Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the		lendar year, or tax year beginning	2/1/2022	, and er	nding	1	/31/2023	}		,
В	Check if a			RTH ACTION USA INC	•		D Employ			ıber	
	Address c	hange	Doing business as								
$\overline{\Box}$	Ni l		Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	2	26-36881	73			
\sqcup	Name cha	inge	ONE HANSON PLACE		17D	E Telephone number					
Ш	Initial retu	rn	City or town	State	ZIP code		(917) 755	-0068			
\Box	Final return/	terminated	Brooklyn	NY	11243		317)700	-0000			
జ	i iliai letulli	terriiriateu	Foreign country name Forei	ign province/state/county	Foreign postal						
Ш	Amended	return			Ī		G Gross r	eceipts \$		1,1	38,683
	Applicatio	n pendina	F Name and address of principal officer:			H(a) Is thi	s a group retu	rn for subordi	inates?	Yes	X No
		, ,	STEPHEN BRODBAR ONE HANS	SON PLACE BROOKLYN	NY 11243		all subordin			Yes	No
	_						lo," attach a	-			
	Tax-exen	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1					istructions		
J	Website:	HT	TPS://WWW.COOLEARTH.ORG/U	S-TAX-EXEMPTION-FOR	R-DONATION	H(c) Gro	up exemptio	n number			
κ	Form of c	organization	n: X Corporation Trust Asso	ociation Other	L Yea	r of format	tion: 201	1 MS	tate of lega	I domicile:	NY
E	Part I	Su	mmary		-		201	<u> </u>			
	1		lescribe the organization's mission	or most significant activitie	e: COO	LEADT	H IS A C	HADITV	THAT \A	IOBKS	
æ	•		SIDE INDIGINOUS VILLAGES TO							OINIO	
au			DODS, OUR MISSION IS TO END								
Governance											
8		Check to		liscontinued its operations		of more	than 25%	% of its n	et assets	i.	
			of voting members of the governing					3			3
Activities &	4		of independent voting members of					4			3
皇	5	Total nu	ımber of individuals employed in ca	lendar year 2022 (Part V,	line 2a) . .			5			0
ફ	6	Total nu	ımber of volunteers (estimate if nec	essary)				6			
¥	7a	Total un	related business revenue from Part	t VIII, column (C), line 12 .				7a			0
	b	Net unre	elated business taxable income fror	n Form 990-T, Part I, line	11			7b			
							Prior Year		Cu	rrent Year	r
Φ	8	Contribu	utions and grants (Part VIII, line 1h)		[0			0
Z.	9		n service revenue (Part VIII, line 2g)		[1,0	47,050		1,1	38,416
Revenue	10		ent income (Part VIII, column (A), li					0			0
œ	11		evenue (Part VIII, column (A), lines					488			267
	12		venue—add lines 8 through 11 (must e				1.0	47,538		1.1	38,683
	13		and similar amounts paid (Part IX, c				-,-	0			0
	14		s paid to or for members (Part IX, co				0	~			
"	1		, other compensation, employee benef					0	-		
Se	16a		ional fundraising fees (Part IX, colu					0			0
en	b		ndraising expenses (Part IX, column		0						
Expenses	17		xpenses (Part IX, column (A), lines				2	94 761		1	05,637
	18		xpenses (Part IX, column (A), lines xpenses. Add lines 13–17 (must equ					84,761			-
								84,761			05,637
	19	Revenu	e less expenses. Subtract line 18 fr	om line 12		Paginni	ng of Curre	62,777	E.	ı, U. ıd of Year	33,046
Net Assets or		T-4-1	rada (DaAV, lina (C)		+	Бедінін			E1		
\sse	20		ssets (Part X, line 16)				1,0	60,696		2,0	93,742
e t	21		bilities (Part X, line 26)				4.0	0			0 740
			ets or fund balances. Subtract line 2	21 from line 20			1,8	60,696		2,8	93,742
	art II		nature Block	 							
			y, I declare that I have examined this return, in ect, and complete. Declaration of preparer (oth					-	9		
anu	beller, it is	lide, corre	ect, and complete. Declaration of preparer (or	ier than onicer) is based on all line	ormation of which	i preparer	nas any kin	wieuge.	6/13/202	12	
Sig	gn	0:					D-4-		0/13/202	13	
He	re	-	ure of officer				Date				
		SIEF	PHEN BRODBAR		C00						
		1	Type or print name and title	Daniel : (15.			1		
_		Prin	nt/Type preparer's name	Preparer's signature		Date		Check	X if PT	IN	
Pa		Mai	rk L Silverman	Mark L Silverman		6/1	3/2023	self-emple		125464	4
	eparer		M 1 1 0" E A			- 1	1	· ·	. 1.0		
Us	e Only			T			Firm's EIN (004) 500 5440				
		•	n's address 310 Cedar Lane Rm 3F				Phone no.	(201)	530-514		
Ma	v the IR	S discus	se this return with the preparer show	in above? See instructions	•				Y	Voc	No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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. 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 are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A. NO GRANTS HAVE BEEN MADE AT THIS POINT. WE ARE CURRENTLY IDENTIFYING SUITABLE PROGRAM SERVICE OPTIONS AND POTENTIAL GRANTEES WHICH WILL BE VOTED ON BY BOARD IN JUNE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
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		Х
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		Χ
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
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.			
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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa		^
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		Χ
D	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 and XII is optional	12h		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Χ
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		Х
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		Χ
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		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	., .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Y

