Department of the Treasury

A For the 2006 calendar year, or tax year beginning

Internal Revenue Service

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

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

and ending

OMB No. 1545-0047 Open to Public Inspection

Continuous to diverse processes and contracts (nor Part VI), line 33 Pert public segency (not included on line 1st)		B Che	eck if	Please C Name of organization	_					
Part Pachamama Alliance 94-3249793 Part Pachamama Alliance Pachamamama Alliance Pachamamama Alliance Pachamamama Alliance Pachamamama Alliance Pachamamama Alliance Pachamamama		app	licable:]				[0	Employe	r identification number
Construction Con			Address change	label or The Pachamama Allia	7					
				type. Number and street (or P.O. hay if mail is	nce					
Continued and the complete Schedule A (Press) Sam Francisco (C. A. 94129 Sam Francisco (C. A. 94129 Presentable trusts Presen			nitial	Room/cuite IE						
San Francisco, CA 94129 Section 501(9)(3) orgalazitions and 497(1)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations, which is the a group of the completed of the completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations. Hand I are not applicable to section 527 organizations, which is the a group of the completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations. Hand I are not applicable to section 527 org		F	inal						415	-561-4522
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A form 990 organization (4 form 990 organization organization). 6. Website: ▶ Wrww. → Dac hamama. → DCG Organization type interceiv mole ∑ 501(c) (3)		A	Amended					Į <u>F</u>		
Website:			Application	• Section 501(c)(3) organizations and 4947(a	74129					
6. Westie: Petriffor. Dachamama.org			criding	must attach a completed Schedule A (Form	990 or 990-EZ).	ISIS				
Digranization type this enterest X Sol (1) 3	6	G We	bsite:							
K Check here	J	J Org	anizatio		ant and 1 (40.47/-1/4)		H(b) If "\	'es," enter num	ber of affil	
Corps are formally not more than \$25,000. A return is not required, but if the organization chooses to file a complete return. 1	K	C he	ck here	if the organization is not a 500(a)(2) supply	ert no.) 4947(a)(1) or	527	' H(c) Are - 'If"	all affiliates inc	luded?	N/A Yes No
Cross receipts: Add lines 6b, 8b, 9b, and 10b to line 12		rece	iots are	normally not more than \$25,000. A return is not re-	orting organization and its gro)SS	H(d) Is ti	nis a separate r	eturn filed	by an or-
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances		cho	oses to f	ile a return, be sure to file a complete return.	juiled, but if the organization		gan	ization covered	by a grou	pruling? Yes X No
Part I										
Part	L	Gros	ss receip	ts; Add lines 6b, 8b, 9b, and 10b to line 12	2 005 05	7.0	M Che	ck ▶ L if t	he organiz	ation is not required to attach
1 Contributions, girls, grants, and similar amounts received: a Contributions to donor advised funds 1a 1b 1,751,212. c Indirect public support (not included on line 1a) 1c 1d 1d 1d 1d 1d 1d 1d	П	Part	I Re	evenue, Expenses, and Changes in	Net Assets or Fund	Bolo	Sch	. B (Form 990,	990-EZ, oi	r 990-PF).
Contributions to donor advised funds 1a 1b 1,751,212.			1 Co	intributions, gifts, grants, and similar amounts received	wed	Dala	inces			
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Part Continue of the profit of the profi		ł	b Dir	ect public support (not included on line 1a)					_	
e Total (add lines 14 through 14) (cash \$ 1,580,946. noncash \$ 170,266.) 1e 1,751,212 2 2 2 2 2 2 2 2 2			c Inc	direct public support (not included on line 1a)		1b	1,	751,212	2.	
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Program service revenue including government fees and contracts (from Part VII, line 93) 2 15.8 , 38.3			e Tot	tal (add lines 1a through 1d) (cash \$ 1 5	10 1a)	1d	150		_	
4 Interest on savings and temporary cash investments			2 Pro	Ogram service revenue including government face of	noncash \$		170	<u>,266.</u>)	. 1e	1,751,212.
5 Dividends and interest from securities 6 a Gross rents 5		3	3 Me	mbership dues and assessments	nu contracts (from Part VII, fir	ie 93)			. 2	<u>158,383.</u>
6 a Gross rents b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe ► 8 a Gross amount from sales of assets other than inventory 172, 782. 6a b Less: cost or other basis and sales expenses 174, 942. 8b c Gain or (loss). Combine line 8c, columns (A) and (B) Stmt 1 8 d Gross revenue (not including \$\frac{1}{2}\$ at the standard schedule). If any amount is from qaming, check here ► 9 Special events and activities (attach schedule). If any amount is from qaming, check here ► 10 a Gross revenue (notificiding \$\frac{1}{2}\$ of combibutions reported on line 10) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events. Subtract line 9b from line 10a 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events. Subtract line 10b from line 10a 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 1 3 519. 12 10a1 evenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 1 3, 87, 500. 15 Fundraising (from line 44, column (G)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 216, 087. 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fu		4	l Inte	erest on savings and temporary cash investments					. 3	
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21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	Set	1	Net as	sets or fund balances at beginning of year (from lin	ie 73. column (A))					
307 070	As			original and assets of fully balances (attach exp	analion) Q 🔿	A C+	+ ~ + ~ ~ .	~~+ ^		
-18-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	300		7401 40	sous of fund balances at end of year. Combine lines	18, 19, and 20					
	-18	-07	LHA	For Privacy Act and Paperwork Reduction Act No	tice, see the separate instruc	tions.				Form 900 (2006)

