${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and}$ the Rules of the Committee on Natural Resources

Full Committee Oversight hearing on "DOI Hydraulic Fracturing Rule: A Recipe for Government Waste, Duplication and Delay." May 8, 2013

For Individuals:								
1. Name:								
2. Address:								
3. Email Address:								
4. Phone Number:								
* * * *								
For Witnesses Representing Organizations:								
1. Name: John Amos								
2. Name of Organization(s) You are Representing at the Hearing: SkyTruth								
3. Business Address:								
4. Business Email Address:								
5. Business Phone Number:								

For all Witnesses

Name/Organization: John Amos, SkyTruth

Title/Date of Hearing: Oversight hearing on "DOI Hydraulic Fracturing Rule: A Recipe for Government

Waste, Duplication and Delay." May 8, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

MS in Geological Sciences

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

10 years experience consulting exploration geologist, 20 years experience image processing and analysis

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

Unsure: we provide satellite imagery and analysis to a company in Wyoming called WEST, Inc. as part of a long-term study they are involved in, that may be funded in part by the Bureau of Land Management or other federal agency. We don't know the arrangement. We have billed WEST, Inc. and the Wyoming Game and Fish Dept. for these services and received payments as follows:

2009 - 8142.50 2010 - 5615.00 2011 - 6756.25 2012 - 5625.00 2013 to date - 5625.00

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Witnesses Representing Organizations

Name/Organization: John Amos, SkyTruth

Title/Date of Hearing: Oversight hearing on "DOI Hydraulic Fracturing Rule: A Recipe for Government

Waste, Duplication and Delay." May 8, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form 990s provided in PDF format under separate cover

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	2011 cale	endar year, or tax year beginning	01/01	, 2011, a	nd endir	ıg 12	2/31	, 20 11				
В	Check if	f applicable:	C Name of organization SKYTRUTI	Н				D Employ	er identification n	umber			
	Address	change	Doing Business As						54-2059475				
	Name ch	hange	Number and street (or P.O. box if m	ail is not delivered to street a	address)	Room/su	ite	E Telepho	ne number				
	Initial ret	-	PO Box 3283						304-885-4581				
	Termina	ted	City or town, state or country, and Z	ZIP + 4									
	Amende	ed return	Shepherdstown, WV 25443-328	3				G Gross re	eceipts \$	239,690			
	Applicat	tion pending					H(a) Is this	a group return	for affiliates? Yes	✓ No			
		, ,	PO Box 3283, Shepherdstown,	WV 25443			1993	Il affiliates in		☐ No			
ī	Tax-exe	mpt status:	✓ 501(c)(3)		947(a)(1) or [527			a list. (see instruction	ns)			
J	Website		w.skytruth.org				H(c) Group	o exemption	number ►				
K	Form of	organization:	✓ Corporation Trust Associa	ation ☐ Other ►	L Yea	r of format	tion: 2001	M State	of legal domicile:	VA			
P	art I	Summ	nary					-					
	1	Briefly de	escribe the organization's miss	sion or most significant	t activities:	SkyTr	uth's mission	n is to mo	tivate and empo	ower			
•	1												
nce		new constituencies for environmental protection. We use scientifically credible satellite images and other visual technologies to create compelling pictures that vividly illustrate environmental impacts and provide these pictures and supporting data to											
rna	ĺ		nental advocates, the media, dec						1				
)Ve	2		nis box ▶☐ if the organization			sposed (of more than	125% of	its net assets.				
Ğ	3		of voting members of the gove					1 1		5			
S	4		of independent voting member							4			
itie	5		mber of individuals employed in		15.0					2			
Activities & Governance	6		mber of volunteers (estimate if							12			
A	7a		related business revenue from	• •						0			
	b		lated business taxable income					7b		0			
-							Prior Ye	ear	Current Ye	ear			
Revenue	8	Contribu	tions and grants (Part VIII, line	1h)		[304,173		229,520			
	9		service revenue (Part VIII, line		33,310		10,170						
eve	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		[0		0			
Œ	11		venue (Part VIII, column (A), line			[0		0			
	12	Total rev	enue-add lines 8 through 11 (n	nust equal Part VIII, co	lumn (A), lin	ie 12)		337,483		239,690			
	13	Grants a	nd similar amounts paid (Part I	X, column (A), lines 1-	-3)			0		0			
	14	Benefits	paid to or for members (Part I)	K, column (A), line 4)		[0		0			
S	15	Salaries,	other compensation, employee I	benefits (Part IX, colum	n (A), lines 5	5–10)		110,816		157,092			
nse	16a	Profession	onal fundraising fees (Part IX, c	olumn (A), line 11e)		[0		41			
Expenses	b	Total fun	draising expenses (Part IX, col	umn (D), line 25) ▶	3	5,699							
ш	17	Other ex	penses (Part IX, column (A), lin					19,060		92,467			
	18	Total exp	penses. Add lines 13-17 (must	equal Part IX, column	(A), line 25)) . [129,876		249,600			
	19	Revenue	less expenses. Subtract line 1	8 from line 12				207,607		-9,910			
or							Beginning of Cu	urrent Year	End of Ye	ar			
Net Assets of Fund Balance	20	Total ass	sets (Part X, line 16)			[231,848		229,952			
t As	21	Total liab	oilities (Part X, line 26)			[0		8,014			
		Net asse	ts or fund balances. Subtract I	ine 21 from line 20				231,848		221,938			
P	art II	Signa	ture Block										
			ury, I declare that I have examined this						my knowledge and	belief, it is			
tru	ie, correc	t, and comp	lete. Declaration of preparer (other than	officer) is based on all infor	mation of whic	n prepare	r nas any know	leage.					
Siç		l '						ite					
He	ere		nn Amos, President										
		1,	e or print name and title	In		1.5	-1-		DTIL				
Pa	nid	Print/Ty	pe preparer's name	Preparer's signature		l D	ate	Check					
	epare	er		l				self-em	ployed				
	se Onl		name •				Firm	n's EIN ▶					
		Firm's a	address ►	-h	atmost!		Pho	one no.					
Ma	iv the IF	KS DISCUS	s this return with the preparer :	snown above? (see ins	structions)				. I I Yes	s □ No			

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:
	SkyTruth's mission is to motivate and empower new constituencies for environmental protection. We use scientifically credible
	satellite images and other visual technologies to create compelling pictures that vividly illustrate environmental impacts and
	provide these pictures and supporting data to environmental advocates, the media, decisionmakers and the public.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.
	grants and anocations to others, the total expenses, and revenue, if any, for each program service reported.
40	/Code: \/\(\(\Gamma\)/\(\Gamma\)
4a	(Code:) (Expenses \$ 58,046 including grants of \$ 0) (Revenue \$ 0)
	Education /Outreach: SkyTruth conducts systematic outreach to other organizations and citizen's groups via listservs,
	teleconferences, and participation at meetings and symposia. We also give presentations and informal training on the use of
	remote sensing and digital mapping to investigate and communicate about environmental issues. In 2011 we gave twelve
	presentations at universities, academic and professional conferences, and meetings of service organizations and citizen's groups.
	We also reach out to members of the media to provide information about our work and the issues we address. We publish our
	work on the SkyTruth Blog and in our online image gallery, making the work freely available to the general public. We publicize our work on the SkyTruth website and through social networks such as Twitter, Facebook, and Google+. Our audiences on those
	networks have grown steadily. In 2011 we launched SkyTruth Alerts, a public web tool that automatically collects, analyzes and
	publishes environmental information from a variety of sources. The Alerts interface is an interactive map that allows users to
	subscribe, at no cost, to get automatic email notifications whenever any new incident is reported in their geographic area of
	interest. The system also includes information about oil and gas drilling activity, and is growing to include new sources of
	(Continued on Schedule O, Statement 1)
4b	(Code:) (Expenses \$ 69,612 including grants of \$ 0) (Revenue \$ 9,581)
	Onshore Energy: Coal - We worked with researchers on a scientific paper for peer-reviewed publication demonstrating the link
	between upstream mining activity within a watershed, and the downstream mobilization of contaminants of concern, such as
	selenium. We created a variety of images and a video illustrating the impacts of increasing the export of coal from mines in
	Wyoming and Montana to markets in Asia. Oil and Gas Drilling - We provided new satellite imagery to wildlife scientists as part of
	ongoing multiyear studies of the impacts of natural-gas drilling on Mule Deer and Pronghorn in western Wyoming's Green River
	Valley. We demonstrated a successful methodology that combines satellite and aerial image analysis, government information
	about drilling, and direct observation from low-flying aircraft to forecast near-future drilling activity and communicate that forecast
	via Drilling Hotspot and Drilling Load maps. These maps are being used by citizen watershed monitoring groups and others to
	focus their effort collecting measurements that will be used to quantify the impacts of shale-gas development on surface water
	quality. Nuclear - We produced images showing the aftermath of the earthquake and tsunami that hit Japan and damaged the
	nuclear reactors at Fukushima. Tar Sands - SkyTruth created a series of maps and images illustrating the historic, present and
	(Continued on Schedule O, Statement 2)
4c	(Code:) (Expenses \$73,775 including grants of \$0) (Revenue \$0)
	Offshore Energy / Marine Conservation / Other: SkyTruth's work on the BP / Deepwater Horizon oil spill of 2010 was included in
	the final report of the President's National Oil Spill Commission. Throughout 2011 we continued to monitor the site of the spill
	using satellite imagery, addressing rumors that the failed Macondo well was continuing to leak. We submitted comments to federal
	management agencies that were seeking public input on offshore drilling plans. We formed the Gulf Monitoring Consortium, a
	partnership of organizations dedicated to investigating and publishing independent information about pollution related to oil and
	gas development in the Gulf of Mexico. The Consortium investigated multiple reports of oil spills, discovered and documented
	unreported spills, and published our findings on our members' blogs and newsletters. We enlisted student volunteers and interns
	to help monitor oil-producing areas around the world, using various sources of free satellite imagery. Images are automatically
	downloaded, processed and integrated into Google Earth using SkyTruth software that also alerts the volunteers whenever new
	imagery is available over one of the designated monitoring sites. We investigated oil spills in Nigeria, Brazil, China, Vietnam, India,
	the North Sea and Angola.
4d	Other program services (Describe in Schedule O.)
1-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 201,433

