### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For	the 2006 calen	dar year,	or tax year beginn	ing 7/01	, 2006	, and e	nding	6/3	0		, 2007		
В	Check	k if applicable:		С					•	D En	ployer Ide	ntification N	ımber	
		Address change	Please use IRS label	Sierra Neva	da Alliano	e				7	7-034	3881		
	$\square$	Name change	or print or type.	P.O. Box 79						E Tel	ephone nu	ımber		
	$\vdash$	nitial return	See specific	South Lake	Tahoe, CA	96158				l 5	30-54	2-4546		
	$\vdash$	Final return	instruc- tions.								counting thod:	Cas	h X	Accrual
	<del></del>	Amended return	uons.							me	_	pecify)	** [#*	Processa
	$\vdash$			501(-)(2)	!!! 40	47(-)(2)		H and I	are not appli	rable to			15	
	L) <sup>F</sup>	Application pending	• Section charit	on 501(c)(3) organ able trusts must a	izations and 494 attach a comple	47(a)(1) nonexempt ted Schedule A	۱ ا		is this a grou			· -	Yes	X No
				990 or 990-EZ).					If 'Yes,' ente	•		l	,,,,	
G	Web	site:► sier	raneva	daalliance.	org				Are all affilia			·	Yes	No
J	0.0	anization type						(-/	(If 'No,' attac			t		
J	(che	eck only one)	►	X 501(c)	3 ◀ (insert no.)	4947(a)(1) or	527	H (d)	Is this a sepa	arate retu	ırn filed by	an		
ĸ						ng organization and			organization				Yes	X No
	gros	ss receipts are	normally i	not more than \$25	,000. A return is	not required, but i		1	Group Ex	emptic	n Numb	er 🟲		
	orga	anization choos	es to file	a return, be sure t	o file a complete	e return.		M	Check >	if t	he organiz	ation is not	require	d
L	Gros	s receipts: Add	lines 6b, 8	b, 9b, and 10b to lir	ne 12 ► 2,8	45,517.			to attach Scl	redule B	(Form 99	0, 990-EZ, or	990-PI	<del>?</del> ).
Pa	rt J	Revenue	e, Exper	ises, and Char	nges in Net A	ssets or Fund I	Balar	ces	(See the	: insti	ruction.	s.)		
				nts, and similar a										
							1a				e A Bel La Los			
•	\$								1,038	593				
		•							,		2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /			
	,	d Government	contributio	ons (grants) (not in	actuded on line 1	la)	1 d		1,770	.208				
	``	e Total (add lines	\$	2 438 71	l noncash Ś	370,090	) \	<u> </u>				2.3	308.	801.
	2					contracts (from Pa								641.
	3	-									-		20,	
	4													
	5										- 1			
		o Less: rentar e	expenses.		Ch farm San Ca		60				6 c			
									atemer			***	10	075.
RE	7	Other investm	nent incon	ne (describe	·· *	(A) Securities	1 36	<u> </u>	(B) Othe				10,	075.
REVENUE	8 a			es of assets other		(A) Securities	-		(B) Othe		Commence of Association Commence of Association Commence of Association Commence of Commence of Commence Commence of Commence of Commence Commence of Commence of Commence of Commence Commence of Commence of Commence of Commence Commence of Commence of Comm			
N U			•				8a				a comment of the			
Ě				is and sales exper			8b				The state of the s			
							8c							
						,,,					8d			
	9	Special event	s and acti	ivities (attach sche	edule). If any am	nount is from <b>gamin</b> of contributions	ig, che	ck nei	e	_]				
	2			· · · · · · · · · · · · · · · · · · ·		Or contributions	9 a				To the control			
	ŀ										11.5			
						b from line 9a	***************************************		Stateme	nt 2	9c			
							1			.116, . 2				
			-			line 10b from line 10a .					10 c			
			•	• •	-						11			
	11 12		-			and 11					12	2 (	15	517.
											13			$\frac{317.}{046.}$
E	13	-	•		* *						14	3		805.
P	14	_	_	•	•						15			652.