623011 01-23-07

Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (A) Total (C) Management 6b, 8b, 9b, 10b, or 16 of Part I. (D) Fundraising services and general 22a Grants paid from donor advised funds (attach schedule) 0 -_noncash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) Statement 5 (cash \$ 582145. noncash \$ 4,237. Statement 6 If this amount includes foreign grants, check here 22b 586,382. 586,382 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A Stmt 4 25a 160,622. 147,918. 4,840. 7,864. **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b 0. 0. 0. 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 26 223,636. 95,251. 55,133. 73,252. 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a - 27 28 <u>1</u>9,865. 10,131. 7,747. 1,987. 29 Payroll taxes 29 24,362. 12,425. 9,501. 2,436. 30 Professional fundraising fees 30 31 Accounting fees 31 1,373. 1,373. 32 Legal fees 32 33 Supplies 33 5,633. 3,943. 845. 845. Telepl_lone 34 34 7,783. 5,059 <u>1,16</u>7. 1,557. Postage and shipping 35 5,958 35 596. 1,787. 3,575. 36 Occupancy 36 27,939. 13,969. 6,985. 6,985. 37 Equipment rental and maintenance 37 Printing and publications 38 11,657. 8,160. 1,166. 2,331. Travel 39 19,143. 18,186. 191. 766. Conferences, conventions, and meetings ... 40 Interest _____ 41 Depreciation, depletion, etc. (attach schedule) 42 3,237. 3,237 Other expenses not covered above (itemize): 43a 43b 43c 43d 43e 43f g See Statement 3 43g <u>625,646.</u> 485,480. 36,059. 104,107. 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 1,723,236. 1,387,500. 130,031. 205,705. Joint Costs. Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? _____ Yes X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form	990	(2006)

The Pachamama Alliance

94-3249793

Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>See Statement</u> 7	Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Statement attached	
(Grants and allocations \$ 586,381.) If this amount includes foreign grants, check here ▶ □	1,387,500
(Grants and allocations \$) If this amount includes foreign grants, check here	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here	
Other program services (attach schedule) (Grants and allocations \$) If this amount includes feeding words to the control of	
Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	

		(2006) The Pachamama Balance Sheets (See the instructions.)	A11	iance		94	-3249793 Pa	age
	te: W	here required, attached schedules and amounts w ould be for end-of-year amounts only.	vithin the	description column	(A) Beginning of year		(B) End of year	-
	45 46	Cash - non-interest-bearing Savings and temporary cash investments		96,964 61,601				
	47 a	Accounts receivable Less: allowance for doubtful accounts	47a 47b	979.	5,569	47c	9.	79
	48 a	Pledges receivable Less: allowance for doubtful accounts	48b	174,729.	172,950	480	174,72	20
	49 50 a	Grants receivable Receivables from current and former officers, descriptions are considered as a second considere	lirectors,	trustees, and	2,2,330	49	1/4,/2	
Assets		Heceivables from other disqualified persons (as 4958(f)(1)) and persons described in section 49	s defined 58(c)(3)(l under section		50a 50b		
As	52	Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use	51b			51c		
	53 54 a b	Prepaid expenses and deferred charges	>	Cost FMV	1,500.	53 54a	2,60	00.
	55 a	Investments - land, buildings, and equipment: basis			,	54b		
	56	Less: accumulated depreciation Investments - other				55c 56		
	57 a b 58	Land, buildings, and equipment: basis Less: accumulated depreciation Stmt 8 Other assets, including program-related investments	57a 57b	26,565. 14,448.	9,316.	57c	12,11	7.
	59 60	(describe ► Total assets (must equal line 74). Add lines 45 to Accounts payable and accrued expenses	hrough 5	58	347,900.	58 59	447,00	
S	62	Grants payable Deferred revenue			109,825.	60 61 62	20,79	
Liabilities	64 a	Loans from officers, directors, trustees, and key Tax-exempt bond liabilities Mortgages and other notes payable			10,000.	63 64a 64b		
	00	Other liabilities (describe Total liabilities. Add lines 60 through 65)	121 010	65		
SS	Organ	nizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.		·	131,813.	66	49,928	<u>3.</u>
alan	68 -	Unrestricted Temporarily restricted Permanently restricted				67 68 69	397,079	} .
5	Organ C	izations that do not follow SFAS 117, check he complete lines 70 through 74. Capital stock, trust principal, or current funds	ere 🕨 l	and				_
Deer	71 F 72 F	Paid-in or capital surplus, or land, building, and eq Retained earnings, endowment, accumulated inco	uipment ome, or c	t fund		70 71 72		_
•	((otal net assets or fund balances. Add lines 67 through Column (A) must equal line 19 and column (B) must eq otal liabilities and net assets/fund balances. A	ual line 2	1)		73 74	397,079 447,007	<u>.</u>

1.

