicates   Applicates partial   General Section   Applicates   General Section   Applicates	F	_ Inrtia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number			
Implement setting   GRTTYSBURG, PA 17325   Number   It he organization is in the Cheek   Lash   XI Accould Other (specify)   Mobilets:   WWW.PRUECTGATA.COM   required to attach Schedule B   Taxesempt status (check only one)   XI 501(c)(3)   501(c)(1)   4(incert no.)   4947(a)(1) or   672   (form 990, 990-EZ) or 990-FS).   Account of the Account of the Organization is not a section Sole)(3) supporting organization and its gross receipts are normally not more than 50 or equired though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to tile a complete return.  L Add times 56, 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 (15) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ   \$52,788   Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).  Check if the organization used Schedule C for respond to any question in this Part I   Contributions, grifts, graits, and similar arounts received   1   35, 450   2   12, 313   3   Membership dues and assessments   3   1   Contributions, grifts, graits, and similar arounts received   2   12, 313   3   Membership dues and assessments   3   1   1   1   1   1   1   1   1   1	Ļ	Term		717-334-5594			
Mebits:   Mary PROJECTGAIA.COM   The organization is an important of the organization is a frequency   Mebits:   Mary PROJECTGAIA.COM   The organization is an important of 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-EV form 990 the organization is not required the organization in so the required to the a complete return. Add lines 50, 60, 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, edulum (8) below) are \$500,000 or more, life Form 990 instead of Form 990±2. S 52,788	Ļ		The state of the s	F Group Ex	kemption		
Website:   Name   Na	L	Applic	abon pending GETTYSBURG, PA 17325	Number	<b></b>		
Tax-exempt satus (check only one) — ▼   501(c)(3) ■ 501(c)	G .	Ассои	nting Method;	H Check	► if the organization is not		
K Check	l '	Websi	te: ► <u>WWW.PROJECTGAIA.COM</u>	required	to attach Schedule B		
Form 990 return is not required though 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 55, 6c, and 7b, to line 9 to determine gross receipts, if gross recepts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990-EZ.  S \$ 2, 788  Part I   Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I  1 Contributions, grifts, grants, and similar amounts received  1 1 35, 460  2 Program service revenue including overnment fees and contracts  3 Membership dues and assessments  4 Investment income  5 Gram or (loss) from sale of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gamming and fundraising events  a Gross income from fundraising events (not including \$ of contributions  \$ 15,000)  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 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 exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events  4 Net revenue (describe in Schedule G)  8 Other revenue (describe in Schedule G)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c-and 2  11 Selection for members  11 Selection for members  12 Selection for members  13 10, 568  14 Occupancy, rent, utilities, and maintenance  15 Firming, publications, postage, and shipping  16 Chief expenses (describe in Schedule O)  17 Total expenses, Add lines 10 through 16  18 Excess or (defent) for the year (Subtract line 17 from line 9)  18 Net assets or fund balances at e	<u>J</u>	Tax-ex	mempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527	(Form 99	90, 990-EZ, or 990-PF).		
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee Benefits SEP 2 1 2011 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  11 12 12 13 10,568 13 10,568 14 15 5,116 16 16 165 17 58,267 18 25,479 19 Net assets or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 456,660 20 0		<del>                                     </del>	Grants and similar amounts paid (list in Schedule O) RECEIVED SEE SCHEDITLE O				
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ass			10	456.660.		
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	Z	1	·				
LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990-EZ</b> (2010	LH/			<u>~ , = '</u>	Form <b>990-EZ</b> (2010)		