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		Х
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 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Χ
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	l		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		V
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Ĥ
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
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		Χ
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		ļ
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			\ <u>\</u>
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		Х
Par		<u> 30</u>	I	^
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Confedence Contained a recipolise of flote to drift fine in this fact v	<u> </u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü	reportable gaming (gambling) winnings to prize winners?	1c		Х

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Χ
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Χ
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
~	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).	- C.S		7.
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Χ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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	1		
11	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
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			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	If "Yes," complete Form 6069.			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S		struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	tion A. Governing Body and Management			
4-			Yes	No
1а	Enter the number of voting members of the governing body at the end of the tax year	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		~
h	one or more members of the governing body?	7a		Х
b	the although any consequent the or the angle of the decoration of	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	75		^
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Χ
Sect	t ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (<u>Code.</u>		
40-	Did the assessmention have lead shouters branches as affiliates?	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	a		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.	15a		Х
a b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a				
	with a taxable entity during the year?	16a		Х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	-04(-)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	υ I (C)		
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
-	and financial statements available to the public during the tax year.	,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEPHEN BRODBAR (917) 755-0068			
	ONE HANSON PLACE, BROOKLYN, NY 11243			

a	70	_	
ı	73	Page	3

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

				(0	C)					
		١,,			ition					
(A) Name and title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated amount
Traine and and	hours	offic	er an	d a d	irocti	or/tructe	ee)	compensation	compensation	of other
	per week (list any	약 la	Ins	읔.	K e	Hig	Former	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual or director	titut	Officer	y en	hes	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	ctor a	ona		Key employee	99 CO	-	1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	2		yee	npe				
	dotted line)	ee	Institutional trustee			nsa				
						Highest compensated employee				
(1) MATTHEW OWEN	5.00									
director	<u>5.0</u> 0									
(2) STEPHEN BRODBAR	5.00									
director/trustee	5.00	X								
(3) JED FREEDLANDER	5.00									
trustee	5.00	Χ								
(4)										
(5)										
(6)		:								
(7)										
	1									
(8)										
(9)										
	1	İ								
(10)										
(11)										
(12)										
(13)										
(13)	 									
(14)			1							
Λ:: <i>t</i>	 									

Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	anc	l Hi	ghes	t Co	ompensated Em	ployees (contin	ued)		
(A) Name and title	(B) Average hours	box,	unles	s pe	ition more	than o	an	(D) Reportable compensation	(E) Reportable compensation		(F) lated am	ount
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	con f orga	npensati from the nization organiz	and
									3			
		/										
		V										
ontinuation sheets to Part VII, S					· 	· ·		0	0			
ines 1b and 1c)	nited to those lis	sted a	abov	 e) v	vho	 recei	ved	more than \$100	000 of			
ompensation from the organization				-, -				***************************************				
nization list any former officer, dire						-		-			Yes	No
n line 1a? <i>If "Yes," complete Sched</i> vidual listed on line 1a, is the sum o	of reportable con	npens	satio	n a	nd o	other	con	•		3		Х
ition and related organizations grea										4		Х
son listed on line 1a receive or accr rendered to the organization? <i>If</i> "Yo	•			-			_			5		X
endent Contractors	neated indense	dont	oort.	roct	orc	that	.000	aived mare their (\$100.000 of			
is table for your five highest compe on from the organization. Report co										tax ye	ar.	
(A)								(B)		(C))	
Name and business add	ress							Description of serv	vices (Compen	sation	
		_										