a Total revenue, gains, and other support per audited financial statements	T	
b Amounts included on line a but not on Part I, line 12:	a	N/A
1 Net unrealized gains on investments		
2 Donated services and use of facilities b2	-	
3 Recoveries of prior year grants b3	-	
	1	
Add lines b1 through b4 C. Subtract line b from line a	1.1	
c Subtract line b from line a	b	
d Amounts included on Part I, line 12, but not on line a:	C	
1 Investment expenses not included on Part I, line 6b		
2 Other (specify): d2		
Add lines d1 and d2		
e Total revenue (Part I, line 12). Add lines c and d	d	
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per F	<u>e</u> Return)
a Total expenses and losses per audited financial statements	а	N/A
b Amounts included on line a but not on Part I, line 17:	a	N/A
1 Donated services and use of facilities		
2 Prior year adjustments reported on Part I, line 20 b2		
3 Losses reported on Part I, line 20 b3		
4 Other (specify): b4		
Add lines b1 through b4	.	
• Captidet line Dirion line a	b	
d Amounts included on Part I, line 17, but not on line a:	С	
1 Investment expenses not included on Part I, line 6b		
2 Other (specify): d2	1	
Add lines d1 and d2		
	d l	
	_	_
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each parson who was a feet	_	actor trusteo
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer or key employee at any time during the year even if they were not compensated.) (See the instructions.)	e cer, dire	
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer or key employee at any time during the year even if they were not compensated.) (See the instructions.)	e cer, dire	
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer or key employee at any time during the year even if they were not compensated.) (See the instructions.) (A) Name and address (B) Title and average hours per week devoted to person who was an officer or key employee the instructions.) (B) Title and average hours per week devoted to prosition (If not paid, enter plans)	cer, dire	(E) Expense account and
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer or key employee at any time during the year even if they were not compensated.) (See the instructions.) (A) Name and address (B) Title and average hours per week devoted to position (If not paid, enter plans, compensation of the position of the position of the paid, enter plans, compensation of the position of the paid of the paid, enter plans, compensation of the position of the paid of the paid, enter plans, compensation of the paid	e cer, dire	(E) Expense account and
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	art V-A Current Officers, Directors, Trustees, and M	ce		94-324	<u>979</u>		Page
_		cey Employees (contin	nued)	 -		Yes	s N
,,	Enter the total number of officers, directors, and trustees permitted meetings	d to vote on organization b	usiness at board	9			
	Are any officers, directors, trustees, or key employees listed in Forr listed in Schedule A, Part I, or highest compensated professional a Part II-A or II-B, related to each other through family or business rel the individuals and explains the relationship(s)	nd other independent contationships? If "Yes," attacl	trantoro lintod in Ca	chedule A, identifies	756	X	
	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional a Part II-A or II-B, receive compensation from any other organizations organization? See the instructions for the definition of "related organization".	n 990, Part V-A, or highest on nd other independent cont , whether tax exempt or ta mization."	compensated emp ractors listed in Sc xable, that are rela	loyees hedule A, ted to the			
	If "Yes," attach a statement that includes the information described		••••••••••••	***************************************	75c	 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_					75d	X	
<u> </u>		ey Employees That I	Received Com	pensation	or O	ther	
	Benefits (If any former officer, director, trustee, or key e the year, list that person below and enter the amount of co	mployee received compen	sation or other ber	efits (describ	ed bel	ow) dı	ıring
	y say and person bolow and critical the amount of co	Impensation or other bene	fits in the appropria	ate column. S			
_	(A) Name and address None	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(U) Contribution employee bend plans & deferred compensation p	efit	(E) Expo account ner allov	t and
				compensation p	ians ou	ici allov	vario
							-
- – - –							
- - -							
-					<u> </u>		
							
_							
					-		
	VI Other Information (See the instructions.)				1	Yes	No
	Did the organization make a change in its activities or methods of con statement of each change						
	Were any changes made in the organizing or governing documents bu	ut not reported to the IRS?			76 77	_	X
	f "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000						
D	T "Yes," has it filed a tax return on Form 990-T for this year?			NT / 7	78a	_	<u>X</u> _
	vas there a liquidation, dissolution, termination, or substantial contrac	ction during the year? If "Y	es " attach a state	ment	78b	+	v
a	s the organization related (other than by association with a statewide	or nationwide organization	through common		79	+	X
b	nembership, governing bodies, trustees, officers, etc., to any other ex f "Yes," enter the name of the organization \(\bigcup \frac{N/A}{}	empt or nonexempt organi	zation?		80a	-	<u>X</u>
a l	nter direct or indirect political expenditures. (See line 81 instructions.)	and check whether it is	exempt or r	nonexempt			
<u>b</u> 1	old the organization file Form 1120-POL for this year?		10	0.	31b		X
					orm 9	90 (20	06)

Form 990 (2006)