	n 990-EZ (2010) PROJECT GAIA, INC.			20-	849	7597	Page 2
P	Balance Sheets. (see the instructions for Part II.)						
	Check if the organization used Schedule O to respond to any question		A) Beginning of year	1		B) End of ye	uar
22	Cach cavings and investments	\	456,660	-	<del></del>		,181.
22 23	,		450,000		1	431	,101.
24				23		<del> </del>	
		<del> </del>	AEC CCO	24		A E 1	101
25			456,660			451	<u>,181.</u>
26	(2000)			. 26		451	0.
27 D	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishme	nto (and the sentence)	456,660	•  27	-		<u>,181.</u>
	<del> </del>	•	r Part III.)	<b>(4)</b>	(Renu	Expenses ired for sect	
1475	Check if the organization used Schedule 0 to respond to any question		•	X		)(3) and 50	
	at is the organization's primary exempt purpose? SEE SCHEDULE C				organ	izations and	section
	scribe what was achieved in carrying out the organization's exempt pur			ıbe	for oth	a)(1) trusts; hers.)	орионая
	services provided, the number of persons benefited, and other relevan		ogram title.		10. 0		
28	FUND GENERAL AND ADMINISTRATIVE COS		<del> </del>				
	ASSOCIATION, AN ETHIOPIAN LOCAL NON		IZATION				
	WORKING TO PROMOTE CLEAN STOVES AND			_			
	(Grants \$ 23,100.) If this amount includes foreign			X	28a		
29	PURCHASED AND INSTALLED STORAGE TAN		NOT COOKIN	<u>iG</u>			
	FUEL IN SHEDER REFUGEE CAMP IN EAST	ERN ETHIOPIA					
	(Grants \$ 14,400.) If this amount includes foreign	grants, check here		X	29a		
30	DOWN-PAYMENT FOR STOVE PURCHASE AND	SHIPMENT OF	120 STOVE	S			
	TO BE SENT TO A NEW UNITED NATIONS	DEVELOPMENT 1	PROGRAM				
	(UNDP) PROJECT IN KISUMU, KENYA						
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		30a	4	,918.
31	Other program services (describe in Schedule O)					_	
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>		31a		
32	Total program service expenses (add lines 28a through 31a)		-	<b></b>	32	4	,918.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one	even if not compensated	(see the	instructi	ons for Part IV	)
	Check if the organization used Schedule O to respond to any question						
		(b) Title and average hours	(c) Compensation	(d) c	ontributi	ons (e) E	xpense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans	e l acco	unt and
	• •	position	-0)	(	deferred	other a	llowances
TH	ERESA ADAMIK, 1823 HEIDLERSBURG	PRESIDENT		1	iperisauc		
	DAD, ASPERS, PA 17304	1.00	0.			0.	0.
	ONA LAMBE, NYARSVAGEN18,	VICE PRESIDE				-	
	6/47HAGERSTEN, STOCKHOLM, SWEDEN	1.00	0.			0.	0.
	LEN DAYHOFF, 744 SOLOMON ROAD,	SECRETARY/TR		<del> </del>		•	
	TTYSBURG, PA 17325	1.00	0.			0.	0.
	CKY REDMAN, 1180 WINDING ROAD,	DIRECTOR	<u>-</u>			<del>•</del>	<u> </u>
	GLERVILLE, PA 17307	0.00	0.			0.	0.
	NES KLINGSHIRN,	DIRECTOR	<del></del>	<del> </del>		<del></del>	<u> </u>
	TTHIAS-CLAUDISSTR. 17 60431,	-	0			^	0
	UR HAUGEN, SKARVAVEIEN 125 1350,	0.00	0.			0.	0.
	OMMELALEN, NORWAY	DIRECTOR				_	0
<u> </u>	MMELALEN, NORWAY	0.00	0.			0.	0.
	<del></del>		<u> </u>	<b>.</b>			
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Check if the organization (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule 0 to respond to any question in this Part V.  Ves N  33 Did the organization engage in any activity not previously reported to the IRS? If Yes,* provide a detailed description of each activity in Schedule 0  34 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 0 (see instructions)  35 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 990-7.  a Did the organization have unrelated business gross income of \$1,000 or more or was at a section 501(e)(4), 501(e)(5), or 501(e)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  b If Yes,* has if fied a tax return on Form 990-7 for this year?  35 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  36 Did the organization there form 1120-P0L for this year?  37a Did the organization there form 1120-P0L for this year?  38b Did the organization there form 1120-P0L for this year?  b If Yes,* complete Schedule L, Part II and enter the total amount involved  38b N/A  38c Section 501(e)(7) organizations. Enter 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?  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  b Gross receipts, included on line 9, for public use of club facilities  c Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualfied persons du
Yes   N   Yes   Yes   N   Yes   Yes   Yes   N   Yes   Y
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0  Were any significant changes made to the organization 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 0 (see instructions)  34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T.  36 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?  36 Did the organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  38 Did the organization berrow 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?  38 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?  38 Diff Yes,* complete Schedule L, Part II and enter the total amount involved  38 Diff Yes,* organizations. Enter amount of tax imposed on the organization during the year under:  38 Diff Yes,* complete Schedule L, Part II and enter the total amount involved  39 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 ▶ 0. ** section 4958 excess benefit transaction during
Schedule 0  34 Were any significant changes made to the organizating 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 0 (see instructions)  35 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 0 why the organization did not report the income on Form 990-T.  a 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 If "Yes," has it filed a tax return on Form 990-T for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete parts of Schedule N  37a
34 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 is name. Otherwise, explain the change on Schedule 0 (see instructions)  35 If the organization have 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 0 why the organization did not report the income on Form 990-T.  a 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 bave 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 bave 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 business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spilicable parts of Schedule N. 36 N/A  37a
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  15 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.  16 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?  17 If Yes, has it filed a tax return on Form 990-T for this year?  18 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  18 Did the organization interpret of Schedule N  18 Did the organization fle Form 1120-POL for this year?  19 Did the organization fle Form 1120-POL for this year?  20 Did the organization fle Form 1120-POL for this year?  21 Did the organization fle Form 1120-POL for this year?  22 Did the organization fle Form 1120-POL for this year?  23 Did the organization fle Form 1120-POL for this year?  24 Did the organization fle Form 1120-POL for this year?  25 Did the organization fle Form 1120-POL for this year?  26 Did the organization fle Form 1120-POL for this year?  27 Did the organization fle Form 1120-POL for this year?  28 Did the organization fle Form 1120-POL for this year?  29 Did the organization fle Form 1120-POL for this year?  20 Did the organization fle Form 1120-POL for this year?  20 Did the organization fle Form 1120-POL for this year?  21 Did the organization fle Form 1120-POL for this year?  22 Did the organization fle Form 1120-POL for this year?  23 Did the organization fle Form 1120-POL for this year?  24 Did the organization fle Form 1120-POL for this year?  25 Did the organization fle Form 1120-POL for this year?  26 Did the organization fle Form 1120-POL for this year?  2