(15)														
(16)														
(17)														
(18)														
(19)							ć							
(20)									D					
(21)				7				_						
(22)			,											
(23)														
(24)														
(25)														
1b	Subtotal		<u> </u>	<u> </u>					0		0			0
С	Total from continuation sheets to Part VII, S	ection A							0		0			0
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not lin		sted a	abov	e) v	vho	recei	ivec	l more than \$100),000 of				
	reportable compensation from the organization													0
_											i		Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete School</i>		•				•		ompensated 			3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.	•	•						•					
	individual											4		Х
5	Did any person listed on line 1a receive or accr	•			•			_						
	for services rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	h per	rsor	1			5		Χ
	tion B. Independent Contractors													
1	Complete this table for your five highest compecompensation from the organization. Report co											av ve	ar	
	(A)	impensation for t	.110 00	alcii	Jai	yea	i end	ling	(B)	e organizati	0113 1	.ax ye (C		
	Name and business add	ress							Description of ser	vices	C	Comper		
														0
														0
														0
														0
														0
2	Total number of independent contractors (inclu		ed to	tho	se li	ıste			who received					
	more than \$100,000 of compensation from the	organization					0							
												_	$\alpha \alpha \alpha$	
												Form	990	(2022)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
(n	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
Gra	C	Fundraising events	0				
S, (Am	_		0				
Sift ar,	d	Related organizations	Ť				
s, (mil	е	Government grants (contributions) 1e	0				
on Si	f	All other contributions, gifts, grants, and					
uti Jer		similar amounts not included above 1f	0				
흕	g	Noncash contributions included in					
ng Dd		lines 1a–1f	0				
O B	h	Total. Add lines 1a–1f		0			
		Busine	ss Code				
ce	2a			1,138,416			
ωŠ	b			0			
Se	С			0			
E S	d			_0			
Re	е			0			
Program Service Revenue	f	All other program service revenue		0.			
_ □	q	Total. Add lines 2a–2f		1,138,416			
	3	Investment income (including dividends, interest, and		1,130,410			
	3	other similar amounts)		0			
	4	•		0			
	4	Income from investment of tax-exempt bond proceeds .		0			
	5	Royalties	rsonal	0			
	0-		rsonar				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a		Other				
		sales of assets					
		other than inventory 7a 0	0				
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 0	0				
Şe)	С	Gain or (loss) 7c 0	0				
erF	d	Net gain or (loss)		0			
Othe	8a	Gross income from fundraising					
0		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
	C	Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less		J			
	10a	returns and allowances	0				
	L		0				
	b	Less: cost of goods sold	·				
	С	Net income or (loss) from sales of inventory		0			
sn			ss Code	200			
e e	11a	interest income		267			
Miscellaneous Revenue	b			0			
<u>چ ج</u>	С			0			
<u>is</u> i <u>r</u>	d	All other revenue		0			
Σ	е	Total. Add lines 11a-11d		267			
	12	Total revenue See instructions		1 138 683	0	٥	ſ

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to		-	, , ,	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'	j i	
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	.0			
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	1,500			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	100,000		0	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	=			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_		4,137			
a b		4,137			
C		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	105,637	0	0	0
26	Joint costs. Complete this line only if the	100,037	U		0
20	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)				

26-3688173 F

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	196,487	1	2,738,932
	2	Savings and temporary cash investments	1,664,209	2	154,810
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	_0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	
∢	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,860,696	16	2,893,742
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S)	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab.		controlled entity or family member of any of these persons	0	22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here			
ğ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,860,696	27	2,893,742
Ä	28	Net assets with donor restrictions	0	28	, ,
P I		Organizations that do not follow FASB ASC 958, check here			
Ţ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	1,860,696	31	2,893,742
ĭ A	32	Total net assets or fund balances	1,860,696	32	2,893,742
ž	33	Total liabilities and net assets/fund balances	1,860,696		2,893,742
			, , , , , ,		

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)			1,138	3,683
2	Total expenses (must equal Part IX, column (A), line 25)	!		105	,637
3	Revenue less expenses. Subtract line 2 from line 1	}		1,033	3,046
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	,		1,860	,696
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	}			
7	Investment expenses	•			
8	Prior period adjustments	1			
9	Other changes in net assets or fund balances (explain on Schedule O))			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	0	- 1	2,893	3,742
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	ı			
	Schedule O.	ı			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ı			
	reviewed on a separate basis, consolidated basis, or both:	ı			
	Separate basis Doth consolidated and separate basis	ı			
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
-	the audit, review, or compilation of its financial statements and selection of an independent accountant?	[2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.	l			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ľ			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ī			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990 or Form 990-EZ.