Part VI Other Information (continued)	ma wiitg	iice		94	<u>-3249793</u>	Yes	age N
c At any time during the calendar year, did the orga	anization mainta	in an office outside	of the	United States?	910	103	X
If "Yes," enter the name of the foreign country	N	/A					1 22
92 Section 4947(a)(1) nonexempt charitable trusts fil	ing Form 990 in	lieu of Form 1041-	Check	here		. 🏲 [
and enter the amount of tax-exempt interest rece	ived or accrued	during the tax year	<u>.</u>	92	N/	A	
Part VII Analysis of Income-Producing							
Note: Enter gross amounts unless otherwise indicated.	(A)	business income		luded by section 512, 513, or 514	(E)		
	Business	(B) Amount	(C) Exclu	. (0)	Related or	exemp	
93 Program service revenue:	code	7 1110 0111	sion		function i	ncome)
a <u>Symposium</u> b <u>Travel referral fees</u>			_			5,0	
_			-	<u> </u>	15	3,2	91.
d							_
O			+		 		_
f Medicare/Medicaid payments			+				
g Fees and contracts from government agencies			+				
94 Membership dues and assessments	-		+				
95 Interest on savings and temporary cash investments			14	1 00	 		
96 Dividends and interest from securities			1 4	82	•		
97 Net rental income or (loss) from real estate:			 -				
a debt-financed property			+		 		
b not debt-financed property			+		+		
98 Net rental income or (loss) from personal property			1-		 		
99 Other investment income			<u> </u>		+		
00 Gain or (loss) from sales of assets					+		
other than inventory			18	<2,160.	L		
01 Net income or (loss) from special events			1 10	<2,100.	, <u>></u>		
02 Gross profit or (loss) from sales of inventory			_				
03 Other revenue:			_		 		
Tape sale royalties			15	3,519.			
b				3,319.			
C					 		
d							
e							
04 Subtotal (add columns (B), (D), and (E))		0.		1,441.	158	, 38	-
05 Total (add line 104, columns (B), (D), and (E))						,82	
oto: Esta roo pias line re, rant i, should equal the amou	Int on line 12. Pa	art I.				,02	<u> </u>
Part VIII Relationship of Activities to the Acti	Accomplish	ment of Exempt	t Pur	poses (See the instruction	ons.)		
exempt purposes (other than by providing funds fo	r such purposes).	or art vir contributeu	mport	arily to the accomplishment (of the organization	's	
3 Activities further our e			nro	riding public			
		arbone by	OT O	viding public	educati	on	
Part IX Information Regarding Taxable S	ubsidiaries	and Disregarde	d En	tities (See the instruction	75.)		
Name, address, and EIN of corporation, Percentage of		(C)		(D)	(E)		
Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of ownership interest	Nati	ure of activities		Total income	End-of-yea	ar	
%					assets		
N/A %							
%							
%							
art X Information Regarding Transfers	Associated	with Personal E	Benet	it Contracts (See the	instructions.)		_
Did the organization, during the year, receive any funds, directly	ectly or indirectly,	to pay premiums on a	nerson	al benefit contract?		X	—- Io
)) Did the organization, during the year, pay premiums, directl	y or indirectly, on	a personal benefit cont	ract?			X	
lote: If "Yes" to (b), file Form 8870 and Form 4720 (see a	instructions).				03	۱۱ لخم	
					Form 99	0 (200)6)
					Form 99	O (200)6)

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Form 990 (2006)

Phone no. \triangleright (415) 566-4619

address, and ZIP + 4

San Francisco,

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Name of the organization Employer identification number The Pachamama Alliance 94 3249793 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to (a) Name and address of each employee paid (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (c) Compensation more than \$50,000 position allowances <u>Patricia Usner</u> Dir Development Presidio Bldg 1009, San CA 40.00 67,514 <u>Tatiana Tilley</u> Dir Operations Presidio Bldg 1009, San 40.00 56,513 Total number of other employees paid over \$50,000 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services 0

Ľ	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence	_	-	ļ
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities \$ \$\$ (Must equal amounts on line 38, Part VI-A, or			
	ine for fait vi-o.,	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	-	1 -	
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b centuing of money or other extension of credit?	2b		X
	a randoming of goods, services, or facilities?	2c		X
,	To a support of the compensation (or payment of relinibul selfield of expenses if more than \$1,000)? See Dart V_A Town 000	2d	X	
	e transier of any part of its income or assets?	2e	-21	X
3 8	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	the organization determines that recipients qualify to receive payments.)	3a		Х
t	but the organization have a section 403(b) annuity plan for its employees?	3b		X
C	bid the organization receive or floid all easement for conservation purposes, including easements to preserve open energy			
	the environment, historic land areas or historic structures? If "Yes." attach a detailed statement	3c		X
. 0	the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	the diganization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No." complete lines 4f			
	and 4g Did the organization make any toyoble distribution or a second s	4a		X
D	the organization make any taxable distributions under section 4966?	4b		X
٠	The organization make a distribution to a dollor, donor advisor, or related person?	4c		X
_	Enter the total number of donor advised fulles owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the and of the tow year			

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on

Schedule A (Form 990 or 990-EZ) 2006

	(Form 990 or 990-EZ) 2006 The Pachaman				94-3	249793	Page
Part IV	Reason for Non-Private Foundation	Status (See pages	4 through 7 of the instruct	tions.)			
certify tha	the organization is not a private foundation because it is	s: (Please check only ONE	applicable box.)		-		
5	A church, convention of churches, or association of	churches. Section 170(b)(1)(A)(i).				
6	A school. Section 170(b)(1)(A)(ii). (Also complete F						
7	A hospital or a cooperative hospital service organiza	tion. Section 170(b)(1)(A	.)(iii).				
8	A federal, state, or local government or government	al unit. Section 170(b)(1)	(A)(v).				
9	A medical research organization operated in conjunc	ction with a hospital. Sect	ion 170(b)(1)(A)(iii). Ente	the hospita	l's name, citv.		
	and state						
)	An organization operated for the benefit of a college	or university owned or or	perated by a governmenta	unit. Sectio	n 170(b)(1)(A)(iv).	
135	(Also complete the Support Schedule in Part IV-A.)					, ,	
a X	5 miles in the many 10001400 a SubStantial	part of its support from a	governmental unit or from	m the genera	ıl public.		
. —	Section $1/0(b)(1)(A)(vi)$. (Also complete the Suppo	rt Schedule in Part IV-A,)				
b	A community trust. Section 170(b)(1)(A)(vi). (Also c	omplete the Support Sch	edule in Part IV-A.)				
	An organization that normally receives: (1) more that	n 33 1/3% of its support:	from contributions, mamb	ership fees,	and gross		
	receipts it of it activities related to its charitable, etc., t	unctions - subject to cert	ain exceptions, and (3) po		1001 -1		
	its support from gross investment income and unrelable the organization after June 30, 1975. See section	aled business taxable inco	ome (less section 511 tax)	from busine	esses acquired		
LI	An organization that is not controlled by any disquali	fied persons (other than f	oundation managers) and	otherwise m	neets the require	ements of secti	on
	oos(a)(o). Oneok the box that describes the type of s	upporting organization:					
	Type I Type II	Type III-F	unctionally Integrated		Type III-	Other	
	Provide the following information	about the supported orga	nizations (See page 7 of	the instructi	ione)		
	(a)	(b)	(c)				
	Name(s) of supported organization(s)	Employer	Type of organization	(o	upported	(e)	
		identification	(described in lines		on listed in	Amount o support	
		number (EIN)	5 through 12 above	the su	porting	ouppoin	
			or IRC section)		zation's		
				governing	documents?		
.				Yes	No		
			1				
I							

