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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990

For the 2013 calendar year, or tax year beginning MAR 8, 2013 and ending DEC 31, 2013 Check if D Employer identification number C Name of organization X Address change NEXTGEN CLIMATE AMERICA, INC 46-2525580 Name change E Telephone number X Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 415-901-2930 111 SUTTER STREET FLOOR 10 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SAN FRANCISCO. CA94104 Number > Application pending Cash X Accrual H Check X if the organization is not G Accounting Method: Other (specify) Website: ▶ WWW.NEXTGENCLIMATE.ORG required to attach Schedule B Tax-exempt status (check only one) _ X 501(c)(3)) ◀(insert no.) (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust ____ Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 100. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 100. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 3 Membership dues and assessments Investment income 4 SCANNED DEC 1 2 2014 5a Gross amount from sale of assets other than inventory 5a 5b 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) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than of contributions b Gross income from fundraising events (not including \$ 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 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subfract line 6c) 6d 517aNOV 2 0 2014 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 100. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping SEE SCHEDULE O 40. 16 16 Other expenses (describe in Schedule O) 40. 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60. 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Ō. Other changes in net assets or fund balances (explain in Schedule 0) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2013)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s in th	ne V	X
	modulation for that vy arteaton the organization used cont. O to respond to any queetion in the			No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		1.00	1.10
•	activity in Schedule O	33		х
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 O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
. C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax	1		l
	requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	X
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 Enter amount of political expenditures, direct or indirect, as described in the instructions	36	 	X
		2 37b	`	X
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/0	 	- A
50 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	1 3 3	1.21	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			Pą.
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .	1		, 3 ³
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
	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?	١		_{**}
	If "Yes," complete Schedule L, Part I	40b	7.0	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		×	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	`		
٠	organization			. Y.
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			27
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of ► CHRIS FADEFF Telephone no. ► 415-90			
		410	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	I NI a
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	No X
	account)? If "Yes," enter the name of the foreign country:	333	11:3	- A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		Will	ľ
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c] A i.j '	X
	If "Yes," enter the name of the foreign country:		-	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			<u> </u>	I NI -
	Did the assessment of the state		res	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44a	á	X
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	444	.	
U	of Form 990-EZ	44b	11	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	\vdash	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	2291		1
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	*.1.1	, ×	3
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u> </u>	
		Form 9	990-EZ	(2013)

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Form 990-EZ (2	2013) NEXTGEN CLIMATE AMERICA,	INC		<u>46-25255</u>	<u> 80</u>		Page 4
	rganization engage, directly or indirectly, in political campaign activities	s on behalf of or in opposition	n to candidates for pu	iblic office?		Yes	No
	complete Schedule C, Part I				46		X
	Section 501(c)(3) organizations only	40h 50		- 50 51			
	All section 501(c)(3) organizations must answer questions 47-		e the tables for line	s 50 and 51.			
	Check if the organization used Schedule O to respond to any	question in this Part VI			— т	Yes	No.
47 Did the or	rganization engage in lobbying activities or have a section 501(h) elect	tion in effect during the tay ve	ear? If "Ves " complete	Sch C Part II	47	X	110
	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," or		ai · ii · i co, complete	, , , , , , , , , , , , , , , , , , , ,	48		X
_	rganization a school as accorded in scotton (7.60)(7)(A)(ii): ii 163, st			F	49a		X
	vas the related organization a section 527 organization?	gumzation:		ŀ	49b		
-	e this table for the organization's five highest compensated employees	(other than officers, directors	s, trustees and key en	L nolovees) who ea		eived i	more
	0,000 of compensation from the organization. If there is none, enter "N	•	.,	.,,,			
	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits	(e) Estim	ated
	.,	per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amo	unt of	other
	NONE	position	11 2 1035 11100)	plans, and deferred compensation	COI	mpens	ation
						_	
			•				
	nber of other employees paid over \$100,000						
	this table for the organization's five highest compensated independer	nt contractors who each recei	ved more than \$100,	000 of compensa	tion fr	om the)
	ion. If there is none, enter "None." NONE		Type of compan	1 (2)	`		
(a) //	lame and business address of each independent contractor	(0)	Type of service	(6)(ompe	nsatio	
·-							
<u> </u>		,					
				-			
		-					
	-					-	
_							
d Total nun	nber of other independent contractors each receiving over \$100,000			•			
52 Did the or	rganization complete Schedule A? Note. All section 501(c)(3) organiz	ations and 4947(a)(1) nonex	empt				
charitable	trusts must attach a completed Schedule A				∑ Ye		□ No
Under penaities o Declaration of pre	of perjury, I declare that I have examined this return, including accompanying sched eparer (other than officer) is based on all information of which preparer has any known	dules and statements, and to the b wledge	est of my knowledge and	Deller, it is true, cor	ect, an	a comp	iete
				1/1-/7-/	14		
Sign	Signature of officer			Date	•		-
Here	Chris tadett. LTC)					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Paid		Carlos	self- emplo	´			
Preparer	SHARON L. ZORBACH Marau	11/1	4/14	P00:			
Use Only	Firm's name ▶ DELOITTE TAX LLP		Firm's EIN	▶86-10			
	Firm's address ► 225 WEST SANTA CLARA	STREET	Phone no.	408-704	1 - 4	000	
	SAN JOSE, CA 95113						
May the IRS di	scuss this return with the preparer shown above? See instructions				₹ Ye		No
				F	orm 9	90-EZ	(2013)

