Department of the Treasury 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.

OMB No 1545-0047 Open to Public Inspection

A	For the	2006 calendar year, or tax year beginning and ending		<u> </u>
В	Check if	C. Name of organization	mployer id	entification number
_	ddre	e print or EARTHWORKS	52-15	557765
	Jame	tune	elephone n	number
	initial return	Specific 1612 K STREET, NW 808	(202)	887-1872
	Final return Amen return		Accounting method	
	Applic	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and Larg not applications.		
		must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return		<u> </u>
G	Website	:: ►WWW . EARTHWORKS . ORG H(b) If "Yes," enter number		/_
J	Organız	ation type (check only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 H(c) Are all affiliates inclu	ided? N	I/A Yes No
K	Check h	ere In the organization is not a 509(a)(3) supporting organization and its gross (if "No," attach a list H(d) is this a separate ret) urn filed hv	an or-
1	receipts	are normally not more than \$25,000. A return is not required, but if the organization. ganization covered t	y a group r	ruling? Yes X No
	chooses	to file a return, be sure to file a complete return	ımber ►	N/A
	_			on is not required to attach
		ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 2, 466, 889 . Sch B (Form 990, 9	90-EZ, or 9	90-PF).
EE	art 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds 1a 2,451,099	-	
	b	Direct public support (not included on line 1a) 1b	-	
	C	Indirect public support (not included on line 1a) Coversment contributions (greats) (not took under on line 1a)	-	
	d e	Government contributions (grants) (not included on line 1a) Total (add lines 1a through 1d) (cash \$ 2,451,099 • noncash \$)		2,451,099.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	1e 2	2,431,099.
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	8,885.
	5	Dividends and interest from securities	5	
	6 a	Gross rents 6a		
	b	Less. rental expenses 6b	7	
ø	c	Net rental income or (loss) Subtract line 6b from line 6a	6c	
ž	7	Other investment income (describe	7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other		
ш.		than inventory 8a	_	
	b	Less cost or other basis and sales expenses 8b	_	
1	C	Gain or (loss) (attach schedule)	_	
K		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
NNEC	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
Z	a	Gross revenue (not including \$ of contributions reported on line 1b) 9a	-	
Ш	b	Less direct expenses other than fundraising expenses 9b Net income or (loss) from special events. Subtract line 9b from line 9a	ا ۵۰	
	10 a	Gross sales of inventory, less returns and allowances	9c	·
₹	b	Less: cost of goods sold	-	
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10h from lipe 112	100	
	11	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10b fro	11	6,905.
<u>~</u>	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,466,889.
5	13		13	1,355,708.
S 2007	14	Management and general (from line 44, column (C))	14	113,828.
ben	15	Fundraising (from line 44, column (D))	15	139,035.
Ä	16	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) Table processes Add lines 46 and 44 and 47 and	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,608,571.
v	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	858,318.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>-26,802.</u>
As		Other changes in net assets or fund balances (attach explanation)	20	0.
6230	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	831,516.
6230 01-18	3-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2006)

Form 990 (2006)

Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.		. ,	services	and general	•
22a Grants paid from donor advised funds					
(attach schedule)	-)				
If this amount includes foreign grants, check here] 223				
22b Other grants and allocations (attach schedu				STATEMENT 3	
(cash \$ 187506 • noncash \$ 0	<u>.</u>	187,506.	187,506.		
If this amount includes foreign grants, check here	_ <u> 22b</u>	107,300.	167,500.	-	
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 2.	25a	118,827.	105,756.	4,753.	8,318.
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 include	a				
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	635,106.	531,160.	40,873.	63,073.
27 Pension plan contributions not included on					
lines 25a, b, and c	27	21,140.	17,635.	1,386.	2,119.
28 Employee benefits not included on lines		105 557	06 050	7 006	10 700
25a · 27	28	105,557.	86,959. 48,502.	7,896. 3,699.	10,702. 5,792.
29 Payroll taxes	30	31,333.	40,302.	3,033.	3,134.
31 Accounting fees	31	9,565.	7,805.	1,744.	16.
32 Legal fees	32	1,307.	1,067.	238.	2.
33 Supplies	33	12,241.	9,187.	2,533.	521.
34 Telephone	34	39,812.	37,989.	1,823.	
35 Postage and shipping	35	23,883.	17,944.	2,185.	3,754.
36 Occupancy	36	68,303.	60,164.	3,064.	5,075.
37 Equipment rental and maintenance	37	11,825.	9,720.	1,533.	572.
38 Printing and publications	38	70,292.	38,635.	527.	31,130. 543.
39 Travel	39 40	95,457. 21,995.	90,421. 16,616.	4,493. 5,263.	116.
40 Conferences, conventions, and meetings41 Interest	41	14,410.	10,010.	14,410.	110.
42 Depreciation, depletion, etc. (attach schedule)	42	11,673.	9,552.	790.	1,331.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
6	43e				
g SEE STATEMENT 1	431	101,679.	79,090.	16,618.	5,971.
44 Total functional expenses. Add lines 22a through	43g	101,019.	17,030.	10,010.	3,311.
43g (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	1,608,571.	1,355,708.	113,828.	139,035.
Joint Costs. Check ▶ ☐ if you are followin					
Are any joint costs from a combined educational camp	-			•	Yes X No
If "Yes," enter (i) the aggregate amount of these joint c	_		i) the amount allocated to	<u> </u>	N/A
(iii) the amount allocated to Management and general 623011	\$	N/A ; and (i	v) the amount allocated to	Fundraising \$	N/A