Name of the organization

COOL EARTH ACTION USA INC

26-3688173

\mathcal{I}	ᇨᆮ	ARTH ACTION USA INC					20-30	00173	
Pai	rt I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
he	orga	anization is not a private foundati	•		-		,		
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Ш	A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(iii	i).		
4		A medical research organizatio	n operated in conju	nction with a hospital o	lescribed	in section	170(b)(1)(A)(iii). En	ter the	
		hospital's name, city, and state:	·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).		
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9	П	An agricultural research organiz				d in coniur	nction with a land-gra	ant college	
		or university or a non-land-gran university:							
10	Χ								
		receipts from activities related t support from gross investment							
		acquired by the organization af						5565	
11	П	An organization organized and				•			
12	H	An organization organized and	•		•			he nurnoses	
-		of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).	a.
а		Type I. A supporting organiz	•				•		9.
		the supported organization(s organization. You must con			majority o	of the direc	ctors or trustees of th	ne supporting	
b)	Type II. A supporting organiz							
		control or management of th organization(s). You must c			ime perso	ns that co	ntrol or manage the	supported	
С	.	Type III functionally integra			n connect	ion with a	and functionally integ	rated with	
Ŭ		its supported organization(s)						ratoa witii,	
d		Type III non-functionally in							
		that is not functionally integr	ated. The organizat	ion generally must sat	isfy a distr	ibution red	quirement and an att	entiveness	
_	ı	requirement (see instruction						a III	
е		Check this box if the organize functionally integrated, or Ty					турет, турет, тур	e III	
f		Enter the number of supported							0
g		Provide the following information	about the support						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount other support	
				above (see instructions))		ment?	instructions)	instructions	
				,,		1	•		
					Yes	No			
A)									
B)									
C)									
D)									
= \									
E)									
ota	ıl						0		0

Pa	rt II Support Schedule for Orga						<u> </u>
	(Complete only if you check						der
_	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete F	Part III.)	
	ction A. Public Support	T			T		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge	_					0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
<u>6</u>	Public support. Subtract line 5 from line 4 ction B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2019	(c) 2020	(4) 2021	(e) 2022	(f) Total
_		(a) 2018			(d) 2021		
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		_				0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su					 	
14	Public support percentage for 2022 (line 6, c					14	0.00%
15	Public support percentage from 2021 Sched					15	0.00%
16a	33 1/3% support test—2022. If the organiz			•			
	and stop here . The organization qualifies a		•				
b	33 1/3% support test—2021. If the organiz box and stop here. The organization qualification and stop here.						
17a	10%-facts-and-circumstances test—2022 10% or more, and if the organization meets Part VI how the organization meets the facts organization	the facts-and-circui s-and-circumstance	mstances test, che s test. The organiz	ck this box and sto	op here . Explain in		
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization m in Part VI how the organization meets the fa	neets the facts-and-	circumstances tes	t, check this box ar	nd stop here . Expl	ain	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support			, 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	780,918	1,163,149	1,034,209			2,978,276
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						0
_	or expended on its behalf					_	0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	780,918	1,163,149	1,034,209	0	0	2,978,276
	Amounts included on lines 1, 2, and 3	700,310	1,100,140	1,004,209	0	0	2,310,210
'a	received from disqualified persons						0
h	Amounts included on lines 2 and 3				7		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						2,978,276
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	780,918	1,163,149	1,034,209	0	0	2,978,276
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	_ 1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975			0			0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on. Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	780,918	1,163,149	1,034,209	0	0	2,978,276
14	First 5 years. If the Form 990 is for the orga					ļ <u>- 1</u>	_,-,-,-,-
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2022 (line 8, c	column (f), divided b	y line 13, column	(f))		15	100.00%
16	Public support percentage from 2021 Sched	ule A, Part III, line	15			16	100.00%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2022 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2021 S					18	0.00%
19a	33 1/3% support tests—2022. If the organi						T
	not more than 33 1/3%, check this box and s	-			-		<u> </u> X
b	33 1/3% support tests—2021. If the organiline 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did						
20	r rivate roundation. If the organization did i	IOL CHECK A DOX ON	mic 14, 19a, 01 19	D, CHECK THIS DOX A	แน จะะ แจแนะแอก		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