N	15										-		04,	<u> </u>
EXPEZSES	16					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					16	1 /	100	<u> </u>
3	17										17			503.
Ą	18					12					18			014.
N S E E T	19					ne 73, column (A))					19		.20,	762.
	20	_				lanation)					20	4 6	0.7	<del></del>
S	21	Net assets or	tund bala	nces at end of vea	ar. Combine line	s 18, 19, and 20				<i>.</i>	21	1,8	ιΧΙ,	776.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	William St. Committee Comm	(A) Total	(B) Program services	(C) Management and general	( <b>D)</b> Fundraising
22 a	Grants paid from donor advised					
	funds (áttach sch)				A STORY OF THE STATE OF THE STA	A CONTROL OF THE CONT
	(cash \$)					And the second s
	If this amount includes				And a great section of the section o	A STATE OF THE STA
	foreign grants, check here . >	22 a			The state of the s	A principal of the control of the co
22 k	Other grants and allocations (att sch)				A CONTROL OF THE PROPERTY OF T	
	(cash \$ 207,682.				Average Averag	
	non-cash \$)				A company of the comp	A   A   A   A   A   A   A   A   A   A
	If this amount includes foreign grants, check here.	22 b	207,682.	207,682.	A STATE OF THE STA	Section   Sect
23	Specific assistance to individuals (attach schedule)	23			And the second s	The second secon
24	Benefits paid to or for members (attach schedule)	24			And the second s	
25.2	Compensation of current officers.					
256	directors, key employees, etc listed in Part V-A (attach sch)	25 a	73,957.	62,857.	4,867.	6,233.
ŀ	Compensation of former officers,					
-	directors, key employees, etc listed in	25 b	0.	0.	0.	0.
	Part V-B (attach sch)	250	0,			
•	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		أ ۾			•
	(attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26	509,622.	451,622.	6,000.	52,000.
27	Pension plan contributions not	07				
	included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	54,762.	43,902.	3,060.	7,800.
29	Payroll taxes	29	45,391.	38,832.	2,399.	4,160.
30	Professional fundraising fees	<del></del>				
31	Accounting fees.	_	11,101.	9,990.	1,000.	111.
32	Legal fees					
33	Supplies		35,344.	33,191.	1,938.	215.
34	Telephone		6,472.	5,811.	500.	161.
	Postage and shipping	35	2,475.	832.	1,400.	243.
36	Occupancy		23,950.	22,022.	1,000.	928.
37	Equipment rental and maintenance		13,163.	13,163.	3 114	9,801.
38	Printing and publications		16,981.	6,066.	1,114.	1,000.
39	Travel.	39	28,192. 47,145.	25,931. 47,145.	1,261.	1,000.
40	Conferences, conventions, and meetings	40 41	41,143.	47,143.		
41	Interest	42	1,000.		1,000.	
	Other expenses not covered above (itemize):	-42	1,000.		2,000.	
	Lobbying	43 a	10,000.		10,000.	
Ŀ	Office Insurance	43 b	3,266.		3,266.	
		43 c				
		43 d				
€		43 e				
f		43 f				
	J	43 g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)		1,090,503.	969,046.	38,805.	82,652.
Join	t Costs. Check. ► if you are following	SOP	98-2.			⊾ा ्राला
Are a	any joint costs from a combined education	al can	npaign and fundraising s	solicitation reported in (I	B) Program services?	Yes X No
	es,' enter <b>(i)</b> the aggregate amount of thes ; <b>(iii)</b> the amount al	e joint	costs \$	; (ii) the a	mount allocated to Prog ; and <b>(iv)</b> the	gram services e amount allocated
\$_to Fu	; (III) the amount ai	iocat <del>e</del> t	л ю іманаденіелі ани де	anciai Y	, and (iv) th	o amount anocated
, .	· · · · · · · · · · · · · · · · · · ·					