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.

	at is the organization's primary exempt purpose? ►								Program Service Expenses
clie	ents serv	ations must describe ved, publications issons and 4947(a)(1) n	ued, etc. Discus	s achievemen	ts that are not me	asurable. (Section 5	01(c)(3) and (4)		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE	STATEMENT	2A						
									-
		s and allocations	\$) If this amount i	ncludes foreign grar	nts, check here	D	387,628.
b	SEE	STATEMENT	2A						1
		s and allocations	\$) If this amount i	ncludes foreign grar	nts, check here	D	258,015.
С	SEE	STATEMENT	2A						
						······································			
		s and allocations		87,506.) If this amount i	ncludes foreign grar	nts, check here	>	555,978.
d	SEE	STATEMENT	2A						
									
		s and allocations	\$			ncludes foreign grar	nts, check here	▶□	142,171.
е	•	program services (at s and allocations	tach schedule)	SEE STA	ATEMENT 4) If this amount i	ncludes foreign grar	nts, check here	> _	11,916.
f	Total c	of Program Service	Expenses (show	uld equal line 4	4, column (B), Pro	gram services)		>	1,355,708.

Total liabilities and net assets/fund balances. Add lines 66 and 73

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) should be for end-of-year amounts only. Beginning of year End of year 154. 45 Cash - non-interest-bearing 45 189,833. 46 46 Savings and temporary cash investments 47 a Accounts receivable 47a b Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 566,068. 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees 50a **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b Assets 51a 51 a Other notes and loans receivable 51b b Less: allowance for doubtful accounts 51c Inventories for sale or use 52 8,980. 11,920 Prepaid expenses and deferred charges 53 54 a Investments - publicly-traded securities STMT 6 ▶ Cost 4,664 54a b Investments - other securities 54b 55 a Investments - land, buildings, and equipment: basis 55a 55b 55c b Less: accumulated depreciation Investments - other 56 202,998. 57 a Land, buildings, and equipment: basis 57a 187,074 20,317. 15,924. b Less: accumulated depreciation STMT 5 57c 58 Other assets, including program-related investments (describe ▶ 58 1,029,924. 219,284. 59 Total assets (must equal line 74). Add lines 45 through 58 59 97,578. 73,702. 60 Accounts payable and accrued expenses 60 61 Grants payable 61 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities b Mortgages and other notes payable 64b Other liabilities (describe LINE OF CREDIT 148,508. 124,706. 65 65 246,086. 198,408. Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances -199,302. -170,790.67 Unrestricted 67 172,500. 1,002,306. Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here complete lines 70 through 74. Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 -26,802. 831,516. (Column (A) must equal line 19 and column (B) must equal line 21)

> 1,029,924. Form 990 (2006)

219,284.

