



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



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)

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

201106

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (COOL THE EARTH INC), EIN (26-3316908), address (20 CORTE CORDOVA GREENBRAE CA 94904), and other identifying information.

SCANNED FEB 13 2012

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expenses.

RECEIVED stamp: JAN 10 2012

Part II Signature Block: 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.

Sign Here: Signature of officer (Carleen Cullen), DO NOT CORRESPOND FOR SIGNATURE, Date 12/30/11, Type of print name and title EXECUTIVE DIRECTOR.

Paid Preparer Use Only: Print/Type preparer's name (SHERRI FONG, E.A.), Preparer's signature (Sherrifong), Date 01/01/12, Check self-employed (X), PTIN 900684504, Firm's address FAIRFAX CA 94930, Phone no (415) 457-3751.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Handwritten initials: JS rep

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

EDUCATION SCHOOL CHILDREN, GENERAL PUBLIC, BUSINESSES
ABOUT CONSERVATION OF ENERGY, GREENHOUSE EFFECT, GLOBAL
WARMING ON EARTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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,' complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	X

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year		
1 b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a The governing body?		X
8 b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
10 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a The organization's CEO, Executive Director, or top management official		X
15 b Other officers of key employees of the organization		X
15 c If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed California
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
  - Own website
  - Another's website
  - Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
  - SARAH STARBIRD 2 MADRONE AVE, PO BOX 482 WOODACRE CA 94973 (415) 531-5172

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

Check if Schedule O contains a response to any question in this Part VII

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLEEN CULLEN EXECUTIVE DIRECTOR, BOARD MEM.	40.00	X					0.	0.	0.	
(2) TRACEY DIAZ CHIEF OPERATION OFFICER	40.00			X		X	81,638.	0.	0.	
(3) SALLY PECK BOARD MEMBER	5.00			X			0.	0.	0.	
(4) KIKI GOSHAY BOARD MEMBER	5.00			X			0.	0.	0.	
(5) LAWRIE MOTT BOARD MEMBER	5.00			X			0.	0.	0.	
(6) MARY BRYAN SEC., BOARD MEM	5.00			X			0.	0.	0.	
(7) MARK NELSON BOARD MEMBER	5.00			X			0.	0.	0.	
(8) JEFF CULLEN CHIEF FINANCIAL OFF, EXE	20.00	X		X			0.	0.	0.	
(9) SARAH STARBIRD PROGRAM DIRECTOR	40.00			X			78,262.	0.	0.	
(10) CHLOE MARTIN OUTREACH MANAGER	10.00			X			26,137.	0.	0.	
(11) SARA PERACCA OUTREACH, GRANT WRITER	10.00			X			18,101.	0.	0.	
(12) INTERN INTERN	20.00			X			1,600.	0.	0.	
(13) JENNY JEDEIKIN PROGRAM DEVELOPER	40.00			X			58,968.	0.	0.	
(14) ANGELA GUIDI GRAPHIC DESIGNER	10.00			X			36,875.	0.	0.	
(15) -----										
(16) -----										
(17) -----										

**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
<b>1 b Sub-total</b> .....							301,581.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							301,581.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns	1a	0.				
	b Membership dues	1b	0.				
	c Fundraising events	1c	0.				
	d Related organizations	1d	0.				
	e Government grants (contributions)	1e	0.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	403,914.				
	g Noncash contributions included in lns 1a-1f: \$		0.				
	<b>h Total. Add lines 1a-1f</b>		<b>403,914.</b>				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>							
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a							
b							
c							
d All other revenue			0.	0.	0.	0.	
<b>e Total. Add lines 11a-11d</b>			<b>0.</b>				
<b>12 Total revenue. See instructions</b>			<b>403,914.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	301,581.	301,581.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	0.	0.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9 Other employee benefits	0.	0.	0.	0.
10 Payroll taxes	0.	0.	0.	0.
11 Fees for services (non-employees)				
a Management	0.	0.	0.	0.
b Legal	175.	175.	0.	0.
c Accounting	0.	0.	0.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	0.	0.	0.	0.
g Other	12,784.	12,784.	0.	0.
12 Advertising and promotion	70,717.	70,717.	0.	0.
13 Office expenses	0.	0.	0.	0.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	3,935.	3,935.	0.	0.
17 Travel	1,914.	1,914.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	3,075.	3,075.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,779.	0.	2,779.	0.
23 Insurance	2,093.	2,093.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a N/A	0.	0.	0.	0.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	399,053.	396,274.	2,779.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0.	0.	0.	0.

BAA

Form 990 (2010)

048.001

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	21,143.	1	22,823.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	
		b Less: accumulated depreciation	0.	10b	10c
	11	Investments – publicly traded securities	0.	11	0.
	12	Investments – other securities. See Part IV, line 11	0.	12	0.
	13	Investments – program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	21,143.	16	22,823.	
LIABILITIES	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities. Complete Part X of Schedule D	0.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	21,143.	30	22,823.
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	21,143.	33	22,823.	
34	<b>Total liabilities and net assets/fund balances</b>	21,143.	34	22,823.	