# Form 990 (2006) Sierra Nevada Alliance Part III Statement of Program Service Accomplishments

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.

nea	se make sure the	return	is comp	iete anu e	accurate	anu luli	y uesci	inues, in i	aitii, t	ne organiz	ations	Jiograf	113 6110	ıac	complianments.
Vha	t is the organization	on's pr	imary ex	empt pur	pose? ►	See	Sta	tement	. 3						Program Service Expenses
م ال	rganizations must ts served, publications and 4947(a)(1	descri	be their	exempt p	ourpose a	ichiever	ments i	n a clear	and con	cise mann	er. State	e the n	umber	of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
zatio	ons and 4947(a)(1	) none	xempt c	haritable	trusts mu	ıst also	enter i	the amou	nt of gra	nts and al	locations	s to oth	ners.)		4947(a)(1) trusts; but optional for others.)
	See Statem														
	<del></del>													۲.	0.60 046
	(Grants and alloc	cations	<u>    \$                                </u>		207,6	582.	) If this	amount ir	icludes fo	reign grant	s, check	here		_	969,046.
t	)			,											
														• -	
														• •	
														• •	
	(Grants and alloc	ations					If this	amount in	cludes fo	reign grant	 s check	 here		ï	
c													·		
														• •	
														•	
							<del></del>								
	(Grants and alloc	ations	\$			)	If this	amount in	cludes fo	reign grant:	s, check	here	<b>&gt;</b>	Ĭ	
c															
												<del>-</del>			
														4	
	(Grants and alloc						If this	amount in	cludes for	reign grants	s, check	here	<b>•</b>		
е	Other program se													۱ ۲	
_	(Grants and alloc									reign grants	<u> </u>			┈	0.00.046
f	Total of Program	Servi	ce Expe	nses (sho	ould equa	i ime 44	4, colur	nn (B), F	rogram s	services)					969,046.

ВАА

Form 990 (2006)

For	m <b>99</b>	0(2006) Sierra Nevada Alliance		77	-03438	881 Page <b>4</b>
Pε	irt IV	Balance Sheets (See the instructions.)				
Not	te: V	Where required, attached schedules and amounts within the descrip column should be for end-of-year amounts only.	otion	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash — non-interest-bearing	. ,	143,292.	45	181,018.
	46	Savings and temporary cash investments			46	
	70	Odvings and temperary cases investments			A P POPULATION A STATE OF THE PROPULATION AS A STATE OF THE PROPUL	
	473	Accounts receivable	1,842,656.		An amount Amount (	
	ı	Less: allowance for doubtful accounts	1,042,000.		47 c	1,842,656.
	٦		The state of the s		4/C	1,042,030.
			A STATE OF THE STA		Section 1 Sectio	
	I	Pledges receivable				
	ı	Less: allowance for doubtful accounts			48 c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, a employees (attach schedule)	and key		50 a	
Δ	b	Receivables from other disqualified persons (as defined under sec and persons described in section 4958(c)(3)(B) (attach schedule).	ction 4958(f)(1))		50 b	
ASSETS	51 a	Other notes and loans receivable			Comment of the commen	
Ē		(attach schedule)			William A. V. Sanda   Palament V. Sanda   Palamen	
Š	b	Less: allowance for doubtful accounts			51 c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	,		53	
	54 a	Investments — publicly-traded securities	ost FMV		54 a	
	b	Investments — other securities (attach sch) ►	ost FMV		54 b	
	55 a	Investments – land, buildings, & equipment: basis   55a	[		AND THE STREET	
	b	Less: accumulated depreciation (attach schedule)			55 c	
	56	Investments – other (attach schedule)			56	
		Land, buildings, and equipment: basis	21,668.		9 July 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
					VV - show A Appendix	
	b	Less: accumulated depreciation (attach schedule)	21,668.	1,041.	57 c	
	58	Other assets, including program-related investments	22,0001		7. 7	
	-	(describe •	,		58	
	59	Total assets (must equal line 74). Add lines 45 through 58		144,333.	59	2,023,674.
		Accounts payable and accrued expenses		17,571.	60	141,898.
	61	Grants payable		27/0121	61	
,	-	Deferred revenue	<del></del>		62	
					VA.	
AB-L-T-ES		Loans from officers, directors, trustees, and key employees (attach schedule)			63	
+		Tax-exempt bond liabilities (attach schedule)			64 a	<del></del>
F		Mortgages and other notes payable (attach schedule)			64 b	
5	,	Other liabilities (describe	). ·	5 m m m d	65	141 000
$\dashv$		Total liabilities. Add lines 60 through 65.		17,571.	66	141,898.
$_{\rm N}$	Orga	inizations that follow SFAS 117, check here   X and complete	lines 67		Character of Manager of Control o	
P F	_	through 69 and lines 73 and 74.			Adaman (A. Sarah A. Sarah	400
		Unrestricted		84,792.	67	193,890.
ASSETS		Temporarily restricted		41,970.	68	1,687,886.
		Permanently restricted	_		69	
P R	Orga	nizations that do not follow SFAS 117, check here  and co	mplete lines		A Company of the Comp	
		70 through 74.	1		(1327.15)	
FUZD		Capital stock, trust principal, or current funds			70	
- 1		Paid-in or capital surplus, or land, building, and equipment fund			71	
BALANCE	72	Retained earnings, endowment, accumulated income, or other fund	ds		72	-
Ř	73	Total net assets or fund balances. Add lines 67 through 69 or line	s 70 through		The second secon	
Ĕ	-	72. (Column (A) must equal line 19 and column (B) must equal lin	ne 21)	126,762.	73	1,881,776.