Part	V 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	1	✓	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)?	2	✓	
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	3		1
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	4		1
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	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		1
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		·
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		٧
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	11b		1
С	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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	<u> </u>
	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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		1
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	146		/
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	14b		
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	15		1
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)	16		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		1
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
20	If "Yes," complete Schedule G, Part III	19		/
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	22		1
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	23		1
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
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	25b		✓
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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
С	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	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		✓
20	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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	33		✓
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	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
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	36		✓
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? <i>If "Yes," complete Schedule R,</i>			
12520 18	Part VI	37		✓
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	38	1	

Part				
	Check if Schedule O contains a response to any question in this Part V	• •		
1.	Fatantha anna hanna atadia Ban O af Fara 1000 Fatan O if ant analiashia		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		9.3	
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 10	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		7-5-6	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		,
b	organization solicit any contributions that were not tax deductible?	6a		<u>✓</u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	R Section	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0	1500	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	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	688		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	. 000	(004.1)
		Forn	990	(2011)

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			. ✓				
Secti	on A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		103	140				
ıu	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
2	any other officer, director, trustee, or key employee?	2	✓					
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1				
6	Did the organization have members or stockholders?	6		1				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			170=				
127	one or more members of the governing body?	7a		✓				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b						
Ü	the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9	9 Is there any officer, director, 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	9		✓_				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	N-				
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		_				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12/01					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14		1				
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?							
а	The organization's CEO, Executive Director, or top management official	15a	✓					
b	Other officers or key employees of the organization	15b		1				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
104	with a taxable entity during the year?	16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	0/(3/0	only				
10	available for public inspection. Indicate how you made these available. Check all that apply.	001(0	5)(5)5	Orliy)				
	☐ Own website ☐ Another's website ☑ Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est p	olicy,				
	and financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the						
	organization: ► Amy Mathews Amos, (304)885-4581							

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

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

- 1a 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	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.				
- 2					C)									
(A)	(B)	(do n	ot ob		ition	than	200	(D)	(E)	(F)				
Name and Title	Average	Average box, unles				o Don, amous pr			rson is both an			Reportable	Reportable	Estimated
	hours per week		_			or/trust		compensation from	compensation from related	amount of other				
	(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation				
	hours for related	rect.	tutio	èr	emp	est o	Ter.	organization (W-2/1099-MISC)		from the organization				
	organizations in Schedule	2 5	nal t		loye	omp		~		and related organizations				
	O)	stee	ruste		е	ens				organizations				
			ě			ated								
John Amos														
Director, President	40	1		1	1	1		85,000	o	24,216				
David Festa														
Director, Chairman	2	✓		1				0	0	0				
Elliott Norse														
Director	1	✓						0	0	0				
David Shearer		,												
Director	1	✓		_			_	0	0	0				
Vikki Spruill		1												
Director Amy Mathews Amos	1	· ·					-	0	0	0				
Secretary, Treasurer	2			1				0	0	0				
occitally, ricusurer														
· ·														

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ontinue	ed)	
					(6	C)							
	(A)	(B)	(B) Position (do not check more than						(D)	(E)		(F)	
	Name and title	Average	box, unless perso						Reportable	Reportable		Estima	
		hours per week	office	er and	_	irect	or/trus	tee)	compensation from	compensation f related	rom	amoun	
		(describe	or Ind	Ins	읔	Ke	em	For	the	organization	s	compens	
		hours for	direc	titut	Officer	Key employee	hes:	Former	organization	(W-2/1099-MIS	3C)	from t	
		related organizations	tor t	iona		old	e co		(W-2/1099-MISC)			organiza and rela	
		in Schedule	Individual trustee or director	ltru		yee	npe					organiza	
		O)	ee	Institutional trustee			Highest compensated employee			ŀ			
				-			ed	_					
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8											\perp		
	0.1-1-1-1							Ļ			_		
1b		 VII Caatia							85,000		0		24,216
C C	Total from continuation sheets to Part								85,000		0		24 216
d	Total (add lines 1b and 1c)							2)		oro than \$100		of	24,216
2	reportable compensation from the organi		i to tii	ose	IISI	.eu	above	e) w	no received m	ore man \$100),000	OI	
	reportable compensation from the ergani	Zation										Y	es No
3	Did the organization list any former of	ficer, direc	tor. c	r tr	uste	ee.	kev e	ame	lovee, or high	est compens	sated		30 110
	employee on line 1a? If "Yes," complete S											3	1
4	For any individual listed on line 1a, is the	sum of rea	oortal	ole d	com	nper	nsatio	n a	nd other comp	ensation from	n the		
	organization and related organizations												
	individual											4	1
5	Did any person listed on line 1a receive of									ation or indiv	/idual		
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J t	for s	such person			5	✓
Section	on B. Independent Contractors							2000					
1	Complete this table for your five highest of												
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	lar y	ear ending wit	h or within th	e orga	anization'	s tax
	year.							_					
	(A) Name and business add	rocc							(B) Description of s	envices	_	(C) Compensation	nn.
	ryanie and business add								Description of s	0111000		omperisation.	J.1
-													
								-					
					-			_					
2	Total number of independent contracto	rs (includin	ng bu	t no	ot I	imit	ed to	th	ose listed abo	ove) who			
_	received more than \$100,000 of compens								0	,			

Pari	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
nts	1a	Federated campaigns	1a	0			NET CONTRACTOR	
irar our	b	Membership dues	1b	0				
s, G	С	Fundraising events	1c	0				
Gift	d	Related organizations	1d	0				
imi	е	Government grants (contributions)	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	229,520				
ontr od O	g	Noncash contributions included in lines 1a-		0				
	h	Total. Add lines 1a-1f			229,520			
nne				Business Code				
evel		Onshore Energy		541900	9,581	9,581	0	0
Program Service Revenue		Outreach		541900	589	589	0	0
Ŋ.	C							
Se	d							
Iran	e	All other program consider revenue						
rog	f g	All other program service revenu Total. Add lines 2a–2f		•	0	0	0	0
—	3	Investment income (including	divid	ends interest	10,170			
	ľ						1	
	4	Income from investment of tax-exen						
	5	Royalties						
		(i) Real		(ii) Personal				Secondaria de la
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss) .		▶				
	7a	Gross amount from sales of assets other than inventory (i) Securiti	es	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)		🕨				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18						
the	L		-					
Ö	b	Less: direct expenses Net income or (loss) from fundra						
		Gross income from gaming activit		events . P				
	"	See Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gaming						
	10a	Gross sales of inventory, I						
		returns and allowances	. а					
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales of	of inv	entory ►				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		0 0 0 0 0 <u>0</u>	0			
	12	Total revenue. See instructions.		▶	239,690	10,170	0	0

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).

	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, 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 United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	85,000	0 59,766	3,984	21,250
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 8	Other salaries and wages	30,770	25,962	1,731	3,077
9	section 401(k) and 403(b) employer contributions) Other employee benefits	16,500 15,966	11,602 11,227	773 747	4,125 3,992
10 11	Payroll taxes	8,856	6,227	415	2,214
a b	Management	0 125	0 117	0 8	0
c d	Accounting	1,767	1,657	110	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	41	0	0	41
g	Other	38,917	35,547	2,370	1,000
12	Advertising and promotion	567	532	35	0
13	Office expenses	9,385	8,799	586	
14	Information technology	9,759	9,149	610	
15	Royalties	0	0	0	0
16	Occupancy	7,982	7,483	499	0
17	Travel	4,704	4,410	294	0
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	690	646	44	0
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0 1,414	1,326	88	
23	Insurance	1,738	1,629	109	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1,700	1,020		
а	FSU Data Acquisition	10,000	10,000	0	0
b	SPOT Image	4,375	4,375	0	0
c d					
е	All other expenses Total functional expenses. Add lines 1 through 24e	1,044	979	65	0
25	I otal functional expenses. Add lines 1 through 24e	249,600	201,433	12,468	35,699
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 Cash—non-interest-bearing 230,434 229,952 2 2 ol 3 3 0 4 4 ol 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 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) 6 7 ol ol 8 Prepaid expenses and deferred charges . . 9 9 ol Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,414 Less: accumulated depreciation 10b b 1,414 1,414 10c Investments—publicly traded securities 11 0 11 12 Investments-other securities. See Part IV, line 11 . . . 0 12 13 Investments—program-related. See Part IV, line 11 0 13 14 0 14 15 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 231,848 16 229,952 Accounts payable and accrued expenses 17 ol 17 222 18 0 18 0 19 0 19 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 ol 0 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 0 22 0 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 7,792 25 Total liabilities. Add lines 17 through 25 0 26 8,014 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 230,434 221,938 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 1,414 31 0 32 Retained earnings, endowment, accumulated income, or other funds. 0 32 0 33 Total net assets or fund balances 33 231,848 221,938 Total liabilities and net assets/fund balances 34 34 231,848 229,952 Form 990 (2011)

-	-	
Page	7	1

Pari	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			23	9,690
2	Total expenses (must equal Part IX, column (A), line 25)	2			24	9,600
3	Revenue less expenses. Subtract line 2 from line 1	3			-	9,910
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			23	1,848
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0
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	1,938
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: 🗸 Cash 🔲 Accrual 🔲 Other			263		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	n			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2a		✓
b	Were the organization's financial statements audited by an independent accountant?		. [2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	' L	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wer	e			
	issued on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ 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 i	n			
	the Single Audit Act and OMB Circular A-133?		.	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo th	e [
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	udits		3b		
				Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SKY	IKU	III								54-20	59475		
Pa	rt I	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
The				ation because it is: (Fo									
1		A church, con	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i	i).			
2		A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3		A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section '	170(b)(1)	(A)(iii).				
4		A medical res	earch organization	on operated in conjun	ction with	a hospit	al descri	bed in se	ction 17	0(b)(1)(A)	(iii). Ente	r the	
			ne, city, and state										
5			on operated for b)(1)(A)(iv). (Com	the benefit of a college plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit d	escrib	ed in
6	П	A federal, stat	e. or local govern	nment or government	al unit de	scribed in	section	170(b)(1	I)(A)(v).				
7	1	An organization	on that normally	receives a substantia	al part of					nit or fron	n the ger	neral p	oublic
_				(A)(vi). (Complete Par									
8	_			n section 170(b)(1)(A)									
9				receives: (1) more that									
				d to its exempt funct ent income and unrel									
				ifter June 30, 1975. Se						ii oii ta	x) IIOIII	Dusin	esses
40									165				
10		-		operated exclusively									
11				nd operated exclusive									
				olicly supported organ							, , , ,	ee se	ction
			1921	describes the type of		WER 150		100	ie iii ies i				
		a ☐ TypeI	b 🗌	1/2 * 0. * 0. * 0. * 0. * 0. * 0. * 0. * 0		III-Funct	,	0		100010 10] Type II		
е				that the organization									
				ers and other than one	e or more	publicly	support	ea organ	izations (aescribea	in section	on 508	9(a)(1)
		or section 509	10 (5) (5) (5) (6)		,	u - 100 i		_					
f				a written determination				a Type	i, Type	II, or Typ	e III sup	portir	ng
			check this box .										
g		Since August following pers		he organization accep	oted any	gitt or co	ontributio	n from a	iny of the	9			
										1			
				ndirectly controls, eithody of the supported of						a in (ii) ar		Yes	No
			7.0	17/1	377						11g(i)	_	
				on described in (i) abo							11g(ii		
				a person described in							11g(iii)	
h				on about the supporte									7.539
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		ls the tion in col.	7.00	mount ipport	of
	Org	gariizatiori		above or IRC section		document?	col. (i)	of your	(i) organi	ized in the	50	pport	
				(see instructions))				oort?		S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
-/													
										The second second	I		

Total

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.)