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	403,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	399,053.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,143.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,181.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,823.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Miscellaneous Statement

FILE THE FOLLOWING FORMS FOR NON PROFIT

FILE THE FOLLOWING FORMS FOR NON PROFIT

FORM 990, SCHEDULE A, 990EZ, SCHEDULE B

SI 100 STATE OF CA, FEE \$20

CHARITABLE TRUST CA DEPT OF JUSTICE

FTB 199 CA NON PROFIT

RRF-1 FORM, PAY FEE DEPENDS ON INCOME

THIS YEAR \$75

Total

Miscellaneous Statement

CHARITABLE PURPOSE

CHARITABLE PURPOSE

DEVELOPING & IMPLEMENTING EDUCATIONAL PROGRAMS  
RE CLIMATE CHANGE, ENVIRONMENTAL CONSERVATION  
GEARED TOWARD SCHOOLS, BUSINESSES, GENERAL PUBLIC; EDUCATING  
AND MOTIVATING THESE SECTORS TO CONSERVE ENERGY, TO EFFECT  
GREENHOUSE GAS REDUCTIONS; TO DO OTHER ACTS NECESSARY,  
ADVISABLE OR EXPEDIENT FOR THE ADM OF AFFIRAS AND CHARITABLE PURPOSES  
SOLELY IN FURTHERANCE OF ITS CHARITABLE & EDUC PURPOSES, TO HAVE AND TO  
ALL THE RTS AND POWERS CONFERRED ON NON PROFIT CORPO UNDER THE NONPROFIT  
PUBLIC BENEFIT CORP LAW OF STATE OF CA

Total

Miscellaneous Statement

rrf-1 charitable trust number CT0148618.		
rrf-1 charitable trust number CT0148618.		
rrf-1 charitable trust number CT0148618.		
rrf-1 charitable trust number CT0148618.		

Total

Miscellaneous Statement

ca corp number

ca corp number

3154848

Total

**Part I – Identifying Information**

Employer Identification Number . . . 26-3316908  
 Name . . . . . COOL THE EARTH INC  
 Doing Business As . . . . .  
 Address . . . . . 20 CORTE CORDOVA Room/Suite \_\_\_\_\_  
 City . . . . . GREENBRAE State . CA ZIP Code . . . . . 94904  
 Foreign Country . . . . . \_\_\_\_\_  
 Telephone Number . . . . . (800) 474-9804 Extension . . . . . \_\_\_\_\_  
 Fax . . . . . (888) 878-8953 E-Mail Address . . . . . \_\_\_\_\_

Eligible for hurricane tax relief legislation benefits, check here

**Part II – Type of Return**

- |   |  |
|---|--|
| <input type="checkbox"/> Form 990-EZ only         | <input type="checkbox"/> Form 990-EZ with Form 990-T   |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T  |
| <input type="checkbox"/> Form 990-PF only         | <input type="checkbox"/> Form 990-PF with Form 990-T   |
| <input type="checkbox"/> Form 990-T only          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

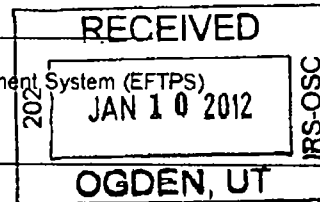
**Part III – Type of Organization**

- |  |                              |   |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | _____ (subsection number)    | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |                              | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |                              | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |                              | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe)                    |                              | <input type="checkbox"/> 527 Organization   |
|  |                              | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year  
 Fiscal year – Ending month . . . . . 6  
 Short year – Beginning date . . . . . \_\_\_\_\_ Ending date . . . . . \_\_\_\_\_

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)



**Part V – 2010 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Amount of 2009 overpayment credited to 2010 estimated tax . . . . . \_\_\_\_\_

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	10/15/10				
2nd Quarter Payment	12/15/10				
3rd Quarter Payment	03/15/11				
4th Quarter Payment	06/15/11				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					





Form 4562

COOL THE EARTH INC

Form 990 - All Assets

Depreciation and Amortization Report

Tax Year 2010

Keep for your records

2010

26-3316908

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Accumulated Depreciation
DEPRECIATION FORM 990													
5 mac computers		06/30/08	4,000		100.00			4,000	5.00	200DB/HY	1,856	858	2,714
COMPUTER FIXED ASSET		06/01/09	3,157		100.00			3,157	5.00	200DB/HY	631	1,010	1,641
COMPUTER EQUIPMENT		07/06/09	680		100.00		340	340	5.00	200DB/HY	68	109	517
COMPUTER		02/01/10	2,507		100.00			2,507	5.00	200DB/HY		802	802
TOTALS			10,344	0		0	340	10,004			2,555	2,779	5,674