74

144,333.

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

P	art IV-A Reconciliation of Revenu instructions.)	ie per Audited Financia	l Statements with	Revenue per Retur	n (See the
a b	Total revenue, gains, and other support Amounts included on line <b>a</b> but not on F		ents	<b>a</b>	2,845,517.
	1Net unrealized gains on investments		b1	Section   Sect	
	2Donated services and use of facilities			\$\partial \text{ of the last set of th	
	3Recoveries of prior year grants		b3	0.4 2 The control of	
	4Other (specify):			The Francisco Control of the Control	
			: 1_4	1 Mathematika 1 de Amerika 1 de Amerika 1 de Amerika 1 de Amerika 2 de Amerika	
	Add lines b1 through b4			.,,,, <u>b</u>	
c	Subtract line <b>b</b> from line <b>a</b>			<u>c</u>	2,845,517.
d	Amounts included on Part I, line 12, but		1 1	In the Option Internal Control	
	1 Investment expenses not included on Pa			Part And Anglement of Mark Ang	
	2Other (specify):			Control of Bernard I in the Co	
				Vivine Control Androne Control	
	Add lines d1 and d2				
e F	Total revenue (Part I, line 12). Add lines				_, ,
	art IV-B Reconciliation of Expens	es per Audited Financi	ai Statements with	Expenses per Rei	<u>urn</u>
_	Total expenses and losses per audited f	inancial statements		a	1,090,503.
a b	Amounts included on line <b>a</b> but not on F		, , , , , , , , , , , , , , , , , , , ,	1/AMSont MAnusch	1,000,000.
IJ	1Donated services and use of facilities		b1	* * As July 2 and As * The Assertance of the As	
	2Prior year adjustments reported on Part			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
	3Losses reported on Part I, line 20	1, 1110 20111111111111111111111111111111	b3		
	4Other (specify):			Para y dygungun ar Ar Oboborg ar	
				*** White Spanish Comments of the Comments of	
	Add lines <b>b1</b> through <b>b4</b>			b	
С	Subtract line <b>b</b> from line <b>a</b>				1,090,503.
d	Amounts included on Part I, line 17, but	not on line a:		7. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	1 Investment expenses not included on Pa	art I, line 6b	d1	A American	
	2Other (specify):			b control of its live of its l	
			d2	- Value of the control of the contro	
	Add lines <b>d1</b> and <b>d2</b>				
е	Total expenses (Part I, line 17). Add lin				
P	Current Officers, Director or key employee at any time du	rs, Trustees, and Key E ring the year even if they we	mployees (List each re not compensated.) (	n person who was an of See the instructions.)	ficer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
	. <b></b>		== ===		7 500
<u>Se</u>	e Statement 6		72,218.	0.	1,599.
	·				