Secti	on A. Public Support			į.			
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,120	44,975	106,764	304,173	229,520	730,552
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	45,120	44,975	106,764	304,173	229,520	730,552
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						535,818
6	Public support. Subtract line 5 from line 4.						194,734
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	45,120	44,975	106,764	304,173	229,520	730,552
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10					1000000000000	730,552
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	9				
14	Public support percentage for 2011 (line 6			1, column (f))		14	26.66 %
15	Public support percentage from 2010 Sch					15	20.48 %
16a	331/3% support test—2011. If the organiz						
	box and stop here. The organization qual		5 33				_
b	33 ¹ / ₃ % support test—2010. If the organ						
	check this box and stop here. The organic						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che t. The organiza	eck this box an ation qualifies	id stop here. E as a publicly si	xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization me Explain in Part IV how the organization me	ion meets the eets the "facts	"facts-and-cir -and-circumst	rcumstances" ances" test. Ti	test, check th	is box and st on qualifies as a	publicly
10	supported organization						
18	Private foundation. If the organization did instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cost.	on A Dublic Cupport	andor the te	oto notou bon	o, p.odoo o	sinpictor art	,	
	on A. Public Support	(a) 0007	(h) 0000	(a) 0000	(4) 0040	(a) 0011	(f) Total
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ü	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	8:					
5	The value of services or facilities furnished by a governmental unit to 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						<u> </u>
8 8	Add lines 7a and 7b						
O	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) 2001	(11) 2000	(0) 2000	(=) == :	(0, 20	(7 / 5 (4))
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less				12		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
13	(Explain in Part IV.)		-				
13	and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	n, or fifth tax ve	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he i	-			30 (5.0)		0.00.0
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8			13, column (f))		15	%
16	Public support percentage from 2010 Sch					16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2010. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions -

Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test - Facts And Circumstances Test - On March 31, 2006, SkyTruth submitted a letter supplement to Form 8734 that recited the facts and circumstances justifying SkyTruth as a publicly supported charity. This letter provided part of the basis for the IRS
issuing a final ruling letter on May 4, 2006, stating that SkyTruth did indeed qualify as a publicly supported charity under Section
170(b)(1)(A)(vi) of the Internal Revenue Code. Since that time, SkyTruth's mission, exempt purpose, organizing documents, governance
structure, scope of activity, and mode of operation remain essentially unchanged. Although we do not meet the mechanical one-third
support test, between calendar years 2007-2011 we received 27% of our support from public sources, exceeding the 10% threshold established under Treasury Regulation 1.170A-9(e)(3)(i). As explained in the 2006 letter we continue to actively seek and attract public
support from a variety of sources; maintain a Board of Directors who are committed to and experienced with public charitable causes; make
our work readily available to the public via our website, blog, online image galleries, and public presentations; provide our images at no
cost to the public; work in partnership with other charitable organizations, citizens groups, academic researchers and government entities;
and strive to educate and inform the public about the environmental impacts of industrial and resource-management activities. We actively
promote our materials and services to the general public through our website, blog, Facebook and Twitter, and conduct our activities solely for the benefit of the public interest.

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

SKYTRUTH 54-2059475 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	rt III Organizations Maintaining Colle					
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other rec	ords, che	ck any of the follo	owing that are a sign	gnificant use of its
а	Public exhibition	d	☐ Loar	or exchange pro	grams	
b	Scholarly research					
С						
4	Provide a description of the organization's of	collections and exr	olain how	they further the o	rganization's exem	pt purpose in Part
	XIV.				3	
5	During the year, did the organization solicit	or receive donation	ons of art	historical treasur	es or other similar	r
•	assets to be sold to raise funds rather than t					
Dari	rt IV Escrow and Custodial Arrangen					
A RELIE	line 9, or reported an amount on F	•		gariization answ	cica res toro	111 000, 1 art 14,
12	Is the organization an agent, trustee, custo			or contributions	or other assets no	•
Ia	included on Form 990, Part X?					
						☐ fes ☐ No
b	o If "Yes," explain the arrangement in Part XIV	and complete the	following 1	table:	Ι Δη	nount
						lount
С	9 9				lc	
d	3 ,				ld	
е	9 ,			_	le	
f	9				1f	
2a	3		ne 21? .			☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV					
Par	rt V Endowment Funds. Complete if t					
	(a) C	Current year (b) F	rior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С						
	losses					
d	Grants or scholarships					
е						
	programs			1		
f						
g						
2	Provide the estimated percentage of the curr	rent vear end halar	ce (line 1	r column (a)) held	-l ac.	
a		%	100 (1111) 001	g, 001a11111 (a)) 11010	. 40.	
b						
		%				
·	The percentages in lines 2a, 2b, and 2c shou					
3a	Are there endowment funds not in the posse		nization th	at are held and a	dministered for the	
ou	organization by:	occion of the organ	nzation to	at are note and a	arriiniotoroa for tric	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
b	Describe in Part XIV the intended uses of the				* * * * * *	3b
4						
Paru	t VI Land, Buildings, and Equipment					
	Description of property	(a) Cost or other basis (investment)			Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					3
С	Leasehold improvements					
d	Equipment					
е	Other					
Total.	I. Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Part	X, column	n (B), line 10(c).)	•	

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.
(6	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	Il derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(I)			
	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments-Program Related	. See Form 990, Part X,	line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		2	
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total, (Column	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Pa	rt X. line 15.	
) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes	7,792	
(2)			
(3)		9	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	(b) must squal Form 000. Part V1 (D) II 05 1		
	(b) must equal Form 990, Part X, col. (B) line 25.)	7,792	the organization's financial statements that reports the

al revenue (Form 990, Part VIII, column (A), line 12)	2	
cess or (deficit) for the year. Subtract line 2 from line 1	_	
t unrealized gains (losses) on investments	A	
	3	
nated convices and use of facilities	4	
	5	
estment expenses	6	
· · · · · · · · · · · · · · · · · · ·		
	-	
	_	
		urn
	_	
1. 1		
1 1		
	2e	
	3	
10 170		
er (Describe in Part XIV.)		
d lines 4a and 4b	4c	
	5	
	er R	eturn
	1	
The state of the s		
,		
Total and the second se		
	-	
	3	
100 mg 1 m		
and the second of the second o	40	
Supplemental Information		
	tal revenue, gains, and other support per audited financial statements tounts included on line 1 but not on Form 990, Part VIII, line 12: t unrealized gains on investments	ner (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 guess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret all revenue, gains, and other support per audited financial statements 1 touris included on line 1 but not on Form 990, Part VIII, line 12: 1 turrealized gains on investments 2 turrealized gains on investments 3 turrealized gains on investments 4

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047 Open To Public Inspection

Name of the organization

Employer identification number

SKYT	RUTH							54-2	205947	75		
Part	Excess Benefit Transactions (Complete if the organization an	section swered	501(c)(3 "Yes" o	3) and section 501(c)(4) on Form 990, Part IV, I	4) organiz ine 25a o	rations only).	m 990	0-EZ,	Part \	/, line	40b.	
1	(a) Name of disqualified person				(b) Descrip	tion of transacti	on				(c) Corr	ected?
-(4)											Yes	No
<u>(1)</u> (2)				-								
(3)												-
(4)												
(5)												
(6)												
2	Enter the amount of tax imposed of under section 4958							ne ye 				
3	Enter the amount of tax, if any, on lin								Ψ.			
3	Litter the amount of tax, if any, or his	e 2, abc	ove, rem	libursed by the organi	ization			,	Ψ			
Part	Loans to and/or From Interes											
	Complete if the organization an	swered	"Yes" o	n Form 990, Part IV, I	ine 26, oi	r Form 990-E	Z, Pa	rt V, I	ne 38	a.		
1	(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Ba	alance due	(e) In a	lefault?	(f) App by bo comm	ard or	(g) W agreer	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)		-										
(5)		<u> </u>										
<u>(6)</u> (7)		1										
(8)												
(9)												
(10)												
Total				▶ \$								
Part	Grants or Assistance Benefiting Complete if the organization and	n g Inter swered	rested F "Yes" o	Persons. n Form 990, Part IV, I	ine 27.							
	(a) Name of interested person	(b) Re	elationship	between interested person organization	and the	(c) A	Amount	and typ	pe of as	ssistan	ce	
(1)												
(2)												
(3)		-										
(4)		-										
(5)		-						100000				
<u>(6)</u> (7)		-										
(8)		<u> </u>					#Well-19					
(9)												
(10)												
	merwork Reduction Act Notice see the	Instruct	ione for	Form 990 or 990-F7	Cat No	50056A	Sche	dule I	(Form 9	990 or	990-F2	7) 2011

Par	Business Transactions Involving Complete if the organization and	ing Interested Persons. swered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's nues?
-/41					Yes	No
(1)	Business Technology Source LLC	Spouse of Board Member	4,028	Independant contractor, consultant		✓
(2)						
(4)						
(5)						
(6)						
(7)						
(8)			15			
(9)						
(10) Par	t V Supplemental Information			* '		
	······					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

e questions on rmation. Open to Pu

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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 Inspection

SKYTRUTH	54-2059475
Form 990, Part VI, Section A, Line 2 - Amy Mathews Amos, Secretary and Treasurer, is the spouse of	John Amos, President.
Form 990, Part VI, Section B, Line 11b - Form 990 completed by staff and reviewed by President, and	emailed to all board members prior
to filing, soliciting their review and comment.	
Form 990, Part VI, Section B, Line 15 - Board members voted and approved the salary for the Preside	nt after carefully reviewing and
discussing the President's salary history, responsibilities and performance, and their knowledge of c	compensation at comparable
organizations.	
Form 990, Part VI, Section C, Line 19 - Governing documents are made available to the public upon re	equest. Annual reports are available
on our website.	