_	instructions.)			·····	T. T. 2	166 000
a	Total revenue, gains, and other support per audited financial stateme	ents			$\begin{vmatrix} a \end{vmatrix} = \frac{2}{3}$	466,889
þ	Amounts included on line a but not on Part I, line 12:	1	1			
1	Net unrealized gains on investments	· · · · · ·	b1		4	
2	Donated services and use of facilities	" F	b2		4	
3	Recoveries of prior year grants	· –	b3		4	
4	Other (specify):		b4		_	
	Add lines b1 through b4				b	0.
Ç	Subtract line b from line a				c 2,	466,889.
d	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b	1	d1			
2	Other (specify):		12		1	
	Add lines d1 and d2		· · · · · · · · · · · · · · · · · · ·		1 d	0.
8	Total revenue (Part I, line 12). Add lines c and d			•		466,889.
	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements V	Vith Expenses	per		
а	Total expenses and losses per audited financial statements				a 1,	608,571.
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities	. 1	o1			
2	Prior year adjustments reported on Part I, line 20		2		1	
3	Losses reported on Part I, line 20		03			
4	Other (specify):	-	14			
	Add lines b1 through b4				ь	0.
C	Subtract line b from line a					608,571.
d	Amounts included on Part I, line 17, but not on line a:				/	000/3/11
-		l.	, . l			
	Investment expenses not included on Part I, line 6b	_	1			
2	Other (specify):Add lines d1 and d2		2		 	۸
		•			d	0.
						600 E71
	Total expenses (Part I, line 17). Add lines c and d	v Employoos (List con	ah naraan wha wa	>	e 1,	608,571.
	ert V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we			s an of	e 1,	
	rt V-A Current Officers, Directors, Trustees, and Ke		the instructions.)	(D)Cor emplo plans	e 1,	(E) Expense
	or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D)Cor emplo plans	e 1, fficer, direct intributions to byse benefit a & deferred	(E) Expense
	or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D)Cor emplo plans	e 1, fficer, direct intributions to byse benefit a & deferred	(E) Expense
Pa	or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct intributions to byse benefit a & deferred	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
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Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
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Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
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Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Cor emplo plans compe	e 1, fficer, direct thin the time to be sensitive to be sensitive to the time	(E) Expense account and other allowances

Form 990 (2006) EARTHWORKS			<u>52-1557</u>			age 6
Part V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	red)			Yes	No
75 a Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board	10			
meetings		>	10			
b Are any officers, directors, trustees, or key employees listed in Form	n 990, Part V-A, or highest o	compensated emp	loyees			
listed in Schedule A, Part I, or highest compensated professional ar	nd other independent contr	actors listed in Scl	nedule A,			
Part II-A or II-B, related to each other through family or business rela	ationships? If "Yes," attach	a statement that is	dentifies	75.		Х
the individuals and explains the relationship(s)			<u> </u>	75b		
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees						
listed in Schedule A, Part I, or highest compensated professional at Part II-A or II-B, receive compensation from any other organizations				- 1		
organization? See the instructions for the definition of "related organization"		able, mai are relat	ed to the	75c	ſ	X
If "Yes," attach a statement that includes the information described						
d Does the organization have a written conflict of interest policy?			[75d		X
Part V-B Former Officers, Directors, Trustees, and Ke	y Employees That P	eceived Com	pensation o	r Ot	her	
Benefits (If any former officer, director, trustee, or key e	mployee received compens	sation or other ben	efits (described	belo	w) dur	ing
the year, list that person below and enter the amount of co	mpensation or other benef					
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	employee penefit	àc) Expe	and
NONE		enter -0-)	plans & deferred compensation plan	s othe	r allow	ances
			· · · · · · · · · · · · · · · · · · ·	+		
				+		
						
				┿		
				}		
				+		
				1		
				1_		
Part VI Other Information (See the instructions.)					Yes	No
76 Did the organization make a change in its activities or methods of c	onducting activities? If "Ye	s," attach a detaile	d			
statement of each change				76		X
77 Were any changes made in the organizing or governing documents	but not reported to the IRS			77		X
If "Yes," attach a conformed copy of the changes.						
78 a Did the organization have unrelated business gross income of \$1,0	00 or more during the year	covered by this ret	urn?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b		v
79 Was there a liquidation, dissolution, termination, or substantial conf				.79		Х
80 a Is the organization related (other than by association with a statewi			on	00-		Х
membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt orga	anization (80a		- 1
b if "Yes," enter the name of the organization▶ N/A	and check whether it is	exempt or	nonexempt			
81 a Enter direct or indirect political expenditures. (See line 81 instruction		81a	. O			
81 a Enter direct or indirect political expenditures. (See line 81 instruction) b Did the organization file Form 1120-POL for this year?		<u> </u>		81b		Х
a ordano organization monorminitati de for ano jeun					990	