=	_		77-0343881		ь	E
Form 990 (2006) Sierra Nevada Alliance Part V-A Current Officers, Directors, Tru		nnlovees (continue		· I	Yes	age 6 No
75a Enter the total number of officers, directors, and trustees p			<u> </u>	770.000.000.000.000.000.000.000.000.000		
<b>b</b> Are any officers, directors, trustees, or key en				- 100 mg		A Company of the Comp
listed in Schedule A. Part I. or highest comper	nsated professional an	d other independent cor	ntractors listed in Schedule	TAY WALES		The same of the sa
A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	ionship(s)	reiauonsinps: ii res, a	illaur a Statement tiiat	75 b		Χ
c Do any officers, directors, trustees, or key emp	oloyees listed in form 9	990, Part V-A, or highes	t compensated employees		Andrews	
listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from	nsated professional an n anv other organizatio	d other independent cor ins. whether tax exempt	ntractors listed in Schedule or taxable, that are related			
to the organization? See the instructions for the	ne definition of 'related	organization'		75 c	non-Supriy on 1	_X_]
If 'Yes,' attach a statement that includes the in				N. W. W. HANDLE		
d Does the organization have a written conflict of				75 d	X	
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or kev emo	lovee received compens	sation or other benefits (des	cribed b	celow)	) e
(B) Loans and (if not paid, employee benefit acco					pense ind ot inces	
None			compensation plans	<del></del>		
	. "					
<b></b>						
				<del></del>		
						<del></del>
Part VI Other Information (See the instr	uctions.)				Yes	No
		aduating activities?			Continued to the second	SALES AND SALES
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each change.	ange	nuucing activities?		76		X
77 Were any changes made in the organizing or g	overning documents b	out not reported to the IF	RS?	77		Х
If 'Yes,' attach a conformed copy of the change				-2007 IS	12411	
78a Did the organization have unrelated business of				78a		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T	for this year?		,	78 b	N/	<u>A</u> ]
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement				79	And the second s	X
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other e	e or nationwide organiza xempt or nonexempt org	ation) through common ganization?	80 a	Control of the contro	X
<b>b</b> If 'Yes,' enter the name of the organization		and whether it is T	amnt av Dassavarst			
81 a Enter direct and indirect political expenditures.		neck whether it is ex	t immed	100 (100 100 100 100 100 100 100 100 100	Total Marie Control	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this	•			81 b		x l

Form **990** (2006)

BAA

FOI	17-03438	181		⊬age
P	art VI Other Information (continued)		Υe	s No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	. 82	a	Х
Part VII Other Information (Continued)  22 a Did the organization receive donated services or the use of malerials, equipment, or facilities at no charge or at substantially less than fair retrial value?  33 a Did the organization receive donated services or the use of malerials, equipment, or facilities at no charge or at substantially less than fair retrial value?  34 bif Yes, 'you may indicate the value of these terms here. Do not include this amount as revenue in Part II or as an expense in Part II in Sea revenue in Part II or as an expense in Part II in Sea revenue in Part II or as an expense in Part II in Sea revenue in Part II or as an expense in Part II in Sea Part II or as an expense in Part II in Sea Part II or as an expense in Part II in Sea Part II or as an expense in Part II in Sea Part II or as an expense in Part II in Sea Part II in S			7	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?	. 83		
	_ , , , ,			
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	. 84	a	X
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 84	b	N/A
85			а	N/A
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 85	b	N/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	district and the control of the cont	AN THE STATE OF TH	And the second s
	c Dues, assessments, and similar amounts from members 85 c N/	A	Awar - Twansa	VIV.
		and a set of course	dia Toola Lo	Vision Vi
		The same of the sa		AMERICAN AND AND AND AND AND AND AND AND AND A
				AND THE PARTY OF T
				N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of		17 17 17 17 17 17 17 17 17 17 17 17 17 1	N/A
86		, 03		N/A
	line 12	A		Comment of State of Commen
1	b Gross receipts, included on line 12, for public use of club facilities	A		A THE STREET AND A STREET
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	A		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	A		AND THE STATE OF T
		-25000	AND THE STATE OF T	The second secon
	If 'Yes,' complete Part IX	. 88	a	X
	section 512(b)(13)? If 'Yes,' complete Part XI.	▶ 88	b	_ X
83.		1 may		
		• ************************************		
1	• 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	. 891	<b>b</b>	A continue of the second of th
•	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	PART TO THE PART T	A DESCRIPTION OF THE PROPERTY	A STATE OF THE STA
,		V-8-W/1-W		227
				Х
			+	X
ç	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during	The course of th	The second secon	White is a series of the serie
	the year?	890	<u> </u>	X
	Number of employees employed in the pay period that includes March 12, 2006		 .I	2
91 -	•		-1	<u> </u>
JIA	Located at P.O. Box 7989, South Lake Tahoe CA ZIP + 4 > 961	<u>:40</u> :8	 	
,	Al and the state the extent of the state of		Yes	s No
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account or other financial account)?	911	+	X
				142
		100 1 100 1		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	Warm Mayor -	7,000	A COMMAND OF THE PARTY OF THE P