Schedule O, Statement 1

Form: 990 Page: 2

Line Number: Part III Line 4a

SKYTRUTH 54-2059475

First Program Service Accomplishments Description

Description

information. Our volunteer program expanded dramatically in 2011, thanks to a partnership with Shepherd University. We hosted twelve Shepherd University interns and volunteers in 2011, and served as a test-case for a team of Shepherd students developing a business plan as part of their formal coursework. SkyTruth volunteers get hands-on experience with image processing, image analysis, GIS mapmaking, technical research and writing, data collection and database design and manipulation, and are exposed to a wide range of environmental issues and incidents in an office setting.

Schedule O, Statement 2

Form: 990 Page: 2

Line Number: Part III Line 4b

SKYTRUTH 54-2059475

Second Program Service Accomplishments Description

Description

projected future extent of the tar sands mining and bitumen extraction operations in Alberta, the "business end" of the controversial Keystone XL pipeline proposal.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization		Employer identification number			
SKYTRUTH			54-2059475		
Organiz	zation type (check	one):			
Filers o	f:	Section:			
Form 990 or 990-EZ		✓ 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		☐ 527 political of	rganization		
Form 990-PF		501(c)(3) exempt private foundation			
		☐ 4947(a)(1) nor	exempt charitable trust treated as a private found	ation	
		☐ 501(c)(3) taxable private foundation			
Genera ☑	For an organization property) from any	n filing Form 990, 99 one contributor. Co	0-EZ, or 990-PF that received, during the year, \$5, mplete Parts I and II.	000 or more (in money or	
Special	Rules				
	under sections 509	9(a)(1) and 170(b)(1)(A 55,000 or (2) 2% of th	g Form 990 or 990-EZ that met the 33½ % suppo A)(vi) and received from any one contributor, during the amount on (i) Form 990, Part VIII, line 1h, or (ii) F	g the year, a contribution of	
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.			naritable, scientific, literary,	
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year				

Name of or	ganization	Employer identification number		
SKYTRUTI	4		54-2059475	
Part I	Contributors (see instructions). U	ce is needed.		
(0)	/b)	(-)	(-1)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Walton Family Foundation PO Box 2030 Bentonville, AR 72712-2030	\$ 50,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	WestWind Foundation 232 East High Street Charlottesville, VA 22902	\$40,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Tides Foundation Alki Fund The Presidio PO Box 29903 San Francisco, CA 94129-0903	\$35,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Patagonia 259 West Santa Clara Street Ventura, CA 93001-2717	\$32,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Campbell Foundation 1450 Sutter Street Number 510 San Francisco, CA 94109	\$25,000_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Colcom Foundation Two Gateway Center Suite 1800 Pittsburgh, PA 15222	\$33,450_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Name of organization

SKYTRUTH

Employer identification number 54-2059475

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Changing Horizons Fund Rockefeller Family Fund 475 Riverside Drive Suite 900 New York, NY 10115	\$10,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)				Page	of	of Part III
	rganization				Employer iden	tification	number
SKYTRUTI						2059475	
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organ that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed.						ations
(a) No. from					escription of how gift is held		
Part I	(b) I dipose oi giit	(0) 000 01 girt		(a) De.		w girt is	
		(e) Trans	fer of gift				
	Transferee's name, address, and	ZIP + 4	Relations	ship of tra	nsferor to tran	sferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of ho	w gift is	s held
1							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift (d) De		Description of how gift is held		
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-	Transferee 5 flame, address, and Zir + +			on tra	noicion to train	310100	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	2	(e) Trans	fer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	rialisiolog 3 flattie, address, allu		Holations	on the	to trail	0.0.00	

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)

OMB No. 1545-0047 20**10**

Open to Public

Department of the Treasury

Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning , 2010, and ending 01/01 12/31 20 10 C Name of organization SkyTruth D Employer identification number Check if applicable: Doina Business As Address change 54-2059475 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change Initial return 304-885-4581 City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ Shepherdstown, WV 25443-3283 Amended return 337.483 F Name and address of principal officer: John Amos H(a) Is this a group return for affiliates? Yes Vo Application pending H(b) Are all affiliates included? Yes No. PO Box 3283, Shepherdstown, WV 25443-3283 If "No," attach a list. (see instructions) √ 501(c)(3) 501(c) (Tax-exempt status: Website: ▶ www.skytruth.org H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other M State of legal domicile: L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: SkyTruth's mission is to motivate and empower new constituencies for environmental protection. We use scientifically credible satellite images and other visual technologies to Activities & Governance create compelling pictures that vividly illustrate environmental impacts and provide these pictures and supporting data to environmental advocates, the media, decisionmakers and the public. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) 6 8 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 106,764 304,173 Revenue Program service revenue (Part VIII, line 2g) 33,310 36,496 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 143,260 337,483 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 104,600 110,816 Professional fundraising fees (Part IX, column (A), line 11e) 16a 2,306 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 15,726 19,060 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 122,632 129,876 19 Revenue less expenses. Subtract line 18 from line 12 20,628 207,607 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 24.241 231,848 Total liabilities (Part X, line 26) 21 22 Net assets or fund balances. Subtract line 21 from line 20 231,848 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Date Here John Amos, President Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | if self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part	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:
8 8	SkyTruth's mission is to motivate and empower new constituencies for environmental protection. We use scientifically credible
	satellite images and other visual technologies to create compelling pictures that vividly illustrate environmental impacts and provide
	these pictures and supporting data to environmental advocates, the media, decisionmakers and the public.
	these pictures and supporting data to environmental advocates, the media, decisionnakers and the public.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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
85	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 \$ 29,665 including grants of \$ 0) (Revenue \$ 0)
	Education, General/Other: Outreach Program. 1) The BP spill provided us with the first opportunity to implement the Environmental
	Witness Network approach. On May 10, in partnership with Surfrider Foundation and Ocean Conservancy, we launched the Gulf Oil
	Spill Tracker, enabling Gulf-area citizens to submit reports of oil spill impacts in their area accompanied by photographs and other
	documentation. Over 130 reports were collected through mid-August, including some of the first reports of oil coming ashore in
	Mississippi, verifying our analysis of satellite imagery; and complaining about the ineffectiveness of beach-cleanup crews working
	under contract to BP. 2) Newsletter/Social Media: In June we inaugurated a quarterly SkyTruth newsletter, distributing it
	electronically to our growing list of funders, individual donors, and NGO partners. Newsletters can also be downloaded from our
	website. In addition to our e-newsletter, in 2010 we began using Twitter and Facebook to connect SkyTruth directly to a growing
	online audience. Both are integrated into our blog and newly expanded / revamped website. These avenues for information
	distribution work synergistically, giving us multiple options for publicizing our efforts and recruiting new partnerships and sources of
	support. During the first month of the Gulf oil spill, the number of users "following" SkyTruth on Twitter jumped from 20 to more than
	(Continued on Schedule O, Statement 1)
4b	(Code:) (Expenses \$ 50,734 including grants of \$ 0) (Revenue \$ 24,265)
15	Marine Conservation, General/Other: Oceans Program. 1) Spill Response: Our work related to offshore drilling was dominated in
	2010 by the tragic blowout on the BP / Deepwater Horizon drilling platform in the Gulf of Mexico that killed 11 and resulted in the
	world's worst accidental oil spill. Within a day of the April 20, 2010 explosion, SkyTruth began our high-tech surveillance of the spill.
	Examining satellite images, remote sensing data and aerial photographs, we quickly became a leading source of independent,
	unbiased information on the size and scope of the disaster. As the disabled well continued to pump oil into the Gulf throughout the
	spring and into mid-summer, John Amos, SkyTruth's president, was quoted in hundreds of news reports and his work interpreting the raw imagery helped policy makers, the press and the general public make sense of events as they unfolded. SkyTruth received
	constant media attention, with appearances on national TV news broadcasts, radio shows, major newspapers, and dozens of
	websites and blogs. Several media outlets specifically cited SkyTruth as a key source of credible information. An AP Impact story
	concerning the abandoned wells in the Gulf of Mexico was carried by over a hundred national news sources (radio, TV, newspaper, web sites, and blogs). 2) Congressional testimony: As a result of SkyTruth's credibility and solid reputation for providing unbiased
	(Continued on Schedule O, Statement 2)
4c	
40	(Code:) (Expenses \$ 31,079 including grants of \$ 0) (Revenue \$ 9,045) Land Conservation, General/Other: Energy, Hardrock Mining and Forests Program. 1) Coal: Dust blowing from coal-storage
	stockpiles awaiting shipment to Asian markets causes health problems for Seward, Alaska residents. We produced a suite of images detailing the location of the stockpiles relative to key public places and residential areas. 2) Mountaintop Removal and Mining:
	SkyTruth's work mapping the surface extent of coal mining throughout Appalachia was integrated into a study of water quality by
	Duke University researchers. Our data were instrumental in their success at correlating the percentage of mining in a watershed with
	downstream indicators of water degradation, particularly the concentrations of toxic metals, including selenium. We're currently
	collaborating with Duke on a scientific paper for peer review. 3) Oil and Gas Drilling: We continued to engage with citizens groups
	working to address impacts associated with drilling for natural gas and oil in the Rocky Mountain West, and new groups emerging in
	response to the recent boom in drilling for gas in the East (Marcellus Shale). We conducted several projects illustrating the impacts
	of drilling for natural gas, including hydrofracturing, a controversial drilling process that has been implicated in groundwater
	(Continued on Schedule O, Statement 3)
4d	Other program services. (Describe in Schedule O.)
1-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	10131 DEGREE SADVICE BYDERESE 111 170

	0 (2010)		F	Page 3
Part	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,"			NO
•	complete Schedule A	1	√	
3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3	✓	1
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	4		<i>'</i>
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	5		
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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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,"			
10	complete Schedule D, Part IV	9		✓
11	endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		1
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓	
С	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		✓
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		√
b	Schedule D, Parts XI, XII, and XIII	12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14 a		14a		1
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		1
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	15		√
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	16		1
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)	17		1
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	18		1
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	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
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)	20b		