i		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		

	le A (Form 990) 2022 COOL EARTH ACTION USA INC 26-36881	73	Р	age 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			.
1	Did the management had a management of the management and a second secon		Yes	NO
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
secti	on C. Type II Supporting Organizations		V	
	Ware a majority of the averagination's directors or trustees during the tay years less a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		l	l
	21 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	ļ
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.		-,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity is	oo instruct	iona)	
		ee msnuch		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	<u>rga</u> r	<u>nizations</u>				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Sections	s A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4	0	0			
5 Depreciation and depletion	5	<u> </u>				
6 Portion of operating expenses paid or incurred for production or collection of						
gross income or for management, conservation, or maintenance of property						
held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c.					
d Total (add lines 1a, 1b, and 1c)	1d	0	0			
e Discount claimed for blockage or other factors						
(explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3	0	0			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
see instructions).	4	0	0			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0			
6 Multiply line 5 by 0.035.	6	0	0			
7 Recoveries of prior-year distributions	7	0	0			
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0			
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0			
2 Enter 0.85 of line 1.	2		0			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0			
4 Enter greater of line 2 or line 3.	4		0			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6		0			
7 Check here if the current year is the organization's first as a non-functionally instructional.	y inte	egrated Type III supporting	organization (see			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe		1					
2	'''							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7	0				
8	Distributions to attentive supported organizations to which the	he organization is respor						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9	0				
10	Line 8 amount divided by line 9 amount	I	10	0.000				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6			0				
2	Underdistributions, if any, for years prior to 2022							
	(reasonable cause required—explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
<u>a</u>	From 2017							
<u> </u>	From 2018							
<u>c</u>	From 2019							
<u>d</u>	From 2020							
<u>e</u>	From 2021							
f	Total of lines 3a through 3e	0	0					
<u>g</u>	Applied to underdistributions of prior years Applied to 2022 distributable amount		0	0				
	Carryover from 2017 not applied (see instructions)			U				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0						
4	Distributions for 2022 from	, ,						
	Section D, line 7: \$ 0							
<u>a</u>			0					
	Applied to 2022 distributable amount	•		0				
<u>c</u>	Tromandor. Captact med la arta ib nominio i.	0						
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result		0					
	greater than zero, explain in Part VI . See instructions.		0					
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0				
	Excess distributions carryover to 2023. Add lines 3j			0				
7	and 4c.	0						
8	Breakdown of line 7:	0						
<u>о</u> а	Excess from 2018 0							
<u>a</u> b	Excess from 2019							
	Excess from 2020							
d	Excess from 2021							
	Excess from 2022 0							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

CO	OL EARTH ACTION USA	INC				26-3688173		
Pa	General Inform Form 990, Part IV		vities Outside	e the United States. Comp	plete if the organization ansv	vered "Yes" on		
1		antees' eligibility	for the grants or	ds to substantiate the amount assistance, and the selection		Yes No		
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3_	Activities per Region. (T	he following Pari (b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	an be duplicated if additional s (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
(1))				9)			
(2)								
(3)								
(4)								
(5)	1							
(6)			*	0				
(7)			5					
(8)								
(9)								
(10))							
(11))							
(12)		0						
(13)								
(14)								
(15))							
(16))							
(17)								
	Subtotal	0	0			0		
,	sheets to Part I	0	0			0		

Part I\	/, line 15, for any	y recipient who rece	ived more than \$5,0	000. Part II can be	duplicated if addition	nal space is nee		1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)							•	
(4)								
(5)								
(6)					1			
(7)								
(8)								
(9)			*					
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
		organizations listed abo						
		by the IRS, or for which inizations or entities.				ency letter	· •	
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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Part III line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Manner of (h) Method of (b) Region (c) Number of (d) Amount of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (10)(11) (12) (13) (14)(15) (16) (17) (18)

26-3688173

Fait W Toreign Forms	Part IV	Foreign	Forms
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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	
	Certain'i Greigh Corporations. (See instructions for Form 3471)	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund. (see Instructions for Form 8621)	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
	Foreign Partnerships. (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	
	Instructions for Form 5713; don't file with Form 990)	

Schedule F (Form 990) 2022

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

COOL EARTH ACTION USA INC	26-3688173
Form 990, Part I, Line 1: cool earth is a charity that works alongside indiginous villages to	
halt rainforest destruction by developing local livlihoods, our mission is to end the cycle of	<u>&</u>
destruction entrenching village into further poverty creatig strong self-determined	
communities - not dependency	
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Schedule O (Form 990) 2022	_ Page 2
Name of the organization	Employer identification number
COOL EARTH ACTION USA INC	26-3688173
	<u> </u>
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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 2/1 , 2022, and ending 1/31 , 20 23

20.23

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer COOL EARTH ACTION USA INC 26-3688173 Name and title of officer or person subject to tax STEPHEN BRODBAR coo Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 1,138,683 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) . . . Form 990-PF check here **5a Form 8868** check here **b** Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here 7a Form 4720 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b 10a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of periury. I declare that | X | I am an officer of the above entity or of entity) COOL EARTH ACTION USA INC (EIN) 26-3688173 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize Mark L Silverman E.A. to enter my PIN 11243 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 6/13/2023 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13469310007 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Mark L Silverman ERO's signature Date **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So