See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
### Part I: Expenses and Changes in Net Assets of Fund Balances (See Specific Instructions on page 32)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Net Assets (includes amounts reported on line 17)</td>
</tr>
<tr>
<td>19</td>
<td>Other changes in net assets or fund balances (attach schedule)</td>
</tr>
<tr>
<td>20</td>
<td>Other expenses (total expenses line 10 through 16)</td>
</tr>
</tbody>
</table>

**Net Assets**

- Cash and cash equivalents:
  - 22 Cash and cash equivalents (includes amounts reported on line 21) |
  - 23 Other assets (including line 21 of column (A)) must agree with line 21 of column (B) |

**Expenses**

- 24 Other expenses (including line 23 of column (A)) and investments (including line 22 of column (B)) must agree with line 22 of column (A) and line 23 of column (B) respectively |
- 25 Total expenses (line 10 through 16) |
- 26 Changes in noncash assets and liabilities (attach schedule) |
- 27 Gross income or loss (not including gains or losses from investment transactions or gains or losses from sales or disposals of inventory or other property) |
- 28 Net income or loss other than from fundraising activities (line 26 less line 27) |
- 29 Less: direct expenses other than fundraising activities (attach schedule) |
- 30 Less: cost of goods sold other than inventory (attach schedule) |
- 31 Gain or (loss) from sales of assets other than inventory (attach schedule) |
- 32 Less: cost or other basis of assets other than inventory (attach schedule) |
- 33 Gross amount from sale of assets other than inventory (attach schedule) |
- 34 Less: cost or other basis of assets other than inventory (attach schedule) |
- 35 Loss or gain on disposal of inventory (attach schedule) |
- 36 Gain or (loss) from sales or disposals of inventory (attach schedule) |
- 37 Gross profit or loss (attach schedule) |
- 38 Other revenue (including line 11) |
- 39 Total revenue (lines 1, 2, 3, 4, 5, 6c, 7c, and 9) |
- 40 Total expenses (attach line 10 through 16) |
- 41 Operating income or loss (attach schedule) |
- 42 Other income (attach schedule) |
- 43 Total expenses (attach line 10 through 16) |
- 44 Net income or loss (line 37 less line 38) |
- 45 Less: direct expenses other than fundraising activities (attach schedule) |
- 46 Less: cost of goods sold other than inventory (attach schedule) |
- 47 Gain or (loss) from sales of assets other than inventory (attach schedule) |
- 48 Less: cost or other basis of assets other than inventory (attach schedule) |
- 49 Gross amount from sale of assets other than inventory (attach schedule) |
- 50 Less: cost or other basis of assets other than inventory (attach schedule) |
- 51 Loss or gain on disposal of inventory (attach schedule) |
- 52 Gain or (loss) from sales or disposals of inventory (attach schedule) |
- 53 Gross profit or loss (attach schedule) |
- 54 Other revenue (including line 11) |
- 55 Total revenue (lines 1, 2, 3, 4, 5, 6c, 7c, and 9) |
- 56 Total expenses (attach line 10 through 16) |
- 57 Operating income or loss (attach schedule) |
- 58 Other income (attach schedule) |
- 59 Total expenses (attach line 10 through 16) |
- 60 Net income or loss (line 57 less line 58) |

**Section 6033(2)(B) or (2)(C) Reporting:***

- For organizations with annual gross income less than $300,000 (or $500,000, if required by the tax laws), line 10, 11, 12, and 13 of Form 990-EZ must be completed.
- For organizations with annual gross income less than $250,000 (or $500,000, if required by the tax laws), line 10, 11, 12, and 13 of Form 990-PF must be completed.

**Schedule A:**

- For organizations with gross receipts less than $10,000 (or $100,000, if required by the tax laws), line 10, 11, 12, and 13 of Form 990-EZ must be completed.
- For organizations with gross receipts less than $200,000 (or $500,000, if required by the tax laws), line 10, 11, 12, and 13 of Form 990-PF must be completed.

**Form 990-EZ:**

- For organizations with gross receipts less than $250,000 (or $500,000, if required by the tax laws), line 10, 11, 12, and 13 of Form 990-EZ must be completed.
- For organizations with gross receipts less than $500,000 (or $1,000,000, if required by the tax laws), line 10, 11, 12, and 13 of Form 990-PF must be completed.
Part III  Statement of Program Service Accomplishments (See Specific Instructions on page 40)

What is the organization's primary exempt purpose? Preventing pollution, Promoting Human health

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Grants $</th>
<th>Expenses $</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Other program services (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Total program service expenses (add lines 28a through 31a)</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

Part IV  List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Building, Level 4, 340 Kent St, Sydney, Australia, NSW 2000</td>
<td>President</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Michelle Grovesnor, 1st Fl</td>
<td>Secretary/Treasurer</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Jay Hafkenscheid, 2nd Fl</td>
<td>Executive Director</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
</tbody>
</table>

Part V  Other Information (Note the attachment requirement in General Instruction V, page 14)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a. Did the organization have unrelated business gross income of $1,000 or more of 6033(e) notice, reporting, and proxy tax requirements?

b. If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

b. Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b. If "Yes," attach the schedule specified in the line 36 instructions and enter the amount involved

39 501(c)(7) organizations Enter a statement and capital contributions included on line 9

39a Gross receipts, included on line 9, for public use of club facilities

40 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4951, section 4955

b. 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

a. Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958

c. Enter amount of tax on line 40c, above, reimbursed by the organization

41 List the states with which a copy of this return is filed

42 The information in this return is correct, and complete. Declaration of preparer (other than officer) is based on all information which preparer has any knowledge

Please Sign Here

Signature of Preparer

Date

June 25, 2013

Preparer's SSN or ITIN (See Gen. Instr. W)

Signature

Preparer's Use Only

Name on return if self-employed, address, and zip + 4

Preparer's signature

Date

Check if self-employed

Preparer's SSN or ITIN

EIN

Phone no.