Part	Checklist of Required Schedules (continued)			
rait	Checklist of Nequired 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	21		1
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	22		1
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	23		1
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
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	25b		1
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	26		1
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	27		√
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	√	✓
С	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	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			∨
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		∨
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	33		√
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	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
а	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			
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	36		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>			√
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	37	1	•

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			_
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		res	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
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.	300		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	_		,
	95500000000000000000000000000000000000	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-		10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change							
	O. See instructions.	2S II I	SCITE	eaule				
	Check if Schedule O contains a response to any question in this Part VI			. 🔽				
Secti	on A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6							
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?	2	1					
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?	3	•	./				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1				
6	Does the organization have members or stockholders?	6		1				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members							
	of the governing body?	7a		1				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	✓					
b	Each committee with authority to act on behalf of the governing body?	8b	✓					
9	Is there any officer, director, 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	9		✓_				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No				
10-	December overspiration boys level aboutous byspekes, or offiliates?	100	res	NO				
10a b	Does the organization have local chapters, branches, or affiliates?	10a		V				
b	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100						
	form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	200 200 200 200 200 200 200 200 200 200							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c						
13	Does the organization have a written whistleblower policy?	13		1				
14	Does the organization have a written document retention and destruction policy?	14		1				
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?							
а	The organization's CEO, Executive Director, or top management official	15a	✓					
b	Other officers or key employees of the organization	15b		1				
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		,				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		✓				
b	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?	16b						
Section	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	/) ava	ilable				
	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 or	finter	est p	olicy,				
	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: Amy Mathews Amos, (304)885-4581							
	PO Box 3283, Shepherdstown, WV 25443-3283							

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

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

1a 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. (C) Reportable Name and Title Position (check all that apply) Reportable Estimated Average hours per compensation compensation from amount of Highest compensated employee Individual Institutional Key employee week from related other (describe organizations compensation the organization (W-2/1099-MISC) hours for from the (W-2/1099-MISC) related organization trustee rganizations trustee and related in Schedule organizations (1) John Amos 40 73.750 0 23,098 Director, President (2) David Festa 0 0 Director, Chairman (3) Paul Woods 4 0 0 0 1 Director, Chief Technology Officer (4) Elliott Norse 1 0 0 0 Director (5) David Shearer 1 0 0 n Director (6) Vikki Spruill 0 0 Director (7) Amy Mathews Amos 0 0 Secretary, Treasurer (8) (11) (12) (13) (15) (16)

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	es, a	and	High	est	Compensated	Employees (con	tinued)		
	(A) (B) (C) (D) (E)									(F)			
	Name and title	Average Position (check all that ap							Reportable	Reportable compensation from	Estimated amount of		
		hours per week	악	Ins	全	Ke	em	For	compensation	related		ther	
		(describe	Individual trustee or director	titut	Officer	Key employee	hes	Former	the	organizations		ensation	
		hours for related	ual t	iona		gl	ee co	,	organization (W-2/1099-MISC)	(W-2/1099-MISC)		m the nization	
		organizations	rus	tr		yee	mpe		(11 2) 1000 111100)			related	
		in Schedule O)	ee	Institutional trustee			Highest compensated employee				organ	izations	
						_	ed	L					
(17)													
(4.0)						_		-					
(18)			-										
(10)			-	_	_	\vdash		⊢			-		
(19)													
(20)						_		\vdash					
(20)													
(21)								\vdash					
3=:7													
(22)								\vdash					
32													
(23)													
(24)													
(25)													
(26)													
								_					
(27)													
(0.0)													
(28)													
	Sub-total	<u> </u>						—	72.750	0		22.000	
1b c	Sub-total		 n ^	•			•		73,750	U		23,098	
d	Total (add lines 1b and 1c)			•	•	٠.	•	•	73,750	0		23,098	
2	Total number of individuals (including but							_			1 10 in	23,030	
-	reportable compensation from the organi			1036	ilot	eu i	above	5) VV	no received in	ore than \$100,00	00 111		
-												Yes No	
3	Did the organization list any former of	ficer, direc	tor o	r tru	uste	ee,	key e	emp	loyee, or high	est compensate	ed 🗌		
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vidu	ıal				3	1	
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comp	ensation from the	ne		
	organization and related organizations												
	individual											✓	
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	? If "Yes," c	ompl	ete .	Sch	iedi	ıle J f	or s	such person		5		
-	on B. Independent Contractors												
1	Complete this table for your five highest of	compensate	ed inc	depe	ende	ent	contr	acto	ors that receive	ed more than \$10	J0,000 of		
	compensation from the organization.							_					
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compens	ation	
	Tame and beeniese ass							_	20001171101101101				
								_					
								_					
								-					
2	Total number of independent contractor	rs (includir	ig bu	t no	ot I	imit	ed to	th	ose listed abo	ove) who			
	received more than \$100,000 in compens												

Par	t 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
ıts ıts	1a	Federated campaigns		0				
grai	b	Membership dues		0				
ts, g am	С	Fundraising events		0				
gif lar	d	Related organizations		0				
ns,	е	Government grants (contribution		0				
utio er s	f	All other contributions, gifts, gra						
trib oth		and similar amounts not included a		304,173				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lin		0				
	h	Total. Add lines 1a-1f		Business Code	304,173			
Program Service Revenue	22	Occans Brogram			17 025	17 025		0
3eve		Oceans Program Energy Program		541900 541900	17,825 9,620	17,825 9,620	0	0
Se		Energy Program Other (PAPA 2009, Pebble Mine		541900	5,865	5,865	0	0
ervi.	d			341300	3,803	3,803	0	0
E S	e							
gra	f	All other program service re			0	0	0	0
Pro	g	Total. Add lines 2a-2f		▶	33,310			
	3	Investment income (include	ling divid	ends, interest,				
		and other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		▶				
) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	0					
	d 70	Net rental income or (loss) Gross amount from sales of (i) S	ecurities	>				
	7a	assets other than inventory	ecunities	(ii) Other			200000000000000000000000000000000000000	
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)		▶				
Other Revenue	8a	Gross income from fundrais events (not including \$ of contributions reported on li See Part IV, line 18	0 ne 1c).			13 400 150 5 6 80 156 1 1 20 1 41		
the								
0	b	Less: direct expenses Net income or (loss) from fu						
		Gross income from gaming		events .				
	00		· · a					
	b	Less: direct expenses		<u> </u>				
	c	Net income or (loss) from ga						
	1	Gross sales of inventor	_					
		returns and allowances .	· · а					
	b	Less: cost of goods sold .	b					
	С	Net income or (loss) from sa	ales of inv	entory ►				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
10	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d .			0			
	12	Total revenue. See instruct	ions	🕨	337,483	33,310	0	0

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). (B) Program service (A) Total expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . n n 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 0 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 0 0 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and key employees 73,750 66,375 3,688 3,687 Compensation not included above, to disqualified 6 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) . . 16,500 14,850 825 825 9 Other employee benefits 14,924 13,432 746 746 Payroll taxes 10 5,642 5,078 282 282 Fees for services (non-employees): Management 0 a 0 0 0 Legal b 185 0 185 0 C Accounting 776 0 776 0 Lobbying d 0 0 0 0 e Professional fundraising services. See Part IV, line 17 0 0 f Investment management fees . . . 0 0 0 0 Other 1,538 7,656 6,118 g 0 Advertising and promotion . . . 12 0 0 0 0 13 Office expenses 1,784 0 1,784 0 Information technology . 14 3,088 1,384 1,704 0 15 Royalties 0 0 0 0 16 Occupancy 813 0 813 0 17 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 Conferences, conventions, and meetings . 19 1,383 866 517 0 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 0 0 0 0 23 0 0 0 0 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 SPOT Image 3,375 3,375 0 0 b C d All other expenses Total functional expenses. Add lines 1 through 24f 25 129,876 111,478 12,858 5,540 Joint costs. Check here ▶☐ 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

33

34

Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 24,241 230,434 Savings and temporary cash investments 2 2 0 0 3 0 3 0 4 0 4 0 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 0 0 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) 6 0 0 7 0 0 8 8 0 0 9 9 Prepaid expenses and deferred charges . . . 0 0 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 1,414 Less: accumulated depreciation 10b b 0 10c 1,414 Investments—publicly traded securities 11 0 11 0 Investments-other securities. See Part IV, line 11 . . . 12 0 12 0 13 Investments—program-related. See Part IV, line 11 0 13 0 14 0 14 0 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 24.241 231,848 Accounts payable and accrued expenses 17 0 17 0 18 0 18 0 19 0 19 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities. Complete Part X of Schedule D 25 0 25 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 29 29 Organizations that do not follow SFAS 117, check here ▶ 🕡 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 24,241 30 230,434 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 1,414 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 0

Total liabilities and net assets/fund balances

Form 990 (2010)

231,848

231,848

24,241 33

24,241

34

-	-4	•
Page	- 1	1

Par						
	Check if Schedule O contains a response to any question in this Part XI	• •	<u> </u>	٠		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			_	7,483
2	Total expenses (must equal Part IX, column (A), line 25)	2				9,876
3	Revenue less expenses. Subtract line 2 from line 1	3			207	7,607
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			24	1,241
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
war to	column (B))	6			231	1,848
Part	Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII	• •			• •	
				1,	/es	No
1	Accounting method used to prepare the Form 990:	1	- 18			
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain	in			
_						,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	_	-	/
b	Were the organization's financial statements audited by an independent accountant?			b		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit review or compilation of its financial attachments and selection of an independent assume	_				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		_	С		-
	If the organization changed either its oversight process or selection process during the tax year, ex	olain	in			
	Schedule O.		19			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	ar wei	e			
•	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
3a	the Single Audit Act and OMB Circular A-133?			_		,
			_	a	-	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_	ie 3	_		
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such at	idits		-	200	(0046)
			F	orm :	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Name of the organization Employer identification number