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Add: Amounts from column (e) for lines: 27c N/A d Add: Line 27a total and line 27b total ______ Public support (line 27c total minus line 27d total)

Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

27f N/A 27d N/A 27e N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **▶** 27h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. 623131 01-18-07 None

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	boos the organization include a statement of its facility hondiscriminatory policy toward students in all its brochures, catalogues.			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
			!	
32	Does the organization maintain the following:			
- a	Records indicating the racial composition of the student body, faculty, and administrative staffs			
b	and administrative state of the	32a		
C	assistance are awarded on a racially hondiscriminatory basis?	32b		_
d		32c		-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		_
	s and a separate statement.)			
		-		
33	Does the organization discriminate by race in any way with respect to:	-		
a		222		
b	Admissions policies?	33a 33b	-+	-
C	Employment of faculty or administrative staff?	33c	-+	
d	Scholarships or other financial assistance?	33d	-	
е	Educational policies?	33e	-+	
f	Use of facilities?	33f	-	
g	Amenc programs?	334		
h	Other extracurricular activities?	33h		_
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	3011	_	
		-		
		_	1	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	has the organization's right to such aid ever been revoked or suspended?	34b		
	n you answered five to either 34a or b, please explain using an attached statement.	3.3		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A (To be completed ONLY by an eligible organization that filed Form 5768) Check > a if the organization belongs to an affiliated group. if you checked "a" and "limited control" provisions apply. Check ▶ b L (a) (b) Limits on Lobbying Expenditures To be completed for all Affiliated group (The term "expenditures" means amounts paid or incurred.) totals electing organizations N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution; If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A Calendar year (or (a) (b) (d) (e) fiscal year beginning in) 2006 2005 2004 2003 Total 45 Lobbying nontaxable amount 0. 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 0. 49 Grassroots ceiling amount (150% of line 48(e)) 0. 50 Grassroots lobbying expenditures 0. Part VI-B | Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes influence public opinion on a legislative matter or referendum, through the use of: No Amount Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.) 0. If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2006 T	ie Pachamama	Alliance
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94-3249793

Page 7

Pa	rt VII Information Re	egarding Transfers To a	and Transactions a	94-324 and Relationships With Noncharita	<u>1979</u> ıble	3	Pag
51	Did the reporting organization	izations (See page 13 of the in	nstructions.)				
0.	501(c) of the Code (other than	section 50 1(c)(3) organizations) (of the following with any of	ther organization described in section			
а	Transfers from the reporting of	rganization to a noncharitable exer	not organization of	political organizations?	1	V	_
					51a(i)	Yes	
	(ii) Other assets				a(ii)		
b	outer transactions.				4(,		_
	(i) Sales or exchanges of ass	ets with a noncharitable exempt or	ganization		b(i)		. 3
	(II) Furchases of assets from	a noncharitable exempt organization	on		b(ii)		
	(iii) Heritai of facilities, equipin	em, or other assets			b(iii)		_2
	(14) Homburschicht arrangent	61112			b(iv)		2
	(*) Louis or louis guarantees	***************************************			b(v)		Σ
	(VI) Performance of services of	r membership or fundraising solici	itations		b(vi)		Σ
C d	onaring of lacilities, equipment,	, maining lists, other assets, or paid	l employees		C		2
u	mine answer to any of the abov	re is res," complete the following s	schedule. Column (b) shoul	d always show the fair market value of the			
	transaction or sharing arrangen	nent, show in column (d) the value	of the goods, other seests	yed less than fair market value in any			
(a)	(b)		of the goods, other assets,		1	N/A	
Line		Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and sha	rina orr	naam	ont.
				and stid	- Ing and	angem	3111
							_
						·	
						-	
							_
							_
							_
						_	
						_	_
							_
2 a	s the organization directly or indi	irectly affiliated with, or related to,	one or more tax-exempt org	ganizations described in section 501(c) of the			_
,	2006 (orner man section 201(c)(3)) or in section 527?		. —	'es	X	No
י ס	f "Yes," complete the following so	chedule: N/A					
	(a) Name of orga	nization	(b)	(c)		_	
	- Tunno or orga	amzation	Type of organization	Description of relationship			
							_
_							
			•				
							_
						-	
							_
152 18-07				Cahadula A /F			_
				Schedule A (Form 990	or 990-l	tZ) 20(Jb