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.

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 **Employer identification number**

Inspection

OMB No 1545-0047

			CLIMATE AME						4	6-2525580
Part I	Reason	for Public Char	ty Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions.		
The organ	nization is not a	private foundation l	pecause it is: (For lines 1	through 1	11, check o	only one b	ox.)			
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X		. •	eives a substantial part o					r from the	general	public described in
	ŭ	b)(1)(A)(vi). (Comple	•						J	•
8 🔲	-		ection 170(b)(1)(A)(vi). (Complete	Part II.)					
9 🔲	-		eives: (1) more than 33 1			rom contri	butions. m	nembershir	o fees. a	nd gross receipts from
	•		nctions - subject to certa					-		= :
		•	axable income (less sect	•		•				-
		509(a)(2). (Complete			,			,		,
10 🔲			perated exclusively to tes	st for publ	c safety. S	See sectio	n 509(a)(4	I).		
11	-		perated exclusively for th		=				v out the	purposes of one or
	•	•	itions described in section		•			-		• •
			organization and comple	• • • •	•		,	,	,,	
	а П Туре і	· · · · · · · · · · · · · · · · · · ·			_	integrated	d	I 🔲 Type	e III - No	n-functionally integrated
е 🗀			t the organization is not	•	•	•		• • •		• •
	, ,	•	han one or more publicly		-	•			•	•
f		_	ten determination from t		_				. (-/(-/	
-		rganization, check th					.,,			
g		•	rganization accepted an	nv aift or c	ontribution	from anv	of the follo	owina pers	sons?	
Ū	-		rectly controls, either ale			-				Yes No
		·	upported organization?	J				`,	•	11g(i)
	•	•	n described in (i) above?							11g(ii)
		· ·	person described in (i) o		e?					11g(iii)
h		•	about the supported org							<u> </u>
		J	,,		. ,					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Amount of monetary
	anization	(, ב	(described on lines 1-9		sted in your		ion in col.	organizátio	on in col. ed in the	support
			l	governing	document?	(i) of your	support?	(i) organiz U.S.	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
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		1			<u> </u>	 		<u> </u>		
Total										
	Paperwork Re	duction Act Notice	, see the Instructions f	or		•		Schedul	e A (For	m 990 or 990-EZ) 2013