SkyTruth							54-20	59475			
Part I Reason for Public Charit	t y Status (All orga	nizations	s must c	omplete	this par	rt.) See i	nstructio	ons.			
The organization is not a private foundation	on because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)					
1 A church, convention of churche				ed in sec	tion 170((b)(1)(A)(i).				
2 A school described in section 1											
3 A hospital or a cooperative hosp											
4 A medical research organization	operated in conjunc	ction with	a hospit	al descrit	oed in se	ction 170	0(b)(1)(A)	(iii). Enter the			
hospital's name, city, and state:											
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 An organization that normally re described in section 170(b)(1)(A			its suppo	ort from a	governr	mental un	nit or fron	n the general public			
8 A community trust described in s	section 170(b)(1)(A)	(vi). (Con	nplete Pa	art II.)							
9 An organization that normally re	eceives: (1) more tha	an 331/3%	of its su	apport fro	m contri	butions,	members	ship fees, and gross			
receipts from activities related to											
support from gross investment							n 511 ta	x) from businesses			
acquired by the organization after							43				
10 An organization organized and o	· · · · · · · · · · · · · · · · · · ·		55755				3.57				
11 An organization organized and purposes of one or more public											
509(a)(3). Check the box that de											
a Typel b		□ Тур						Type III-Other			
e ☐ By checking this box, I certify th	5.			17-20	2000		-	_ ,,			
other than foundation managers											
or section 509(a)(2).			, ,		J			(// /			
f If the organization received a	written determination	on from t	he IRS t	hat it is	а Туре	I, Type I	I, or Typ	e III supporting			
organization, check this box .								🗆			
g Since August 17, 2006, has the	organization accep	oted any	gift or co	ontributio	n from a	ny of the	:				
following persons?											
(i) A person who directly or ind								nd Yes No			
(iii) below, the governing bod	22 000 0000 0000 N							11g(i)			
(ii) A family member of a person								11g(ii)			
(iii) A 35% controlled entity of a								11g(iii)			
h Provide the following information			. ,								
37	(iii) Type of organization (described on lines 1-9	(iv) Is the o in col. (i) lis			ou notify nization in		s the ion in col.	(vii) Amount of support			
9	above or IRC section	governing	document?	col. (i)	of your	(i) organi	zed in the S.?				
	(see instructions))	Yes	No	Yes	No	Yes	No No				
(A)						Investment of the second					
(A)											
(B)											
(C)											
(D)											
(E)											

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	210,000	45,120	44,975	106,764	304,173	711,032
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	210,000	45,120	44,975	106,764	304,173	711,032
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						565,398
6	Public support. Subtract line 5 from line 4.						145,634
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	210,000	45,120	44,975	106,764	304,173	711,032
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	. 0	0
11	Total support. Add lines 7 through 10						711,032
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her						▶ 🗌
	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6					14	20.48 %
15	Public support percentage from 2009 Sch 331/3% support test—2010. If the organiz					13.50	14.22 %
IUa	box and stop here. The organization qual						
b	331/3% support test—2009. If the organ		25				_
, a	check this box and stop here. The organi						. ▶ □
17a	10%-facts-and-circumstances test – 20	10 2 00	E) /E)			a or 16b and	
174	10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumstai mstances" tes	nces" test, che t. The organiza	ck this box an ation qualifies	d stop here. E as a publicly st	xplain in upported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me supported organization	ion meets the eets the "facts	"facts-and-cir and-circumst-	rcumstances" ances" test. T	test, check th	is box and sto	op here.
18	Private foundation. If the organization did					this box and	
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part I	1.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1				
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	L.					
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		-				
14	received from disqualified persons .		1				
1			-				
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		1				
^	Add lines 7a and 7b						
с 8	Public support (Subtract line 7c from						
U	line 6.)						
Sacti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Galen 9	Amounts from line 6	(4) 2000	(2) 2001	(5) 2000	(4) 2000	(5) 2010	(., 10.01
w 3	Gross income from interest, dividends,						
10a	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
^	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	Other income. Do not include gain or		-				
12	loss from the sale of capital assets	1					
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		-				
13	and 12.)						
14	First five years. If the Form 990 is for the	L ne organization	l n'e firet eacon	d third fourth	or fifth tay w	par as a soction	n 501(c)(3)
14	organization, check this box and stop he	_			i, or illul tax ye		
Secti	on C. Computation of Public Suppor			· · · · ·		• • • • • •	
15	Public support percentage for 2010 (line			13 column (f)		15	%
16	Public support percentage for 2010 (life of Public support percentage from 2009 Sci					16	%
	on D. Computation of Investment In					101	70
17	Investment income percentage for 2010 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage for 2010 (A CONTRACTOR OF THE PROPERTY O		18	%
	33 ¹ / ₃ % support tests—2010. If the organ						
19a	17 is not more than 33 ¹ / ₃ %, check this box						
h	33 ¹ / ₃ % support tests – 2009. If the organiz						
b	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di					S 31 37.	
20	i iivate ioundation, ii tile organization di	a not officer a	DON OIL III IC 14	, 10a, 01 10b,	VOCE CITES DOV	und Joe Hibliu	OLIOIIO P

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
that recited issuing a fi 170(b)(1)(A structure, s test, betwe under Trea variety of s available to work in par and inform	Circumstances Test - Facts And Circumstances Test - On March 31, 2006, SkyTruth submitted a letter supplement to Form 8734 the facts and circumstances justifying SkyTruth as a publicly supported charity. This letter provided part of the basis for the IRS nal ruling letter on May 4, 2006, stating that SkyTruth did indeed qualify as a publicly supported charity under Section (vi) of the Internal Revenue Code. Since that time, SkyTruth's mission, exempt purpose, organizing documents, governance scope of activity, and mode of operation remain essentially unchanged. Although we do not meet the mechanical one-third support en calendar years 2006-2010 we received 20% of our support from public sources, exceeding the 10% threshold established sury Regulation 1.170A-9(e)(3)(i). As explained in the 2006 letter we continue to actively seek and attract public support from a ources; maintain a Board of Directors who are committed to and experienced with public charitable causes; make our work readily the public via our website, blog, online image galleries, and public presentations; provide our images at no cost to the public; thership with other charitable organizations, citizens groups, academic researchers and government entities; and strive to educate the public about the environmental impacts of industrial and resource-management activities. We actively promote our materials
public inter	es to the general public through our website, blog, Facebook and Twitter, and conduct our activities solely for the benefit of the rest.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions.

Name of the organization Employer identification number SkyTruth 54-2059475 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year). 2 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X

Part	t III Organizations Maintaining Coll	ections of Art, His	torical	Treasures,	or Oth	ner Similar A	Assets (c	ontini	ued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	rds, che	eck any of the	follow	ing that are a	significar	nt use	of its
а	☐ Public exhibition	d		an or exchan					
b	☐ Scholarly research	е	□ Of	ther					
С	Preservation for future generations								
4	Provide a description of the organization's XIV.	collections and expla	ain how	they further t	he orga	anization's ex	empt purp	ose ir	1 Part
5	During the year, did the organization solici assets to be sold to raise funds rather than	to be maintained as I	part of the	he organizatio	n's col	lection? .	. 🗆 Y	es [□ No
Part	line 9, or reported an amount on	Form 990, Part X, Ii	ne 21.), Par	t IV,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?							es 「	∃Nο
b	If "Yes," explain the arrangement in Part XIV	V and complete the fo	ollowing	table:			_	_	_
		•					Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				-
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on	Form 990, Part X, line	21? .				. 🗆 Y	es [No
b	If "Yes," explain the arrangement in Part XIV								
Part	tV Endowment Funds. Complete if						ne 10.		
	12000	Current year (b) Pri	or year	(c) Two years	back ((d) Three years ba	ack (e) Fou	r years	back
1a	Beginning of year balance				1				
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships				- 8				
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	ar end balance neld a	is:						
a	Board designated or quasi-endowment	90							
b	Permanent endowment ▶ % Term endowment ▶ %								
c 3a	Are there endowment funds not in the poss	session of the organi	zation th	nat are held a	nd adm	ninistered for	the		
oa	organization by:	session of the organi	zation ti	iat are ricid a	na aan	iiiiisterea ioi	uic	Yes	No
	(i) unrelated organizations						. 3a(i)	103	110
	(ii) related organizations						. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organization						. 3b		
4	Describe in Part XIV the intended uses of th								
Part									
	Description of investment	(a) Cost or other basis (investment)	(b) Cost	or other basis (other)		ccumulated preciation	(d) Bo	ok value)
1a	Land	0		0					0
b	Buildings	0		0		0			0
С	Leasehold improvements	0		0		0			0
d	Equipment [1,414		0		0			1,414
е	Other	0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K, colum	n (B), line 10(c).) .	▶			1,414

Part VII Investments—Other Securities	. See Form 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)		
(G)		
(H)		
(1)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related	See Form 990 Part	X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) becomplied a meeting it type	(5) 500% (4.00	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total (Calumn (h) must equal Form 000, Part V, cal. (P) line 12.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part IX	prt V lino 15	
	a) Description	(b) Book value
	, podenprion	(a) book take
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, co		
Part X Other Liabilities. See Form 990,		
1. (a) Description of liability (1) Federal income taxes	(b) Amount	
(2)		
(4)	*	
(5)		
(6)		
(7)		
(8)		
(8)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
O FINI 40 (ACC 740) Factorta la Dort VIV provida	the tout of the feetnets t	to the organization's financial statements that reports the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

D	2	^	0	4

Schedu	le D (Form 990) 2010		Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part		er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part			
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part		D . W. F. 4	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co Iditional information.	implete this part	to provide
arry ac	aditional information.		
	· ·		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SkyT								54-2	05947	5		
Pa	Excess Benefit Transactions Complete if the organization an	section swered	501(c)(3 "Yes" or) and section 501(c)(n Form 990, Part IV, I	4) organiz line 25a o	ations only) r 25b, or Fo	rm 990)-EZ,	Part \	/, line	40b.	
1	(a) Name of disqualified person				(b) Descrip	tion of transact	ion				(c) Corr	ected?
	(a) Name of disqualmed person				(b) Descrip	tion of transact	1011				Yes	No
(1)												
(2)												
(4)												
(5)												
(6)												
2	Enter the amount of tax imposed of under section 4958			ion managers or dis			1000	100.0				
3	Enter the amount of tax, if any, on lin	e 2, abo	ove, reim	bursed by the organ	ization)	\$			
Par	Loans to and/or From Interes Complete if the organization an			n Form 990, Part IV, I	line 26, or	Form 990-l	EZ, Pa	rt V, li	ne 38	a.		
	(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Ba	alance due	(e) In c	efault?	(f) App by bo- comm	ard or	(g) Wi agreer	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												200000000000000000000000000000000000000
(6)												
(7)												
(8)												
(9)												
(10)												
Tota												
Par	Grants or Assistance Benefiti Complete if the organization an				line 27.							
	(a) Name of interested person	(b) Re	elationship	between interested persor organization	n and the	(c)	Amount	and typ	e of as	sistano	се	
(1)								Series and Series				
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Ear D	anerwork Reduction Act Notice see the	Instruct	ions for F	orm 990 or 990-F7	Cat No	50056A	Sche	dule I (Form 9	990 or	990-F7	7) 2010