Form	orm 990 (2006) EARTHWORKS	32-1337			age /
Pa	Part VI Other Information (continued)			Yes	No
82 a	2 a Qid the organization receive donated services or the use of materials, equipment, or facilities at no charge	ge or at substantially			
	less than fair rental value?		82a		<u>X</u>
b	b If "Yes," you may indicate the value of these items here. Do not include this				į
	amount as revenue in Part I or as an expense in Part II.	4-			Í
	(See instructions in Part III.)	<u> N/A</u>	-		l
B3 a	3 a Did the organization comply with the public inspection requirements for returns and exemption application	ons?	83a	X	
b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
	4 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contribution			<i>i</i> [İ
	tax deductible?	N/A	84b		
85	· · · · · · · · · · · · · · · · · · ·	N/A	85a		
b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiz	ation received a			ĺ
	waiver for proxy tax owed for the prior year.	NT / 70			
C		N/A	-		ĺ
d		N/A	-		
8		N/A	-		
f	• • • • • • • • • • • • • • • • • • • •	N/A N/A			i İ
g			85g		
h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 8				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	N/A	85h	. 1	
	following tax year?	N/A	0011		
86	l ne-	N/A			
	1110 12	N/A	1		ĺ
	a disso resolpts, included on line 12, 10, public east of size terminal	N/A			į
87	7 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources				Ė
U	against amounts due or received from them.) 87b	N/A			
88 3	8 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation				ĺ
00 a	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and				É
	If "Yes," complete Part IX		88a	i 1	Х
h	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	meaning of			
b	section 512(b)(13)? If "Yes," complete Part XI	•	88b		Х
RQ a	g a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ►	0.			
b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				į
_	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				İ
	If "Yes," attach a statement explaining each transaction		89b	<u> </u>	X
C	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year unc	der			
	sections 4912, 4955, and 4958	0.			
d	The second secon	0.			
е	All the second s	r transaction?	89e	<u> </u>	X
f	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance co	ntract?	89f		X
g	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the sup	oporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	ne year?	89g	<u> </u>	X
90 a					10
b	b Number of employees employed in the pay period that includes March 12, 2006	90b	007	10	12
91 a		none no. ► <u>(202)</u>		-18	12
	Located at ► 1612 K STREET, SUITE 808, WASHINGTON, DC	ZIP + 4 ▶ <u>3</u>	2000	Yes	No
b	b At any time during the calendar year, did the organization have an interest in or a signature or other aut		044	162	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	91b		^
	If "Yes," enter the name of the foreign country ► N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank			
	and Financial Accounts		t	1	}

Form **990** (2006)

Form 990 (2006) EARTH					52-	-1557765 Page 8
Part VI Other Information (con	ntinued)					Yes No
c At any time during the calendar year	, did the organiza			of the Un	ited States?	91c X
If "Yes," enter the name of the foreig	n country 🕨		N/A			
92 Section 4947(a)(1) nonexempt charit	_			Check he	P	,▶ └
and enter the amount of tax-exempt					▶ 92	<u> </u>
Part VII Analysis of Income-P	roducing Act	<u>_</u>				
Note: Enter gross amounts unless otherw	ise —	(A)	ed business income	(C)	ed by section 512, 513, or 514	(E)
indicated.	l e	Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Program service revenue:	ļ	code		code		function income
a						
b				++		
C			······································			<u> </u>
d			·	+		
e				+		
f Medicare/Medicald payments	}_					
g Fees and contracts from government	agencies					
94 Membership dues and assessments				1 1	0.005	
95 Interest on savings and temporary cash in				14	8,885.	
96 Dividends and interest from securities			·····			· · · · · · · · · · · · · · · · · · ·
97 Net rental income or (loss) from real es	state:			-		
a debt-financed property				+-+	····	
b not debt-financed property			· · · · · · · · · · · · · · · · · · ·			
98 Net rental income or (loss) from perso	nal property					
99 Other investment income	.					
00 Gain or (loss) from sales of assets		-				
other than inventory .			·			
01 Net income or (loss) from special ever				1		
02 Gross profit or (loss) from sales of inve	entory					
03 Other revenue:					£ 005	
a MISCELLANEOUS				01	6,905.	
b						
C			· · · · · · · · · · · · · · · · · · ·	╆┷		
d				+		
6				 -	15 500	
04 Subtotal (add columns (B), (D), and (E			0.		15,790.	
05 Total (add line 104, columns (B), (D), a			. <u></u>		•	15,790.
Note: Line 105 plus line 1e, Part I, should e						
Part VIII Relationship of Activi			···			
Line No. Explain how each activity for which	•		1 /	d importa	ntly to the accomplishment	of the organization's
exempt purposes (other than by pr	oviding funds for s	uch purpos	Ses)			
	Ŧ 11 A					
Part IX Information Regarding	g Taxable Su	bsidiari	es and Disregard (C)	ea En	(D)	ns.) (E)
Name, address, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
partnership, or disregarded entity over	wnership interest					assets
	%					
N/A	%					
	%					
	<u>%</u>		tadada B		ELO	L
Part X Information Regarding						
(a) Did the organization, during the year, rece						Yes X No
(b) Did the organization, during the year, pay				ontract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and I	Form 4720 (see ir	struction	s).			
						Form 990 (2006)