2006 DEPRECIATION AND AMORTIZATION REPORT FOrm $990~\mathrm{Page}~2$

	Current Year Deduction		C	• -	· c					2.053.	580	604.	_	3,237.	 	
	Current Sec 179										-		0	0		
06	Accumulated Depreciation		1,665.	421	· -	994	0	814	600	m	277.		11,211.	11,211.		
6	Basis For Depreciation		1,665.	421	1,417.	994.	1,450.	814.	600.	10,266.	2,900.	6,038.	26,565.	26,565.		
	Reduction In Basis												0	0	 	
	Bus % Excl							-							 	<u> </u>
	Unadjusted Cost Or Basis		1,665.	421.	1,417.	994.	1,450.	814.	.009	10,266.	2,900.	6,038.	26,565.	26,565.	 	
	No.		16	16	16	16	16	16	16	16	16	16	· · · · · · · ·		 	
7	Life		5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00				
) Page	Method		$_{ m SI}$	8SL	SL	$_{ m S\Gamma}$								-		
om 990	Date Acquired		010198SL	5209	030199SL	122199SL	071800SL	121500SL	123000SL	23104SL	123105SL	123106SL				
Form	Description	Machinery & Equipment	1Software 0	2Printer and cable 0	3IMac 0	4IMac 1	5Giftmaker Pro 0	6Tape Back-up	7IMac 1	uipment 1	and	2 Total	achinery & E Grand Total	2 Depr		
	Asset No.					4	<u></u>	.	L*	ω	თ 	10			 	

(D) - Asset disposed

628102 07-28-06

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Gain	(Loss) From Pub	licly T	raded S	Securit	ies	Statement	-
Description		oss Price	Cost Other		Expense of Sale		
Publicly traded secur	rities 17	2,782.	174	,942.	0	<2,1	60.
To Form 990, Part I,	line 8 17	2,782.	174	,942.	0	<2,1	60.
Form 990 Other	Changes in Net	Assets	or Fun	d Bala	nces	Statement	2
Description						Amount	
Distribution of asset	s to fiscally-sp	ponsored	d proje	ct	-	<6,80	08.
Fotal to Form 990, Pa	rt I, line 20				-	<6,80	08.
000							
Form 990	Othe	er Expen	ises			Statement	3
	(A)	(B	3)	(0	•	Statement (D)	3
Description		(B Prog	3)	Manag	!) ement eneral		
	(A) Total	(B Prog	3) ram	Manag	ement eneral	(D)	
Description Bank charges and Bees Bonsultants	(A) Total 1,414.	(B Prog Serv	s) ram rices	Manag	ement eneral 1,414.	(D) Fundraisin	ng
Description Sank charges and ees consultants redit card fees	(A) Total	(B Prog Serv	3) ram	Manag and G	1,414. 4,331.	(D)	ng
Description Sank charges and ees consultants redit card fees vent expense	(A) Total 1,414. 43,310. 21,315. 170,003.	(E Prog Serv	1,655.	Manag and G	ement eneral 1,414.	(D) Fundraisin	ng —
Description Sank charges and sees Sonsultants Tredit card fees Event expense Ospitality	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713.	(E Prog Serv	1,655. 5,002. 857.	Manag and G	1,414. 4,331. 21,315.	(D) Fundraisin	ng 4.
Description Sank charges and sees Sonsultants Tredit card fees Vent expense Ospitality Inline database	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250.	(E Prog Serv 2	1,655. 5,002. 857. 2,125.	Manag and G	1,414. 4,331. 21,315.	(D) Fundraisin 17,32 85,00 68	1.
Description Sank charges and sees Consultants Tredit card fees Event expense Cospitality	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250. 14,291.	(E Prog Serv 2	1,655. 5,002. 857.	Manag and G	1,414. 4,331. 21,315. 171. 2,125.	(D) Fundraisin 17,32 85,00	1.
Description Sank charges and Sees Consultants Tredit card fees Vent expense Ospitality Inline database utside services ayroll services rogram: Awakening	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250.	(E Prog Serv 2	1,655. 5,002. 857. 2,125.	Manag and G	1,414. 4,331. 21,315.	(D) Fundraisin 17,32 85,00 68	1.
Description Sank charges and Sees Sonsultants Fredit card fees Vent expense Ospitality Inline database Utside services ayroll services rogram: Awakening he Dreamer	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250. 14,291. 1,819. 228,599.	(E Prog Serv	1,655. 5,002. 857. 2,125.	Manag and G	1,414. 4,331. 21,315. 171. 2,125.	(D) Fundraisin 17,32 85,00 68	1.
Description Sank charges and Sees Sonsultants Fredit card fees Vent expense Ospitality Inline database Utside services ayroll services rogram: Awakening he Dreamer rogram: Coalition	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250. 14,291. 1,819. 228,599. 1,310.	(E Prog Serv	1,655. 5,002. 857. 2,125. 3,576.	Manag and G	1,414. 4,331. 21,315. 171. 2,125.	(D) Fundraisin 17,32 85,00 68	1.
Description Sank charges and Sees Sonsultants Fredit card fees Vent expense Ospitality Inline database Utside services ayroll services rogram: Awakening he Dreamer	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250. 14,291. 1,819. 228,599. 1,310. 129,826.	(E Prog Serv	1,655. 5,002. 857. 2,125. 3,576. 8,599. 1,310.	Manag and G	1,414. 4,331. 21,315. 171. 2,125. 1,819.	(D) Fundraisin 17,32 85,00 68	1.
Description Bank charges and Bees Consultants Tredit card fees Event expense Ospitality Inline database Utside services ayroll services rogram: Awakening the Dreamer rogram: Coalition rogram: Trips	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250. 14,291. 1,819. 228,599. 1,310.	(E Prog Serv	1,655. 5,002. 857. 2,125. 3,576.	Manag and G	1,414. 4,331. 21,315. 171. 2,125.	(D) Fundraisin 17,32 85,00 68	1. 5.
Description Sank charges and Sees Consultants Tredit card fees Tredit card fees	(A) Total 1,414. 43,310. 21,315. 170,003. 1,713. 4,250. 14,291. 1,819. 228,599. 1,310. 129,826.	(E Prog Serv	1,655. 5,002. 857. 2,125. 3,576. 8,599. 1,310.	Manag and G	1,414. 4,331. 21,315. 171. 2,125. 1,819.	(D) Fundraisin 17,32 85,00 68	1. 5.