Part I	Business Transactions Invo Complete if the organization a	living Interested Persons. answered "Yes" on Form 990	, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's lues?
					Yes	No
	susiness Technology Source LLC	Paul Woods, Director, and	3,566	Independant contractor, consultant		✓
(2)						
(4)						
(5)						
(6)						
<u>(7)</u> (8)						
(9)						
(10) Part	Supplemental Information					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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 Inspection

OMB No. 1545-0047

SkyTruth	54-2059475
Form 990, Part VI, Section A, Line 2 - Amy Mathews Amos, Secretary and Treasurer, is the spouse of J	John Amos, President
Form 990, Part VI, Section B, Line 11a - Form 990 completed by staff and reviewed by President, and e filing, soliciting their review and comment.	emailed to all board members prior to
Form 990, Part VI, Section B, Line 15 - Board members voted and approved the salary for the Presiden discussing the president's salary history, responsibilities, and performance, and their knowledge of c	
organizations. There were no other paid employees in 2010.	
Form 990, Part VI, Section C, Line 19 - Governing documents are made available to the public upon re- our website.	quest. Annual reports are available on

Schedule O, Statement 1

Form: 990 Page: 2

Line Number: Part III Line 4a

SkyTruth 54-2059475

First Program Service Accomplishments Description

Description

1,000 and continues to increase. 3) Presentations/Participation: In June we gave a presentation on the BP oil spill at Capitol Hill Ocean Week. In September we gave a similar presentation on the BP spill at a meeting in New Orleans of Green Group CEO's, including the heads of Sierra Club, the Wilderness Society, Environmental Defense Fund, League of Conservation Voters, and several other national environmental groups. The presentation (PowerPoint) can be downloaded on our website. The Environmental Law Institute invited SkyTruth to submit a paper for a special BP spill issue of their journal, the Environmental Law Reporter. The paper was published on November 1. In November SkyTruth participated in the Peoples Gas and Oil Summit in Pittsburgh, PA. And in early December we attended the final hearing of the President's National Oil Spill Commission. During the public comments portion of the hearing, we gave a final pitch to the Commission for implementing routine satellite monitoring for pollution detection.

Schedule O, Statement 2

Form: 990 Page: 2

Line Number: Part III Line 4b

SkyTruth 54-2059475

Second Program Service Accomplishments Description

Description

information, the staff of the Presidential Commission investigating the spill has interviewed Amos. In followup, he provided comment at a Commission meeting to urge that they include routine satellite monitoring in their final recommendations to the President. 3) General Expertise: SkyTruth provided nonprofit conservation organizations with expertise pertaining to the use of remote sensing technologies for detecting, mapping and monitoring pollution, vessel traffic, and other features of interest for marine stewardship and conservation.

Schedule O, Statement 3

Form: 990 Page: 2

Line Number: Part III Line 4c

SkyTruth 54-2059475

Third Program Service Accomplishments Description

Description

contamination. We produced images illustrating the threat posed to an oil-storage facility in Alaska by the eruption of Mount Redoubt Volcano. SkyTruth provided technical expertise, informal training and advice to other organizations regarding the use of remote sensing and digital mapping technologies, and their application to energy-related issues.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name o	t the organization	Employer identification number					
SkyTru	th	54-2059475					
Organi	zation type (check o	ne):					
Filers o	of:	tion:					
Form 9	90 or 990-EZ	V	501(c)(3) (enter number) organization				
			4947(a)(1) nonexempt charitable trust not treated as a private	foundation			
			527 political organization				
Form 9	90-PF		501(c)(3) exempt private foundation				
			4947(a)(1) nonexempt charitable trust treated as a private foundation				
			501(c)(3) taxable private foundation				
Note. Coinstruct	ions.	7), (8),	or (10) organization can check boxes for both the General Rule	and a Special Rule. See			
Genera	For an organization	_	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ontributor. Complete Parts I and II.	000 or more (in money or			
		0110 00	ontributor. Complete Farts Faria II.				
Specia	l Rules						
	sections 509(a)(1) a	nd 17	ganization filing Form 990 or 990-EZ that met the 33½ % suppor 0(b)(1)(A)(vi), and received from any one contributor, during the y)) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	ear, a contribution of the			
	the year, aggregate	contri	o, or (10) organization filing Form 990 or 990-EZ that received from butions of more than \$1,000 for use <i>exclusively</i> for religious, cha the prevention of cruelty to children or animals. Complete Parts I	ritable, scientific, literary, or			
	the year, contribution aggregate to more year for an exclusive applies to this organization.	ons for than \$ ely reli nization), or (10) organization filing Form 990 or 990-EZ that received from use exclusively for religious, charitable, etc., purposes, but these 1,000. If this box is checked, enter here the total contributions the gious, charitable, etc., purpose. Do not complete any of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contributions of the particle because it received nonexclusively religious, charitable, etc., or the contribution of the particle because it received nonexclusively religious, charitable, etc., or the contribution of the particle because it received nonexclusively religious, charitable, etc., or the contribution of the particle because it received nonexclusively religious, charitable, etc., or the contribution of the particle because it received nonexclusively religious or the contribution of the contribution of the particle because it received nonexclusively religious or the contribution of the contribution of the particle because of the contribution of the c	se contributions did not nat were received during the ts unless the General Rule contributions of \$5,000 or more			
	n. An organization tha	at is no	ot covered by the General Rule and/or the Special Rules does no swer "No" on Part IV, line 2 of its Form 990, or check the box or	ot file Schedule B (Form 990,			

line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number SkyTruth 54-2059475

Part I Contributors (see instructions) (a) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Wallace Global Fund Person __1 Pavroll П 1990 M Street NW \Box Noncash Suite 250 75000 (Complete Part II if there is a noncash contribution.) Washington, DC 20036 (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Walton Family Foundation Person ✓ 2 Payroll П PO Box 2030 Noncash 50000 (Complete Part II if there is a noncash contribution.) Bentonville, AR 72712-2030 (b) (d) (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Tiffany and Company Foundation Person \checkmark 3 600 Madison Avenue Pavroll Noncash 50000 (Complete Part II if there is a noncash contribution.) New York, NY 10022 (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. WestWind Foundation Person $\overline{}$ Payroll 232 East High Street Noncash 40000 (Complete Part II if there is a noncash contribution.) Charlottesville, VA 22902 (b) (d) (a) (c) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 Tides Foundation Alki Fund \checkmark Person 5 Payroll The Presidio Noncash PO Box 29903 35000 (Complete Part II if there is a noncash contribution.) San Francisco, CA 94129-0903 (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Ocean Conservancy Person \checkmark 6 Payroll П 1300 19th Street NW Noncash 20000 (Complete Part II if there is a noncash contribution.) Washington, DC 20036

Name of organization Employer identification number SkyTruth 54-2059475

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	The Curtis and Edith Munson Foundation 1990 M Street NW Suite 250 Washington, DC 20036	\$ 10500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Patagonia 259 West Santa Clara Street Ventura, CA 93001-2717	\$ 10000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Campbell Foundation 1450 Sutter Street Number 510 San Francisco, CA 94109	\$10000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II if there is a noncash contribution.

of Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization Employer identification number SkyTruth 54-2059475 Part II Noncash Property (see instructions) (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) FMV (or estimate) (b) (d) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions)

Part I

Schedule B (I	Form 990, 990-EZ, or 990-PF) (2010)				Page of of Part III					
lame of or	rganization				Employer identification number					
SkyTruth Part III	Exclusively religious, charitable, e aggregating more than \$1,000 for For organizations completing Part III contributions of \$1,000 or less for the second s	the year. Complete I, enter the total of each	columns (a) t xclusively relig	hrough (e) and t gious, charitable	the following line entry. , etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use			cription of how gift is held					
_		(e) Trans	fer of gift							
-	Transferee's name, address, a	and ZIP + 4	Re	elationship of tran	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held					
-										
	Transferee's name, address, a		fer of gift Re	elationship of trar	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held					
-	(e) Transfer of gift									
	Transferee's name, address, a	ind ZIP + 4	Re	elationship of tran	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use		of gift	(d) Des	cription of how gift is held					

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

Α	For the	e 2009 calend <u>ar ye</u>	ar, or tax year beginning	01/01	, 2009,	and ending	12/3	1	, 20 09
В	Check if a	applicable: Pleas					D Employer	identi	fication number
	Address	change use II					l	54-2	059475
Ц	Name ch	nange print		ail is not delivered to	street address)	Room/suite	E Telephone	numb	per
H	Initial ret		PO Box 3283				1	304-2	60-8886
\vdash		Spec		IP + 4			F Group E	vemni	tion
H	Amende	ion pending Instructions		83			Number		lion
=			nizations and 4947(a)(1) nonexem		s must attach	G Acco			Cash Accrual
	9 360		completed Schedule A (Form 990 c		s must attach	100000000000000000000000000000000000000	r (specify)	u. Ŀ	dasii 🖂 Accidai
-			,					oran	nization is not
	Moboi	ite:▶ www.skyt	ruth org			Contract Con			dule B (Form 990,
			k only one) — ✓ 501(c) (3) ◀ (ir	sort no \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(a)(1) or 5	'	EZ, or 990-Pf		dule D (Form 990,
									than \$25,000 A
ĸ	Check		anization is not a section 509(a)(3) su return is not required, but if the org						
_			line 9 to determine gross receipts; if \$5					\$	143,260
	Part I		xpenses, and Changes in N					*	
	1		gifts, grants, and similar amount					T	106,764
	2							+	36,496
	000000		e revenue including government				3	+	0
	3	Investment inc	ues and assessments				3	+	0
	4				1		4		U
	5a		from sale of assets other than in	AND THE PERSON NAMED IN			0		
	b		ther basis and sales expenses .			: 5-\			0
a	C		om sale of assets other than inv				50	-	0
2	6		activities (complete applicable parts of S		_	ing, check here			
Revenue	a		(not including \$			I			
			e 1)				0		
	b		penses other than fundraising ex			L	0		
	С								0
	7a		inventory, less returns and allow				0		
	b	0				L	0		
	С		(loss) from sales of inventory (Su	ubtract line 7b fro	m line 7a) .			-	0
	8	Other revenue) 8	_	0
_	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c,					_	143,260
	10		ilar amounts paid (attach sched					_	0
	11	Benefits paid to	o or for members				11	_	0
Se	12	Salaries, other	compensation, and employee be	enefits				_	104,600
Suc	13		es and other payments to indepe				13	_	2,890
Expenses	14		nt, utilities, and maintenance .				14		0
Ш	15		ations, postage, and shipping .				15		94
	16		s (describe See Statement 1) 16	_	15,048
_	17		s. Add lines 10 through 16					_	122,632
t,	18		cit) for the year (Subtract line 17						20,628
Se	19		fund balances at beginning of y						
Ä		SANTANA CANADA TANDA SANTA SANTA	ure reported on prior year's retu					_	3,613
Net Assets	20		in net assets or fund balances (a					_	0
	21	Net assets or f	und balances at end of year. Con	mbine lines 18 th	rough 20 .	· · · · ·	. ▶ 21		24,241
	Part II	Balance Sh	eets. If Total assets on line 25,		1,250,000 or				
			(See the instructions for Pa	A. D. P. C.			eginning of year	-	(B) End of year
			d investments					3 22	
			8					0 23	
	4 0	other assets (desc	eribe ▶			_)		0 24	
								3 25	
	6 T	otal liabilities (de	escribe ► d balances (line 27 of column (E)\	h line O4\	_)		0 26	
2	7 N	iet assets or tun	u paiances (line 27 of column (E	o) must agree wit	n iine 21) .		3,61	3 27	24,241