Form <b>990</b> (	(2006) Sierra Nevada Alli	ance			77-0343	881 Page 8
Part VI	Other Information (continue	ed)				Yes No
<b>c</b> At an	y time during the calendar year, did	the organization	maintain an office	outside of the U	Inited States?	91 c X
If 'Ye:	s,' enter the name of the foreign countr	y ►				
92 Secti	s,' enter the name of the foreign countr ion 4947(a)(1) nonexempt charitable	trusts filing Form	990 in lieu of <b>Fo</b>	rm 1041 - Check	here	N/A►
	enter the amount of tax-exempt inter					N/A
	Analysis of Income-Produc					
<u> </u>		Unrelated bus			ction 512, 513, or 514	
Note: Ente	r gross amounts unless indicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	<b>(E)</b> Related or exempt function income
<b>93</b> Pro	gram service revenue:		10.1			
	nual Conference			]		26,641.
b				<u> </u>		· · · · · · · · · · · · · · · · · · ·
۲,						
u						
e				1		
	dicare/Medicaid payments	<u> </u>				
_	& contracts from government agencies					
	mbership dues and assessments					***************************************
95 Inter	rest on savings & temporary cash invmnts			14		
96 Divi	idends & interest from securities					
<b>97</b> Net	rental income or (loss) from real estate:		The state of the s	The second designation of the second	The second secon	Co. 19 (19 mg) 1
<b>a</b> deb	t-financed property				·	
	debt-financed property					
	rental income or (loss) from pers prop					
	er investment income			14	10,075.	
					20,0,0	
<b>100</b> Gai	n or (loss) from sales of assets					
	er than inventory			1		
	income or (loss) from special events	1		1		
	s profit or (loss) from sales of inventory	AND	ANALYSIS OF THE PROPERTY OF TH	The second secon	The second secon	The state of the s
_	er revenue: a	Secretary Control of the Control of	And the second s	The second secon	A THE COLOR OF THE COLO	helf of 122 to 132 to 1
Ь						
с				ļ		
d						
e						
<b>104</b> Subt	otal (add columns (B), (D), and (E))	Fig. 1. Sept. 1. Sept	_	Amount A Substitute in the comment of the comment o	10,075.	26,641.
	al (add line 104, columns (B), (D), a		, , , , . , ,	.,,	· · · · · · · · · · · · · · · · · · ·	36,716.
Note: Line	105 plus line 1e, Part I, should equa	al the amount on i	line 12, Part I.			
	Relationship of Activities to			empt Purpose	s (See the instruct	tions.)
Line No.	Explain how each activity for which	income is reporte	ed in column (F) (	of Part VII contrib	uted importantly to the	accomplishment
▼	of the organization's exempt purpor	ses (other than by	providing funds	for such purpose:	s).	accomplianment
93a	Fees associated with a	ttending ag	encv's annu	al confere	nce.	
<del></del>			0110, 2 011110			
Part IX	Information Regarding Taxa	blo Subcidiari	oc and Dicroc	arded Entities	· (See the instructi	ione )
FAILIX						
	(A)	(B)	(C	'	(D)	(E)
Name,	address, and EIN of corporation,	Percentage of	Nature of	activities	Total	End-of-year
	nership, or disregarded entity	ownership interest			income	assets
N/A		8				
		8				······································
		ક				
		%				
Part X	Information Regarding Tran	sfers Associa	ted with Perso	nal Benefit C	ontracts (See the	instructions.)
a Did the	organization, during the year, receive any fund	ds, directly or indirectly	y, to pay premiums on	a personal benefit co	ntract?	Yes X No
<b>b</b> Did th	e organization, during the year, pay	premiums, direct	ly or indirectly, or	a personal bene	fit contract?	Yes X No
	'Yes' to <b>(b),</b> file Form 8870 <b>and</b> For	-		•		_ <b>_</b>