Pa	Information Regarding Transfers To and From Controlling organization as defined in section 512(b)(13).	Controlled Entiti N/A	es. Complete only if the organize	zation is a	
106	Did the reporting organization make any transfers to a controlled entity complete the schedule below for each controlled entity.		512(b)(13) of the Code? If "Yes,	, Ye	s No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amoun transf	t of
a					
b					
C					
	Totals				T
107	Did the reporting organization receive any transfers from a controlled encomplete the schedule below for each controlled entity.	tity as defined in sec	ction 512(b)(13) of the Code? If "	Yes,"	s No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
а					
b					
С					
	Totals			15.2	
108	Did the organization have a binding written contract in effect on August 1 annuities described in question 107 above?			Yes	
Plea Sign Here	Signature of officer	ing schedules and statementh preparer has any knowled	April 10	elief, it is true, co	irrect,
Paid Prep Use (self-employed), address and 3110 FAIRVIEW PARK DRIVE,	2-26-07	self- employed	or PTIN (See Ge	
•	ZIP+4 FALLS CHURCH, VA 22042		Phone no ► 703-8	842-11: Form 990	

SCHEDULE A

(Form 990 or 990-EZ)

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

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization				Employer identifi	cation number
EARTHWORKS				52 15577	65
Compensation of the Five Highest Paid Em (See page 2 of the instructions. List each one. If there are none,		Than	Officers, Dire	-	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average per week devote position	e hours d to	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
PAYAL SAMPAT EARTHWORKS - 1612 K STREET, NW, WASH	INTL CMPN	DIR	58,535.	2,927.	
KIMBERLEE SMITH-DINN EARTHWORKS - 1612 K STREET, NW, WASH	DIR OP.& 35.00	DEV.	66,000.	3,300.	
GWEN LACHELT EARTHWORKS - 1612 K STREET, NW, WASH	OGAP PROG 35.00	. DI	R. 53,008.	2,650.	
Total number of other employees paid over \$50,000	0				
Part II-A Compensation of the Five Highest Paid Ind (See page 2 of the instructions List each one (whether individual	•			onal Service	'S
(a) Name and address of each independent contractor paid more ti	an \$50,000		(b) Type of s	ervice (c) Compensation
NONE					
Total number of others receiving over \$50,000 for professional services	0				
(List each contractor who performed services other than profess firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether			ervices	
(a) Name and address of each independent contractor paid more to	nan \$50,000		(b) Type of s	ervice (c) Compensation
NONE					
					
			······································		······
Total number of other contractors receiving over \$50,000 for other services	0				

	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 public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 16,297. (Must equal amounts on line 38, Part VI-A, or Inne i of Part VI-B.)	1	x	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	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 Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2¢		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
	e Transfer of any part of its income or assets?	2e_		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	b Dd the organization have a section 403(b) annuity plan for its employees?	3b	X	<u></u>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			ĺ
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			İ
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966?	4b		Х
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	·			

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	through 7 of the instruction	ons)				
5 6 7 8 9	y that th	he organization is not a private foundation because it is (Please check only ONE applicable box.) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii). (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
10 11a	□	An organization operated for the benefit of a college or (Also complete the Support Schedule in Part IV-A)	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).						
11b 12		Section 170(b)(1)(A)(vi) (Also complete the Support A community trust Section 170(b)(1)(A)(vi) (Also con An organization that normally receives (1) more than receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelated	Schedule in Part IV-A) implete the Support Sche 33 1/3% of its support fractions - subject to certailed business taxable incorrections.	dule in Part IV-A) om contributions, membe in exceptions, and (2) no me (less section 511 tax)	ership fees, a more than 33 from busines	nd gross 3 1/3% of			
13		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:							
		Provide the following information al	bout the supported organ	nizations. (See page 7 of	the instruction	ons)			
		4-3			(d) Is the supported organization listed in the supporting organization's governing documents?				
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organization	apported in porting zation's	(e) Amount of support		
·		•	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organization	apported in porting zation's	Amount of		
Total		•	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	apported on listed in porting zation's documents?	Amount of		