Form 990 Of	ficer Compensati Part II, Li	on Allocation ne 25a	n 	Statement
Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Tracy Apple	48,000.			48,000
A. Program Services	48,000.			48,000
B. Management and General	-			
C. Fundraising				
Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Neal Rogin	52,125.			52,125
A. Program Services	52,125.			52,125
3. Management and General				
C. Fundraising				
Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
avid Tucker	60,497.			60,497
. Program Services	47,793.			47,793.
. Management and General	4,840.			4,840.
. Fundraising	7,864.			7,864.
otal Program Services				147,918.
otal Management and Gener	al			4,840.
otal Fundraising				7,864.
otal Officer, etc., Compe	nsation Included	on Part II	Line 25a	160,622.

Form 990	Cash Grants and Allocations to Others	Statement 5
Class of Activity/D	onee's Name and Address	Amount
Fundacion Pachamama Gonzalo Serrano 345 Quito, Ecuador	y 6 de Diciembre	565,016.
U'wa Defense Project 1 Hallidie Plz #402 San Francisco, CA 94		5,000.
Amazon Watch 1 Hallidie Plz #402 San Francisco, CA 94	1102	5,629.
Sustainable World Co c/o Earth Island Ins San Francisco, CA 94	t 300 Broadway, #28	1,500.
Earth Economics .22 Jackson S St, #3 Seattle, WA 98104	20	5,000.
otal Included on Fo	rm 990, Part II, line 22b	582,145.

Form 990	Noncash Grants and Allocations	Statement
Class of Activity:		
Donee's Name and Addr	ess	
Fundacion Pachamama Gonzalo Serrano 345 y Quito, Ecuador	6 de Diciembre	
Relationship of Donee	Description of Property	Date of Gif
Sister foundation	Used computer equipment, mosquetting	uito Various
Method Used to Determi	ine Book Value	
Depreciated value		
Method Used to Determi	ino Foir Mordon Wales	
	ine Fair Market Value Book Valu	ie Amount Give
Same		0. 4,237
Same Fotal Included on Form	n 990, Part II, line 22b	4,237
Same Total Included on Form		4,237
Same Fotal Included on Form Form 990 Statement Explanation Preservation of tropics	of Organization's Primary Exempt Purpos	0. 4,237 4,237 e Statement
Same Fotal Included on Form Form 990 Statement Explanation Preservation of tropical	of Organization's Primary Exempt Purpos Part III	0. 4,237 4,237 e Statement
Same Fotal Included on Form Form 990 Statement Explanation Preservation of tropical	of Organization's Primary Exempt Purpos Part III al rainforests and cultures, and public	4,237 4,237 e Statement environmental Statement

The Pachamama Alliance			94-3249793
IMac Office equipment Equipment and furniture Equipment and furniture	600. 10,266. 2,900. 6,038.	600. 5,626. 857. 604.	0. 4,640. 2,043. 5,434.
Total to Form 990, Part IV, ln 57	26,565.	14.448.	12 117

Form 990	Loans P	ayable to (Officer's, Dire	ector's, Etc.	Statement
Lender's	Name and Ti	tle		Original Loan Amount	
Basil Twi	st, Preside	nt		10,000).
Date of Note	Maturity Date	Terms of	Repayment	Interest Rate	9
12/31/04		None		.00%	_
Security	Provided by	Borrower	Purpose of L	oan	
None			Cash flows		
Descriptio	on of Consid	deration		FMV of Consideration	Balance Due
None				0.	

Form 990 Part V-A - List Trus	of Current Officers stees and Key Employee	, Directors, es	Statement 1		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account	
Tracy Apple Presidio Bldg 1009 San Francisco, CA 94129	Director 30.00	48,000.	0.	0.	
Neal Rogin Presidio Bldg 1009 San Francisco, CA 94129	Director 30.00	52,125.	0.	0.	
David Tucker Presidio Bldg 1009 San Francisco, CA 94129	Exec Dir & Sec 40.00	retary 60,497.	0.	0.	
Bob Curtis Presidio Bldg 1009 San Francisco, CA 94129	Treasurer 1.00	0.	0.	0.	
Michael Olmstead Presidio Bldg 1009 San Francisco, CA 94129	Director 5.00	0.	0.	0.	
John Perkins Presidio Bldg 1009 San Francisco, CA 94129	Director 10.00	0.	0.	0.	
Gordon Starr Presidio Bldg 1009 San Francisco, CA 94129	Director 1.00	0.	0.	0.	
Basil R Twist, Jr Presidio Bldg 1009 San Francisco, CA 94129	President 30.00	0.	0.	0.	
Lynne Twist Presidio Bldg 1009 San Francisco, CA 94129	Director 10.00	0.	0.	0.	
Totals Included on Form 990,	Part V-A =	160,622.	0.	0.	