04B

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV7001 12/14/10

\*Accumulated Depreciation = Section 179 + SDA + Prior + Current  
Page 1 of 1

Form 4562

COOL THE EARTH INC

Form 990 - All Assets

Alternative Minimum Tax Depreciation Report

Tax Year 2010

2010

Keep for your records

26-3316908

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION Form 990													
5 mac computers		06/30/08	4,000		100.00			4,000	5.00	1500DB/HY	1,438	1,025	-167.
COMPUTER FIXED ASSET		06/01/09	3,157		100.00			3,157	5.00	1500DB/HY	474	805	205.
COMPUTER EQUIPMENT		07/06/09	680		100.00		340	340	5.00	200DB/HY	68	109	0.
COMPUTER		02/01/10	2,507		100.00			2,507	5.00	200DB/HY		802	0.
TOTALS			10,344	0		0	340	10,004			1,980	2,741	38.

048

Federal 990 Depreciation Report  
Regular Tax

Activity . . . . . Form 990 / Form 990EZ

Total cost of goods sold . . . . .

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec. 179	Listed	Mthd	Life	Year	Prior
COMPUTER EQUIPMENT	07/06/09	680.		100.00	MACRS	5	HY	109.
		340.			200DB	5.00	2	68.
5 mac computers	06/30/08	4,000.		100.00	MACRS	5	HY	858.
		4,000.			200DB	5.00	4	1,856.
COMPUTER FIXED ASSET	06/01/09	3,157.		100.00	MACRS	5	HY	1,010.
		3,157.			200DB	5.00	3	631.
COMPUTER	02/01/10	2,507.		100.00	MACRS	5	HY	802.
		2,507.			200DB	5.00	2	
Total		<u>10,344.</u>						<u>2,779.</u>
		<u>10,004.</u>						<u>2,555.</u>

Federal 990 Depreciation Report  
Alternative Minimum Tax

Activity . . . . . Form 990 / Form 990EZ

Passive adjustment . . . . .

Passive preference . . . . .

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
COMPUTER EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	680.	5.00	109.	0.
			340.	200DB	68.	
5 mac computers	<input type="checkbox"/>	<input type="checkbox"/>	4,000.	5.00	1,025.	-167.
			4,000.	150DB	1,438.	
COMPUTER FIXED ASSET	<input type="checkbox"/>	<input type="checkbox"/>	3,157.	5.00	805.	205.
			3,157.	150DB	474.	
COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	2,507.	5.00	802.	0.
			2,507.	200DB		
Total			<u>10,344.</u>		<u>2,741.</u>	<u>38.</u>
			<u>10,004.</u>		<u>1,980.</u>	

Form 4562  
Special Depreciation Allowance Report

Activity: Form 990 / Form 990EZ

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
COMPUTER EQUIPMENT	07/06/09	680.		340.	680.		340.
5 mac computers	06/30/08	4,000.			4,000.		
COMPUTER FIXED ASSET	06/01/09	3,157.			3,157.		
COMPUTER	02/01/10	2,507.			2,507.		

Form 4562

Continued

**Special Depreciation Allowance Report**

Activity Form 990 / Form 990EZ

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
Total		<u>10,344.</u>		<u>340.</u>	<u>10,344.</u>		<u>340.</u>

Continued

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 End of Year-1

Description	Amount
current depreciation	-858.
Total	<u>1,286.</u>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 Beginning of Year-2

Description	Amount
	3,157.
Total	<u>3,157.</u>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 End of Year-2

Description	Amount
	3,157.
depreciation	-631.
current depreciation	-1,010.
Total	<u>1,516.</u>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 End of Year-3

Description	Amount
	2,507.
depreciation current	-802.
Total	<u>1,705.</u>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 26 Beginning of Year-2

Description	Amount
SARAH STARBIRD \$2720*2	5,440.
TRACEY DIAZ \$3111*2	6,222.
Total	<u>11,662.</u>

**Supporting Statement of:**

Form 990 Depr -- Asset Entry Worksheet (COMPUTER FIXED ASSET) /Cost

Description	Amount
7157-4000	3,157.
Total	<u>3,157.</u>

0425874017  
Dec. 07, 2011 LTR 2695C 0 R  
26-3316908 201106 67  
00023760

COOL THE EARTH INC  
20 CORTE CORDOVA  
GREENBRAE CA 94904



DECLARATION

022022

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*Carleen Cullen*

\_\_\_\_\_  
Signature of officer or trustee

*Executive Director + Founder*  
\_\_\_\_\_  
Title

*1/5/2012*  
\_\_\_\_\_  
Date

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed?		Yes	No	24 b If 'Yes,' is the evidence written?		Yes	No	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use.								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

**Part VI Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions).					
43 Amortization of costs that began before your 2010 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					44