Schedule A (Form 990 or 990-EZ) 2008

Pŧ	Note: You may use the	Complete only if you ch to worksheet in the inst	ecked a box on line 10), 11, or 12.) Use cast	n method of acc	ountin	ng. ounting
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	<u>Ji doo</u> t	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,556,382.	1,073,714.	1,578,007.	1,143,9	74.	
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,184.	1,505.	1,811.	7,0	99.	14,599.
19	Net income from unrelated business						
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		,				
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	1,560,566.	1,075,219.	1,579,818.	1,151,0	73.	5,366,676.
24	Line 23 minus line 17	1,560,566.	1,075,219.	1,579,818.	1,151,0	73.	5,366,676.
25	Enter 1% of line 23	15,606.	10,752.	15,798.	11,5	11.	
26	Organizations described on lines 10			•	. ▶	26a	107,334.
þ	7						
	unit or publicly supported organization	•	•	ded the amount shown in	line 26a.	.	1 (41 (62
	Do not file this list with your return.			-		26b	1,641,663.
C	Total support for section 509(a)(1) to		, ,		▶	26c	5,366,676.
a	Add Amounts from column (e) for li	00		1 (11 (_	201	1,656,262.
	Public support (line 26c minus line 2		260	1,041,00	- [26d 26e	3,710,414.
f	Public support percentage (line 26e	•	line 26c (denominator)\			26f	69.1380%
27	Organizations described on line 12:				lisqualified person		
	records to show the name of, and tot						•
	(2005)	(2004)		003)	· ·	•	
b	For any amount included in line 17 th		· ·				
	and amount received for each year, to						
	described in lines 5 through 11b, as	•	•	• •	/-	en the	amount received and
	the larger amount described in (1) or (2005)	r (2), enter the sum of the (2004)	•	s amounts) tor each year 003)	: N/A (200	2)	
C	Add Amounts from column (e) for li	, ,	(2)		•	د)	•
٠				16 21		27c	N/A
d	Add. Line 27a total	an	d line 27b total	· • · · · · · · · · · · · · · · · · · ·		27d	N/A
8	Public support (line 27c total minus I				▶	27e	N/A
f	Total support for section 509(a)(2) to	•	23, column (e)	271	N/A		
g	Public support percentage (line		• •	ominator))	>	27g	N/A %
	Investment income percentage					27h	N/A %
28 (Unusual Grants: For an organization show, for each year, the name of the co return. Do not include these grants in li	n described in line 10, 11, ontributor, the date and ar ine 15		nusual grants during 200 brief description of the na	2 through 2005, pature of the grant.	repare Do not	a list for your records to file this list with your

NONE

623131 01-18-07

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1	1
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of		1	
	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	<u> </u>	<u></u>
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)	_		
32	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		!	
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
6	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
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)	_ _		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	- 34a		· /
	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	0.70		
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)

(To be completed ONLY by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group. Check 🕨 b if you checked "a" and "limited control" provisions apply (a) Limits on Lobbying Expenditures Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) 38 1,597,146 39 Other exempt purpose expenditures 39 1,613,443 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 \$500,000 230,672. 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 57,668. 42 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

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 Expend	itures During 4-Year Avera	ging Period	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Totai
45 Lobbying nontaxable amount	230,672.	238,076.	182,950.	2,083.	653,781.
46 Lobbying ceiling amount (150% of line 45(e))					980,672.
47 Total lobbying expenditures	16,297.	18,226.	13,888.	10,413.	58,824.
48 Grassroots nontaxable amount	57,668.	59,519.	45,738.	521.	163,446.
49 Grassroots ceiling amount (150% of line 48(e))					245,169.
50 Grassroots lobbying expenditures	11,425.	376.	7,432.	1,767.	21,000.

Part VI-B Lobbying Activity by Nonelecting Public Charities

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

	(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)			N/A
	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:			Amount.
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements			
đ	Mailings to members, legislators, or the public			
8	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			

i Total lobbying expenditures (Add lines c through h.)
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

0.