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			1		T	
	membership fees received. (Do not						
	include any "unusual grants.")					100.	100.
2	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to]	1	
	or expended on its behalf		<u></u>	ļ	<u> </u>	 	<u> </u>
3	The value of services or facilities	ļ					
	furnished by a governmental unit to	ļ					
_	the organization without charge					100	100
4	Total. Add lines 1 through 3				-	100.	100.
5	The portion of total contributions	İ					
	by each person (other than a						
	governmental unit or publicly	,					
	supported organization) included	,					
	on line 1 that exceeds 2% of the			Î			
	amount shown on line 11, column (f)		. , * *	,) } }	. · · · · · · · · · · · · · · · · · · ·		
	**			"			100.
Sec	Public support. Subtract line 5 from line 4		*		3		100.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2009	(0) 2010	(0) 2011	(4) 2012	100.	100.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		ŀ				
9	Net income from unrelated business		'	<u> </u>	 	 	
_	activities, whether or not the						
	business is regularly carried on			ĺ	1		
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	*	1				100.
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					▶ X
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2012	? Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	6 or more, check the	s box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2013. If the orc	ganızatıon dıd not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10% of	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the organi	zation
	meets the "facts-and-circumstances"	•	•		-		▶□
b	10% -facts-and-circumstances tes	-	-				10% or
	more, and if the organization meets to		•		•		
	organization meets the "facts-and-cir		•	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	5a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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	n failed to qualify	under Part II	If the organization	on fails to
qualify under the tests listed below, please complete Part II.)				

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")				<u></u>		<u> </u>
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			ľ			
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtractime 7c from line 6.)			** \ .			
	ction B. Total Support	-		<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975			•			
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, th	ırd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here			<u> </u>			▶└
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2013 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	<u> </u>			
17	Investment income percentage for 20)13 (line 10c, colur	mn (f) divided by l	line 13, column (f))	1	17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did i	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organi	zation	
t	33 1/3% support tests - 2012. If the	organization did i	not check a box o	on line 14 or line 19	9a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	ganızatıon qualıfies	s as a publicly supp	ported organization	¬ ▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see in	nstructions	
3320	23 09-25-13				Sc	hedule A (Form 9	90 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 NEXTGEN	CLIMATE	AMERICA,	INC	46-2525580 _{Pag}
Part IV	Supplemental Information. Provide	de the explanatio	ns required by Pa	rt II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
	Also complete this part for any additional	information. (See	instructions).	. , ,	,
-					
					
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-FZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organ 	zations: Complete Part III.			
Name of organization			Emp	loyer identification number
	EN CLIMATE AMERICATION OF THE PROPERTY OF THE		Vario a costian 507	46-2525580
Part I-A Complete II the C	organization is exempt un	der section 50 I(c	or is a section 527 of	organization.
4. Duranda a da sanata a 64ta ana			D+ IV	
1 Provide a description of the orga	anization's direct and indirect point	ical campaign activities	s in Part IV. ▶ s	•
2 Political expenditures3 Volunteer hours				
3 Volunteer nours	-			
Part I-B Complete if the	organization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise t	•		▶:	
2 Enter the amount of any excise t	tax incurred by organization mana	gers under section 495	5 ▶ 5	<u> </u>
3 If the organization incurred a sec	ction 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
	organization is exempt un			· · · · · · · · · · · · · · · · · · ·
1 Enter the amount directly expen		•		<u></u>
2 Enter the amount of the filing org	ganization's funds contributed to d	other organizations for	section 527	
exempt function activities			▶ \$	
3 Total exempt function expenditu	ires Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
line 17b	4400 BOL 6		•	
4 Did the filing organization file Fo	•	EINI) of all postupe 507 p	solitional arganizations to whi	Yes No
	d employer identification number (l nization listed, enter the amount pa		•	• •
, ,	promptly and directly delivered to			
	. If additional space is needed, pro		*	J J
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-,	(-,	filing organization's	contributions received and
			funds. If none, enter -0-	promptly and directly delivered to a separate
				political organization
				If none, enter -0
				
	1			
·				
				
For Paperwork Reduction Act Notice	ce, see the Instructions for Form	1 990 or 990-EZ.	Schedule ((Form 990 or 990-EZ) 201