Form 990 Expla	nation of Relationship Part V-A, Line 75b	Statement	13
Individual's Name	Title or Role		
Basil Twist	President		
Individual's Name	Title or Role		
Lynne Twist	Director		
Explanation of Relationsh	ip		
Married			

THE PACHAMAMA ALLIANCE FORM 990 FED EID: 94-3249793 FORM 990 Statement 7

Part III, Statement of Program Service and Accomplishments

The Pachamama Alliance ("Pachamama") is working in partnership with the Achuar, Shuar, Shiwiar, and Zapara people of the southern Amazon region in Ecuador and the Achuar of northern Amazon region of Peru. Pachamama's primary focus is on strengthening the indigenous people's ability to speak for, and represent their own interests. Pachamama has worked in close partnership with the Achuar people since its inception. Since 2001, the work and partnership expanded to include the other indigenous groups in the region and the Achuar of Peru. During 2006, Pachamama provided direct assistance in the form of material aid (grants of funds and equipment) and technical assistance to support the indigenous group's efforts in preserving their territories and way of life. This work was carried out through Fundacion Pachamama, ("FP"), an Ecuadorian non-for-profit foundation that Pachamama established in 1997.

- 1. Funding was provided to the Achuar representative government, NAE, to cover the basic operating costs and overhead, the annual congress that provides a forum for the Achuar leaders to discuss the major issues affecting their lives, and various activities in the fields of territory, health, communication, economic development and education. Technical assistance was provided for institutional development and capacity building with the NAE and its leaders.
- 2. Pachamama provided funding and technical support the Achuar people to implement new by-laws and increase accountability of its elected leaders. Technical assistance and funding was also provided to complete the demarcation and participatory mapping of 140,000 hectares of the Achuar territory.
- 3. Pachamama funded and provided technical support for, in collaboration with Conservation International and the Achuar leadership, a series of participatory meetings to develop a strategy to implement a 'transfer plan' of Kapawi Ecolodge, an eco-tourism project running in Achuar territory since 1996. Based on negotiations between the Achuar and the Ecuadorian company that ran the project since 1996, the Achuar will assume ownership of Kapawi in 2008. The transference plan aims to address all the issues that will make this process a success. The plan guarantees the Ecolodge's continued function with top quality standards. Funding covered 10 strategic meetings (transportation, food and other expenses).
- 4. Pachamama funded and provided technical support for the start-up of an onsite English language instruction program at Kapawi Ecolodge and in Kapawi village. The English program aims to bring a high quality of English education to the Achuar people in their rainforest home and facilitate their eco-tourism endeavors in the future.

- 5. Funding was provided to the Zápara governing federation, ONZAE, to cover the basic operating costs and overhead.
- 6. Funding was provided to the Shuar governing federation, FIPSE, to cover the basic operating costs and overhead. Together with support from other NGOs, Pachamama provided funding and technical assistance to FIPSE on legal issues associated with their land titling process.
- 7. Funding and technical support was provided to SHINAE, the Shiwiar representative government, to cover their administrative expenses, to complete their definition and recognition of the nationality's by-laws and complete mapping and demarcation of their territory.
- 8. Pachamama funded and provided technical support, in collaboration with other non-governmental organizations (NGOs) and indigenous organizations, to two regional networks the Inter-federational Committee and the Alliance of Ancestral Peoples in Resistance (APAR) two growing alliances among the local indigenous organizations in the South Central Ecuadorian Amazon. APAR is the technical branch of the more political Inter-Federational Committee, both of which are focused on organizing a strategy to protect the Achuar, Shuar, Zápara, and Shiwiar territory and strengthen constitutional rights of indigenous peoples. Funding covered strategic planning meetings (transportation, food and other expenses).
- 9. Pachamama funded and provided technical support for AmazonGlSnet, another regional network focused on training and sharing experiences among indigenous technicians on geographic information systems, demarcation, and mapping methodologies, as a strategy for more effective territorial defense in the Amazon.
- 10. Pachamama funded and provided technical support for the first-ever Binational Congress of the Binational Government of Achuar Peoples from Ecuador and Perú.
- 11. Pachamama funded and spear-headed the "Green Plan" a political and technical proposal to establish an alternative development model for Ecuador that would decrease the country's dependence on oil, strengthen and respect indigenous peoples' constitutional rights, and protect the South Central Ecuadorian Amazon for sustainable development. Funds covered proposal development, advocacy, and publications.
- 12. Pachamama provided funding and technical support to the national indigenous movement, through the CONAIE, ECUARUNARI, and CONFINAE, with the objective of consolidating the Movement's position on key issues related to territory, collective rights, and indigenous governance, as well as strengthening Andean-Amazonian relations within the Movement.
- 13. Pachamama provided funding to the Center for Social and Economic Rights (CDES) an Ecuadorian NGO devoted to promoting economic, social and cultural rights, interdisciplinary research and grassroots advocacy to provide

legal assistance to all the grassroots federations Pachamama works in the Ecuadorian Amazon.

14. Pachamama provided funding to Racimos de Ungurahui - a Peruvian NGO devoted to promoting collective rights and grassroots advocacy - to provide legal assistance to all the Achuar grassroots federations in Peru.