## 18 ## 18
reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.  a 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 If Yes,* has it filed a tax return on Form 990-T for this year?  35b N/A  36 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  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-P0L for this year?  38a Did the organization file Form 1120-P0L for this year?  38b N/A  38b N/A  38b N/A  38b N/A  38a 2  38b N/A  40a Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955   0
a 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?  35a 35b N/A  35b N/A  35b N/A  36 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  36 Did the organization file Form 1120-POL for this year?  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a Did the organization file Form 1120-POL for this year?  37b Did the organization file Form 1120-POL for this year?  37b Did the organization form, 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?  38b N/A  39c Section 501(c)(7) organizations. Enter:  39a N/A  39 Section 501(c)(7) organizations. Enter:  39a N/A  39b N/A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39a N/A  39b N/A  40b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39a N/A  40b 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?  39b N/A  40c 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  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40c List the states with
501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If Yes,* has it filed a tax return on Form 990-T for this year?  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  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  57b 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?  57c Section 501(c)(7) organizations. Enter:  57c If Yes,* complete Schedule L, Part II and enter the total amount involved  57c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  57c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955
b If "Yes," has it filed a tax return on Form 990-T for this year?  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  17a Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?  18a Did the organization file Form 1120-POL for this year?  18b 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?  Diff "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶  D  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 during the year, or did it engage in an excess benefit transaction uning the year under:  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  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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. ▶ PA
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  The amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-PQL for this year?  But 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?  But 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?  But 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?  But the organization in the Form 1120-PQL part II and enter the total amount involved  But the organization in the Form 1120-PQL part II and enter the total amount involved  But the organization in the Form 1120-PQL part II and enter the total amount involved  But the organization of the part II and enter the total amount involved  But the organization in the Form 1120-PQL part II and enter the total amount involved  But the organization in the Form 1120-PQL part II and enter the total amount involved  But the organization in the Form 1120-PQL part II and enter the total amount involved  But the organization of political expenditures, direct or indirect, as described in the instructions.  But the organization of political expenditures, direct or indirect, as described in the instructions.  But the organization of political expenditures, director, trustee, or key employee or were any such loans and any such loans and any such loans and such loans a
complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  37b Jan 2  37c Jan 37c J
The amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  37b
b Did the organization file Form 1120-POL for this year?  38a 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 If 'Yes,' complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; 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
38a 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 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  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·  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  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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  40e 2  41 List the states with which a copy of this return is filed. ▶ PA
In a prior year and still outstanding at the end of the tax year covered by this return?  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  50 Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  50 section 4911
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  b Gross receipts, included on line 9, for public use of club facilities  39b N/A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .  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  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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  40e 2  41 List the states with which a copy of this return is filed. ▶ PA
39 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39b N/A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶
a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .  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  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  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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. ▶ PA
section 4911 ▶
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  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  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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. ▶ PA
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  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  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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. PA
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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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  40e  10.  40e  21.  40e
or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  41 List the states with which a copy of this return is filed.   PA
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organization  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  41 List the states with which a copy of this return is filed. ▶ PA
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  41 List the states with which a copy of this return is filed. ▶ PA
transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed. PA
41 List the states with which a copy of this return is filed. ▶ PA
TELL THE OF GRANE ALL THE CATE OF THE THE THE CATE OF
Located at ► 22 MUMMASBURG STREET, GETTYSBURG, PA ZIP+4 ► 17325
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)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
and enter the amount of tax-exempt interest received or accrued during the tax year
Yes N
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of
Form 990-EZ 44a 2
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
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation
in Schedule O 44d
Form <b>990-EZ</b> (20