LHA

Schedule C (Form 990 or 990-EZ) 2013	NEXTG	EN CLI	MATE AMERIC	A, INC	46-2	525580 Page 2
Part II-A Complete if the org			mpt under section	n 501(c)(3) and file	ed Form 5768	
(election under sec		 				<u></u>
				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share		, ,	•			
B Check ► L if the filing organiza	tion check	red box A ar	nd "limited control" pro	ovisions apply.		
Limi	ts on Lob	bying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	neans amou	ints paid or incurred.)		totals	totalo
1a Total lobbying expenditures to infli	uence pub	olic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	•		· · ·	ľ	·	
c Total lobbying expenditures (add li		-	-, (,,,,,		0.	
d Other exempt purpose expenditure		,		ľ		
e Total exempt purpose expenditure		es 1c and 1c	(t		0.	
f Lobbying nontaxable amount. Enter	•		•	h columns.	0.	
If the amount on line 1e, column (a) o			bying nontaxable am		·	
Not over \$500,000	. , ,		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		\$175,00	00 plus 10% of the exc	ess over \$1,000,000.	4	
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			'
Over \$17,000,000		\$1,000,				1
g Grassroots nontaxable amount (er	ter 25% c	of line 1f)			0.	
h Subtract line 1g from line 1a If zer	o or less,	enter -0-				
i Subtract line 1f from line 1c If zero	or less, e	enter -0-		. [
j If there is an amount other than ze	ro on eith	er line 1h or	line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under			
•				n do not have to comp		
				es 2a through 2f on pa	ige 4.)	
	Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year	(0)	2010	/b) 2011	(a) 2012	(4) 2012	(e) Total
(or fiscal year beginning in)	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount			: **			
(150% of line 2a, column(e))			* *			
c Total lobbying expenditures			1			
					-	
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
	l		1	I		1

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 NEXTGEN CLIMATE AMERICA, INC 46-2525580 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed description	(:	a)	(b)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	· · · — · · · ·		,,	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?		<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i	,			
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912	/ 1	2 9		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-			¥
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		R (b) Par		ne 3, is
1	Dues, assessments and similar amounts from members	_	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical	^ &		
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
b	Carryover from last year		2b		
С			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	****		
	expenditure next year?		4	· - · · · · · · · · · · · · · · · · · ·	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	ıp lıst); Part l	II-A, line 2; a	and Part II-E	3, line 1
	complete this part for any additional information. RT I-A, LINE 1:				
	NAME ON THE ODGS AT EAST ON THE EXPOSITED FORM \$7.00	IDIDED	ETIT OU	mir	
FY	PLANATION: THE ORGANIZATION HAS EXECUTED FORM 5768	UNDER	WHICH	THE	
ORG	SANIZATION ELECTS TO HAVE THE PROVISIONS OF IRC SE	CTION	501 (H	:)	
API	PLY. THE ORGANIZATION HAD NO POLITICAL EXPENDITURE	S OR V	OLUNTE	ER	
нот	JRS IN 2013.				
			-		

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.us.gov/form990

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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEXTGEN CLIMATE AMERICA, INC

Employer identification number 46-2525580

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:
DESCRIPTION OF OTHER EXPENSES: AMOUNT:
BANK ACCOUNT SERVICE CHARGE 40.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCATE, MOBILIZE AND
ORGANIZE THE PUBLIC TO TAKE ACTION IN SUPPORT OF ENVIRONMENTALLY SOUND
CLIMATE POLICY
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
DESCRIPTION OF OTHER EXPENSES: BANK ACCOUNT SERVICE CHARGE 40. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCATE, MOBILIZE AND ORGANIZE THE PUBLIC TO TAKE ACTION IN SUPPORT OF ENVIRONMENTALLY SOUND CLIMATE POLICY FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box		. •	X	
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sty filed Fo	rm 8868.		
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	6 months for a corp	oration	
require	required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension						
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	rtain	
Persor	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,	
visit w	wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww		·		-	·	
Part	I Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded)			
A corp	oration required to file Form 990-T and requesting an autor					_	
Part I o	nly			•	•	. 🗀	
All othe	er corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time		
to file i	ncome tax returns			Enter file	er's identifying nur	nber	
Туре	r Name of exempt organization or other filer, see instru-	ctions.		1	r identification num		
print		•				1 ,	
·	NEXTGEN CLIMATE AMERICA, IN	NC		1	46-252558	30	
File by the		ee instruc	tions	Social se	curity number (SSN	J)	
filing you return Se	111 SUTTER STREET FLOOR 10			Ì	, , , , , , , , , , , , , , , , , , , ,	•	
instruction		reign add	lress, see instructions.				
	SAN FRANCISCO, CA 94104	J	,				
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
	720 (Individual)	03	Form 4720 (other than individual)			09	
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870			12	
	CHRIS FADEFF		1 5/11 55/15	•			
• The	books are in the care of ▶ 111 SUTTER STRE	EET FI	LOOR 10 - SAN FRAN	CISCO	. CA 94104	1	
	phone No ► 415-901-2930		Fax No. ▶		, , , , , , , , , , , , , , , , , , , ,		
	e organization does not have an office or place of business	s in the l lr				. 🖂	
	is is for a Group Return, enter the organization's four digit			If this is fo	r the whole group	chack this	
box >	, i						
	request an automatic 3-month (6 months for a corporation				ers the extension is	, 101.	
• •			tion return for the organization nam		The extension		
-	s for the organization's return for:	t organiza	non retain for the organization ham	cu above	THE EXTENSION		
	calendar year or						
i	► X tax year beginning MAR 7, 2013	an	d ending DEC 31, 2013				
•		, a		•	<u> </u>		
2 i	the tax year entered in line 1 is for less than 12 months, c	hack rase	on: X Initial return	Final retur	'n		
- '	Change in accounting period	1003		i ii iai i etui	••		
3a	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any				
	conrefundable credits. See instructions.	, or 0000,	onto the tentative tax, less ally	3a	\$	0.	
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	y refundable credits and				
			-	- AL	•	0.	
-	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa		•		_	0.	
•	y using EFTPS (Electronic Federal Tax Payment System). : n. If you are going to make an electronic funds withdrawal			3c	5		
instruc		(allect de	bil) with this Form 6000, see FORM 6	5453·EU ai	nu rorm 88/9-EO f	or payment	

LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

Earn 9969 (Pay 1 2014)					D- A
Form 8868 (Rev. 1-2014) If you are filing for an Additional (Not Automatic) 3-Month Ex	tension o	complete only Part II and check this	- hox		Page 2 ► X
Note. Only complete Part II if you have already been granted an a					
 If you are filing for an Automatic 3-Month Extension, complete 			lled Form	0000.	
Part II Additional (Not Automatic) 3-Month E			al (no co	onies nec	eded)
	A.C.110.10.				
				dentifying number, see instructions Employer identification number (EIN) or	
print			Linploye	Imployer identification flumber (EIN) or	
the by the NEXTGEN CLIMATE AMERICA, INC				46-2525580	
date for Number street, and room or suite no. If a P.O. hox, see instructions.			Social so	Social security number (SSN)	
ling your started, this restriction see 111 SUTTER STREET FLOOR 10			Social security humber (SSN)		
Crty, town or post office, state, and ZIP code. For a fo	reign add	race can instructions			
SAN FRANCISCO, CA 94104	neight add	ress, see instructions.			
pi=(11d2(01500 / 011	_			· - - · ·	
Enter the Baturn code for the return that this application is far (file		** *** ****			011
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			011
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	1310			Code
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	03	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			iously file	d Form 99	
CHRIS FADEFF	an auton	natic o-month extension on a prev	lously lile	<u>a i oi iii oo</u>	
• The books are in the care of 111 SUTTER STRI	ाच पात्र	LOOR 10 - SAN FRAN	CTSCO	CA	94104
Telephone No ▶ 415-901-2930		Fax No. ▶		, 0	
If the organization does not have an office or place of business	s in the l lr				ightharpoonup
If this is for a Group Return, enter the organization's four digit (f this is fo	r the whole	group, check this
box ▶ . If it is for part of the group, check this box ▶	1	ch a list with the names and EINs of			
	NOVEM	BER 17, 2014	all memb	ers trie ext	ension is ior.
		, 2013 , and endin	o DEC	31. 2	2013
6 If the tax year entered in line 5 is for less than 12 months, c			Final r		
Change in accounting period	nock reas	on.		etairi	
7 State in detail why you need the extension					
	GATI	HER INFORMATION TO	PREP	ARE A	COMPLETE
AND ACCURATE RETURN.					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any	\neg		
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			 "		
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.			8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using			- 30		
EFTPS (Electronic Federal Tax Payment System) See instructions.			8c	\$	0.
		st be completed for Part II o			
Under penalties of perjury, I declare that I have examined this form, including	ing accomp	•	•	f my knowle	dge and helief.
it is true, correct, and complete, and that I am authorized to prepare this fo	rm.		50010	,	
Signature Title > (Date	▶ 7/	/21/14
					8868 (Rev. 1-2014)
V				1 01111	(1164, 1-2014)