Form	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	See Statement 2				uired for section
	cribe what was achieved in carrying out the org	ganization's exempt purpo	ses. In a clear ar	nd concise		c)(3) and 501(c)(4)
	ner, describe the services provided, the number					nizations and section (a)(1) trusts; optional
	program title.	•				hers.)
20	See Statement 3				-	
20	oee otatement 5					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ ⊔	28a	
29						
						(C)
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	29a	
30	***************************************					
00						
	/O					
		includes foreign grants, ch		. ▶ ⊔	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ > □	31a	
32	Total program service expenses (add lines 28a				32	100,892
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one e	ven if not compensa	ted. (See the	instruc	ctions for Part IV.)
*		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
Davi	d Festa	Director, Chairman, 2	\$0	Toolones compo	\$0	\$0
	Box 3283, Shepherdstown, WV 25443	1	Ψ0		Ų.	
7700000		Director, 1	60		60	60
	tt Norse	- Birector, 1	\$0		\$0	\$0
	3ox 3283, Shepherdstown, WV 25443					
Amy	Mathews Amos	Secretary, Treasurer, 2.00	\$0		\$0	\$0
PO E	30x 3283, Shepherdstown, WV 25443-3283					
Davi	d Shearer	Director, 1	\$0		\$0	\$0
PO E	3ox 3283, Shepherdstown, WV 25443-3283	1				
	i Spruill	Director, 1	\$0		\$0	\$0
	3ox 3238, Shepherdstown, WV 25443	1	**		•	**
1000	n Amos	Director, President, 40	\$70,000		9,245	\$0
		1	\$70,000	, P	29,245	\$0
	3ox 3283, Shepherdstown, WV 25443-3283	Director Chief Technology				
	Woods	Director, Chief Technology Officer, 4	\$0		\$0	\$0
PO E	30x 3283, Shepherdstown, WV 25443-3283	Officer, 4				
]				
		1				
		1				
		1				
		1				
			7.1			
]				
		1				
		1				
		1				
						Laborate services
		1				

Form 99	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		V
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified 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	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are in our or in		6-064 3-3283	
h	Located at ► PO Box 3283, Shepherdstown, WV 25443-3283 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	23443		
J	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	. 55	√
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char and 51.	exempt charit ritable trusts m	table trusts only. Anust answer question	II sec ons 46	tion 6-49t	o
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		\
	Did the organization engage in lobbying activitie				47		V
	Is the organization a school as described in section Did the organization make any transfers to an ex				48 49a		·/
	If "Yes," was the related organization a section 5		10 -1 0		49b		
	Complete this table for the organization's five hi					es an	d key
	employees) who each received more than \$100,		the organization	n. If there is none, en			
9	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans & deferred compensation	acc	Expen count a allowa	and
None		-					
	Total number of other employees paid over \$100	000	1				
None	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	·		Type of service	(c) Cor	npensa	ation
d	Total number of other independent contractors e	each receiving over \$100,0	▶				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and based on all informa	statements, and to the best tion of which preparer has	any kno	knowle wledge	edge e.
Sign Here							
	Signature of officer			Date			
	John Amos, President Type or print name and title					_	
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See	instruct	tions)
Use Onl	I FIIII STIAITE (OF			EIN ► Phone no. ►			
May the	e IRS discuss this return with the preparer shown	above? See instructions		▶ [Yes rm 990		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number SKYTRUTH 54 2059475 Reason for Public Charity Status (All organizations must complete this part.) See instructions

		Heaser	TOT T UDITO OF	idility Otatas (All Of	garnzan	ons mus	it compi	CLC LITIS	part.) Oc	o mond	otions.
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box.)	
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	_			on 170(b)(1)(A)(ii). (At						,,,	
3	_			hospital service organ			in sectio	n 170(b)	(1)(A)(iii).		
4				ation operated in con							\(\lambda\(\text{iii}\) Enter the
7	ш			ate:							(A)(III). Litter the
5		An organizat		r the benefit of a colle							I unit described in
6	П			ernment or governme	ental unit	describe	d in sect	ion 170(l	h)(1)(Δ)(v	les .	
7				y receives a substanti							the general public
1	[V]			(1)(A)(vi). (Complete F		its suppt	nt iioiii a	governii	ientai uni	t or morn	trie general public
0				d in section 170(b)(1)		Complete	Dort II \				
8	\exists										:- fl
9 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, ar receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33\%											
				ent income and unre							
				after June 30, 1975.						i Jii lax,	i iioiii busiiiesses
10	\vdash		1.5	nd operated exclusive	0.70	15	-			5 (5)(5) (5)	5001 50 8004
11	Ш			and operated exclusive							
				blicly supported organ							
				at describes the type	- Total (1)	(T)			51	_	
	_	a ∐ Type				e III-Fun		-			Type III-Other
е	Ш			tify that the organizat							
				on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	escribed in section
		509(a)(1) or	section 509(a)(2)								
f		If the organ	ization received	a written determinati	ion from	the IRS	that it is	а Туре	l, Type II	, or Type	III supporting
		organization	, check this box								🗆
g		Since Augus	st 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	any of the		
		following pe	rsons?								
		(i) A persor	who directly or	r indirectly controls, e	either alo	ne or tog	ether wit	h persor	s describ	ped in (ii)	Yes No
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i)
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)
				of a person described							11g(iii)
h		Provide the	following inform	ation about the suppo	orted org	anization	(s).				
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amount of
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	support
				(see instructions))	governing	document:		ort?		S.?	
				*	Yes	No	Yes	No	Yes	No	
							THE PROPERTY AND ADDRESS.				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 80,050 210,000 45,120 44,975 106,764 486,909 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities 3 furnished by a governmental unit to the 0 0 0 0 0 0 organization without charge 80.050 210,000 45.120 44.975 106,764 486,909 Total. Add lines 1 through 3 . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 417.660 shown on line 11, column (f) 69,249 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 80,050 210,000 45,120 44.975 106,764 486,909 7 Amounts from line 4 . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 0 0 0 0 sources . Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 0 0 n 0 0 (Explain in Part IV.) 486,909 11 Total support. Add lines 7 through 10 . 0 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14.22 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15.59 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33\% \% support test-2009. If the organization did not check the box on line 13, and line 14 is 33\% \% or more, check this box 33\% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🔒 🕟 🗹 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)			
_	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			. 60			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 				-
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
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.)				Constant		
14	First five years. If the Form 990 is for organization, check this box and stop	here					on 501(c)(3)
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin				1505.5 AND 1001 1004	15	%
16	Public support percentage from 2008 S					16	%_
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2009					17	<u>%</u>
18	Investment income percentage from 20					18	%
19a	33% % support tests – 2009. If the organism not more than $33%$ %, check this b	ox and stop h	ere. The organ	ization qualifies	s as a publicly	supported orga	anization 🕨 🗌
b	33% % support tests – 2008. If the organ line 18 is not more than $33%$ %, check this	ization did not s box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 s as a publicly	6 is more than supported orga	33⅓ %, and anization ► □
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	tructions ▶ □

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions	
Facts And Circumstances Test - On March 31, 2006, SkyTruth submitted a letter supplement to Form 8734 that	
recited the facts and circumstances justifying SkyTruth as a publicly supported charity. This letter provided part of the	e
basis for the IRS issuing a final ruling letter on May 4, 2006, stating that SkyTruth did indeed qualify as a publicly	
supported charity under Section 170(b)(1)(A)(vi) of the Internal Revenue Code. Since that time, SkyTruth's mission,	
exempt purpose, organizing documents, governance structure, scope of activity, and mode of operation remain	
essentially unchanged. Although we do not meet the mechanical one-third support test, between calendar years 2005-2009 we received 14% of our support from public sources, exceeding the 10% threshold established under	
Treasury Regulation 1.170A-9(e)(3)(i). As explained in the 2006 letter we continue to actively seek and attract public	
support from a variety of sources; maintain a Board of Directors who are committed to and experienced with public	
charitable causes; make our work readily available to the public via our website, blog, online image galleries, and	
public presentations; provide our images at no cost to the public; work in partnership with other charitable	
organizations, citizens groups, academic researchers and government entities; and strive to educate and inform the	
public about the environmental impacts of industrial and resource-management activities. We actively promote our	
materials and services to the general public through our website, blog and Twitter, and conduct our activities solely	
for the benefit of the public interest.	
<u> </u>	

Statement 1 : Other Expenses Schedule Statement 2 : Primary Exempt Purpose

Statement 3 : Program Service Accomplishments

Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

SKYTRUTH 54-2059475

Other Expenses Schedule

Description	Amount
Telephone service	\$666
Travel expenses	\$1,631
Membership fee - Green Media Toolshed	\$300
Website expenses	\$654
Software licensing fees	\$936
Project data purchases	\$9,932
Miscellaneous administration	\$929
Total:	\$15,048

Statement 2

Form: 990-EZ

Page: 2

Line Number: Part III

SKYTRUTH 54-2059475

Primary Exempt Purpose

Primary Exempt Purpose

Education and assistance with remote sensing to understand and communicate environmental issues

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

SKYTRUTH 54-2059475

Program Service Accomplishments

Grants And Allocations	includes Foreign Grants	Program Service Expenses
\$0		\$28,201
\$0		\$15,690
\$0		\$57,001
	\$0	Grants And Allocations \$0 \$0 \$0