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

Department of the Treasury Internal Revenue Service **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.

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

2010

Open to Public Inspection

Name of the organization

Employer identification number

			PRODECT	GAIA, INC.							<u> </u>	<u>377</u>	
Par	t I	Reason	for Public Chai	<b>ity Status</b> (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
he o	rgani	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)	١.				
2				70(b)(1)(A)(ii). (Attach Sc									
з [		A hospital or	a cooperative hosp	ital service organization of	described	n section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e,
		city, and stat	_			•					·		
5 [		•		benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describe	ed in		
_			(b)(1)(A)(iv). (Compl	<del>-</del>	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b></b> go					
6 [	7			nent or governmental uni	t describer	t in coetic	n 470/h)/-	WAVA					
7 [	<del></del>		-	ceives a substantial part					r from the	gonoral r	sublic dosc	nhod i	n
, .	لم	-	•	•	oi its supp	on nom a	governme	ritai uriit c	or monn are	generali	DUDIIC GESC	nibea i	11
<u>.</u> [	$\neg$	•	b)(1)(A)(vi). (Comple	•	<b>(</b> 0 1 - 1 -	D							
8 L	=			section 170(b)(1)(A)(vi).						_			_
9 L				ceives. (1) more than 33									
			•	nctions - subject to certa	•		•			• •	_		
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	after June 3	0, 197	5
_		See section	<b>509(a)(2).</b> (Complet	e Part III.)									
io Ļ	_	An organizati	on organized and o	perated exclusively to te	st for publ	c safety S	See <b>sect</b> io	on 509(a)(4	<b>1)</b> .				
11 L		An organizati	on organized and o	perated exclusively for th	ne benefit (	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	f one	or
		more publicly	supported organiz	ations described in secti	on 509(a)(1	l) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	a)(3). Che	ck the box	that	
		describes the	type of supporting	organization and compl	et <u>e lin</u> es 1	1e through	11h.				_		
_		a Type I	· <b>b</b> ∟	_ Type II d	Тур	e lil - Fund	tionally inf	tegrated		d	Type III - 0	Other	
e L		By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified p	persons oth	er tha	n
		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations des	cnbed in s	ection 509	9(a)(1) or s	section 509	(a)(2).	
f		If the organiz	ation received a wл	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check t	his box		·		• •					
g		Since August	t 17, 2006, has the	organization accepted ar	nv aift or co	ontribution	from anv	of the folio	owing per	sons?		•	
•				directly controls, either al								Yes	No
				upported organization?					(., ,	,	11g(i)	,	
		-		n described in (i) above?	i						11g(ii)		
		•	·	a person described in (i) o	•	2			•	•	11g(iii)		
h		• •		about the supported or	` '				•		/ · · · · · · · · · · · · · · · · · · ·		
••		1 TOVIGE LITE II	Dilowing information	about the supported of	yarıızatıorı	(3).							
				(iii) Type of	Carl In Abn a		(A) Did vo		(vi) Is	the			
(i) N		of supported	(ii) EIN	organization	in col. (i) lis			u notify the	organizati	on in col.	(vii) Am		ī
	orga	nization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	sup	port	
				above or IRC section	<u> </u>								
				(see instructions))	Yes	No	Yes	No	Yes	No	-		
										-			
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		<del></del> , <b>-</b> , - ,										<u> </u>	
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Schedule A (Form 990 or 990-EZ) 2010 PROJECT GAIA, INC.