٠.					•	* (
chadul	e A (Form 990 or 990-EZ) 200	6 FADTHWODKS		52_1	557765	Page 7
			Transactions and	d Relationships With Nonchar		- tugo /
FOIL		zations (See page 13 of the instr		d Relationships with Noticilar	itable	
51 (directly or indirectly engage in any of		r organization described in section		
		section 501(c)(3) organizations) or in	• •	-		
		ganization to a noncharitable exempt		milear organizations.	Ye	s No
	(i) Cash	gamation to a nononantable oxompt	organization on		51a(i)	X
	(II) Other assets				a(ii)	X
	Other transactions:	<i></i>	•• ••••			
		ets with a noncharitable exempt organ	nization		b(i)	Х
	• •	noncharitable exempt organization			b(ii)	X
	iii) Rental of facilities, equipme	· =			b(ili)	X
(iv) Reimbursement arrangeme	ents			b(iv)	X
1	(v) Loans or loan guarantees				b(v)	X
(1	vi) Performance of services or	r membership or fundraising solicitati	ions		b(vi)	X
c S	Sharing of facilities, equipment,	, mailing lists, other assets, or paid er	nployees		С	X
			• •	always show the fair market value of the		
-		s given by the reporting organization	· ·			_
tı	ransaction or sharing arrangen	nent, show in column (d) the value of	the goods, other assets, o	r services received:	N/	<u>A</u>
(a)	(b)	(c) Name of noncharitable exe	met areanization	(d)	abarina arrana	amanta
Line no	. Amount involved	ivalité di lidiichantable exe	milit organization	Description of transfers, transactions, and	Snanny arrany	ements
	 		·			
			 			
	<u></u>		 			<u> </u>
						
					-	
						
2 a 19	the organization directly or in	directly affiliated with, or related to, o	ne or more tax-exempt org	anizations described in section 501(c) of the		
	ode (other than section 501(c)				Yes	X No
b If	"Yes," complete the following s	schedule: N/A				
	(a))	(b)	(c)		
	Name of org	ganization	Type of organization	Description of relations	hip	
						

2006 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

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Current Year Deduction	0.	¢	0														
Current Sec 179			0														
Accumulated Depreciation	150,910.	36,164.	187,074.		,,,,								-1				
Basis For Depreciation	166,834.	36,164,	202,998.														
Reduction In Basis			0								 				,,,,,		
Bus % Excl			•••														
Unadjusted Cost Or Basis	166,834.	36,164.	202,998.		*****												
Line No	16	9					11**	··········			 ··········			·+	,		
Lrfe	000	.000			,,		1			·	 						
Method	SI	ıŋ S	++	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**		· · · · · · · · · · · · · · · · · · ·		 ·····			,,			
Date Acquired	VARIESSL	VARIES									 						
Description	1FURNITURE & EQUIPMENT	ZLEASEHOLD IMPROVEMENTSVARIESEL	* TOTAL 990 PAGE 2 DEPR							•		•				****	
Asset No				<u> </u>		, w,		, <u>, , , , , , , , , , , , , , , , , , </u>		···	 		بىيىد				

(D) - Asset disposed

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

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FORM 990	OTHER	R EXPENSES		STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRAINING PAYROLL EXPENSES	3,981. 3,362.	2,339. 163.	1,594. 3,175.	48.
STATE REGISTRATION FEES BANK FEES	1,810. 1,876.		1,876.	1,810.
PHOTO & VIDEO MISCELLANEOUS	1,321. 166.	1,301. 151.	15.	20.
MEMBERSHIP DUES LIST RENTAL	400. 3,607.	400.	020	3,607. 382.
INSURANCE PROFESSIONAL FEES EMPLOYEE RECRUITING	5,592. 48,320. 100.	4,372. 39,428.	838. 8,812. 100.	80.
ADVERTISING TOTAL TO FM 990, LN 43	31,144.	30,936. 79,090.	16,618.	5,971.

FORM 990

PRIMARY EXEMPT PURPOSE

STATEMENT 2A

AND

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

The corporation is organized exclusively for charitable and educational purposes. More specifically, the activities of the Corporation shall include but not be limited to: protecting communities and the environment from the impacts of destructive mineral development in the U.S. and worldwide, by working with communities and grassroots groups to reform government policies, improve corporate practices, and influence investment decisions. The Corporation shall work to encourage conservation, recycling, responsible materials policies, fuel efficiency, and renewable energy sources. The Corporation shall expose the health, environmental, economic, social and cultural impacts of irresponsible mineral development through work informed by sound science, and achieved through, but not limited to public education, research, litigation and advocacy.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

U.S. Policy Reform Programs

Programs to research, develop, publicize and promote policies to protect communities and the environment in regard to mining and natural resources. This includes research, publications, information analysis, policy analysis, legal action, outreach and educations of the public, retailers, insurers, and communities, support to affected communities, promoting media awareness and coverage, and educating decision makers including regulators and elected officials. The focus of this program is both on state and federal policies.

\$ 387,628

International Policy & Market Reform Programs

Programs to research, develop, publicize and promote policies to protect communities and the environment in regard to mining and natural resources internationally. This includes research, publications, information analysis, policy analysis, legal action, outreach and educations of the public and communities, support to affected communities, promoting media awareness and coverage, and educating decision makers including regulators and elected officials. This includes conducting trainings for affected communities, conducting site visits, and providing independent scientific, technical and economic analysis. This also includes programs to increase corporate accountability.

Oil & Gas Accountability Project

Working with tribal, urban and rural communities to protect their homes and the environment from the impacts of oil and gas development. This includes advocating for stronger reforms and better industry practices. We utilize media, public education and community organizing in our efforts to change the way oil and gas development occurs in North America. OGAP coordinates two main program areas: Public Health and Toxics, and Regulatory and Governmental Reform.

\$ 555.978

Public Member Information

- Media/Communications
 - Website, newsletter and other methods to promote and publicize the work of MPC and its allies, including public opinion research.
- Research/Publications
 - Analysis of policy proposals, development of policy proposals, research into impacts of mining in the form of fact sheets, issue papers, and reports.
- Advocacy Technology/Tool (Capacity Building)
 Investment geared toward improving outreach, research and advocacy capacity through expenditures on technology, data management, electronic tools, membership, and capacity to reach communities.
- Research and information provided to the public and members in the form of mailings, fact sheets, electronic (email) updates and alerts, newsletters, and responses to direct inquiries.

\$ 142,171

Alaskans for Responsible Mining

Alaskans for Responsible Mining (ARM) is a voluntary association of non-governmental organizations working together to raise public awareness of the impacts of the mining industry to Alaska's watersheds, wildlife, fisheries, communities and public health and to reform Alaska's inadequate mining laws.

\$ 11.916

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 3
CLASS OF ACTIVITY/D	ONEE'S NAME AND ADDRESS	AMOUNT
GRANTS NATIVE ACTION PMB 155 SEATTLE, WA 98114		31,251.
GRANTS NORTHERN PLAINS RES 2401 MONTANA AVE, S BILLINGS, MT 59101		31,251.
GRANTS POWDER RIVER BASIN : 934 NORTH MAIN SHERIDAN, WY 82801	RESOURCE COUNCIL	31,251.
GRANTS SAN JUAN CITIZENS AT 850 MAIN AVE DURANGO, CO 81301	LLIANCE	31,251.
GRANTS WESTERN COLORADO CO PO BOX 1931 GRAND JUNCTION, CO		31,251.
GRANTS WYOMING OUTDOOR COU 262 LINCOLN LANDER, WY 82520	NCIL	31,251.
TOTAL INCLUDED ON F	ORM 990, PART II, LINE 22B	187,506.

FORM 990	OTHER PROGRAM SI	ERVICES	STATEMENT 4
DESCRIPTION OF OTHER PROGRAM	SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
SEE STATEMENT 2A		0.	11,916.
TOTAL TO FORM 990, PART III,	LINE E		11,916.

FORM 990 DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT LEASEHOLD IMPROVEMENTS	166,834. 36,164.	150,910. 36,164.	15,924.
TOTAL TO FORM 990, PART IV, LN 57	202,998.	187,074.	15,924.

FORM 990 NON-	GOVERNMENT SI	ECURITIES		STATEMENT 6
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES FMV	4,664.			4,664.
TO FORM 990, LINE 54A, COL B	4,664.			4,664.

	OF CURRENT OFFICERS, EES AND KEY EMPLOYEES		STAT	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
STEPHEN D'ESPOSITO 1612 K STREET, NW WASHINGTON, DC 20006	PRESIDENT & CEO	118,827.	0.	0.
DR. KARIN P. SHELDON 1612 K STREET, NW WASHINGTON, DC 20006	CHAIRMAN 2.00	0.	0.	0.
GLENN C. MILLER, PH.D 1612 K STREET, NW WASHINGTON, DC 20006	VICE CHAIRMAN 1.50	0.	0.	0.
SHARON K.BENJAMIN,PH.D 1612 K STREET, NW WASHINGTON, DC 20006	SECRETARY/TREAS	SURER 0.	0.	0.
KERRY ANDERSON 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
CHRIS WOOD 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
JAY HALFON, ESQ. 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 2.00	0.	0.	0.
BILL MCNEILL, D.D.S. 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL E. CONROY, PH.D 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
GLORIA FLORA 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
WILMA SUBRA 1612 K STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, I	PART V-A	118,827.	0.	0.

52-1557765

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90 8 STATEMENT

STATES

NY, DC, MD, MA, CA, NM, OR, CT, PA, NJ, WA, IL, AZ, CO, MT, ID, NV, VA, MN