Part II Support Schedule for Organizations Described 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.)

Sec	ction A. Public Support		· <del></del>				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")		4,600.	1,243.	11,370.	35,460.	52,673.
2	Tax revenues levied for the organ-						
	ızatıon'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		4,600.	1,243.	11,370.	35,460.	52,673.
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)				İ		51.
6	Public support. Subtract line 5 from line 4	7					52,622.
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		4,600.	1,243.	11,370.	35,460.	52,673.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		32,331.	24,328.	8,101.	5,015.	69,775.
9	Net income from unrelated business		•				
	activities, whether or not the	Ì					
	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						122,448.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	12,313.
	First five years. If the Form 990 is for	-	•	l, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)	
	organization, check this box and stop	here					<b>X</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010.If the o	rganization did nof	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				. ▶□
b	33 1/3% support test - 2009. If the o	rganization did not	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	fies as a publicly s	supported organiza	ition		•	. ▶□
17a	10% -facts-and-circumstances test	է - <b>2010.</b> If the orga	anization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization	_	▶
b	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	•
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orga	nization	. ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>&gt;</b>

### 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)

Se	ction A. Public Support						
Cale	ndar 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			]			
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
6	Total. Add lines 1 through 5				1		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	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 in line 10b, whether or not the business is regularly carned on						
	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)	L	L	<u> </u>	<u>.</u>	1	<u> </u>
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here	ia Cummant Da		<del>·</del>	<del></del>	<del></del>	
	ction C. Computation of Publ		<del>-</del>			T T	
	Public support percentage for 2010 (		· ·	column (f))		15	
	Public support percentage from 2009 ction D. Computation of Investigation			• • • • • • • • • • • • • • • • • • • •		16	<u>%</u>
						T	
	Investment income percentage for 20			ne 13, column (t))		17	<u>%</u>
18	Investment income percentage from	•	· ·		. 15 in mara than 1	18	% 17 to not
198	33 1/3% support tests - 2010. If the	=					I/ IS HOL
	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the						<b>-</b>
•	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization		-				

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

2010
Open to Public Inspection

Name of the organization

PROJECT GAIA. INC.

Employer identification number 20-8497597

PROJECT GAIA, INC.	20-8497597
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	5,015.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:	
AFFILIATE NAME: GAIA ASSOCIATION	
AFFILIATE ADDRESS: PO BOX 1460/1250 ADDIS ABABA, ETHIOPIA	
AMOUNT OF PAYMENT:	37,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	37,500.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	-
ACTIVITY CLASSIFICATION: ASSISTANCE TO REFUGEES	
GRANTEE NAME: GAIA ASSOCIATION	
GRANTEE ADDRESS: PO BOX 1460-1250 ADDIS ABABA, ETHIOPIA	
PROPERTY DESCRIPTION: ETHANOL STOVES	
METHOD USED TO DETERMINE BOOK VALUE: PURCHASE PRICE	
METHOD USED TO DETERMINE FMV: PURCHASE PRICE	
AMOUNT GIVEN:	4,918.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	150.
PENNSYLVANIA BUREAU OF CHARITIES FILING FEE	15.
TOTAL TO FORM 990-EZ, LINE 16  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedu	165.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedu	lle O (Form 990 or 990-EZ) (2010)

### **SCHEDULE O**

(Form 990 or 990-EZ)

# 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 Open to Public \* Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT GAIA, INC. **Employer identification number** 20-8497597

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE AND DISTRIBUT	re_
FUNDS FOR PROJECTS THAT ARE DESIGNED TO PROMOTE ALCOHOL FUELS AND	
APPROPRIATE ALCOHOL APPLIANCES FOR GENERAL USE IN DEVELOPING COUNTRIES	3.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY	Ι,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	<u>.</u>
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY	Ζ,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	•