Par	t XI Info	ormation Regarding Transfer anization is a controlling orga	s To and From Controlle anization as defined in se	ed Entities. Cection 512(b)	Complete only if the (13).	e		
106	Did the re	eporting organization <b>make</b> any trans	sfers <b>to</b> a controlled entity as	defined in section	on 512(b)(13) of the C	ode? If	Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer Identifica Number	tion C	(C) Description of transfer	Amount e	D) of tran	sfer
а							·	
b								
С				The second secon				
		Totals		The second secon	The property of the content of the			
107	Did the re	eporting organization <b>receive</b> any tra nplete the schedule below for each o	ensfers <b>from</b> a controlled entity controlled entity	v as defined in s	section 512(b)(13) of t	ne Code? If	Yes	No X
-	(A) (B) (C)			(I Amount o	(D) It of transfer			
а						***************************************		
b								
с				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		Totals		A				
108	Did the or annuities	ganization have a binding written co described in question 107 above?	ontract in effect on August 17,	2006, covering	the interest, rents, roy	valties, and	Yes	No_X
Pleas Sign Here	se ► Sig	penalties of perjury. I declare that I have examinored, and complete. Declaration of preparer (of preparer) of preparer (of preparer) of officer  Coan Clayburgh, Executive per or print name and title.	ned this return, including accompanying the than officer) is based on all informate when the control of the con	chedules and statem on of which preparer	ents, and to the best of my kinds any knowledge,  Date	nowledge and be $03$	lief, it is	
Paid Pre- pare Use Only	Prepare signatu  Firm's a yours if employ address ZIP + 4	name (or VAUGHN JOHNSON C: 4120 CAMERON PARI	K DR STE 401	Date		Preparer's SSN of the first ruction I/A		
ΒΔΔ								

# 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

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.

OMB No. 1545-0047

Name of the organization								
Sierra Nevada Alliance Part Compensation of the Five High	est Paid Employees Otl	her Than Officers	77-0343881 , Directors, and	d Trustees				
(See instructions. List each one								
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances				
None								
		-		7				
		The second secon						
Total number of other employees paid over \$50,000.		O The Control of the	White	The second secon				
Part II — A Compensation of the Five High (See instructions. List each one	est Paid Independent C (whether individuals or	ontractors for Pr firms). If there ar	ofessional Ser e none, enter '	vices None.')				
(a) Name and address of each independent contract	ctor paid more than \$50,000	<b>(b)</b> Type (	of service	(c) Compensation				
None								
		-						
		. –						
Total number of others receiving over \$50,000 for professional services		O Programme of the control of the co	A STATE OF THE PROPERTY OF THE	A second				
Part II — B Compensation of the Five High (List each contractor who perfor firms. If there are none, enter 'N	med services other than	ontractors for Ot professional ser	her Services vices, whether	individuals or				
(a) Name and address of each independent contract	tor paid more than \$50,000	<b>(b)</b> Type (	of service	(c) Compensation				
None		-						
		-						
		-						
		_	;					
	· 							
Total number of other contractors receiving over \$50,000 for other services ▶	(	0		A CANONICO DE LA CANONICO DEL CANONICO DE LA CANONICO DEL CANONICO DE LA CANONICO DEL CANONICO D				

P	art III Statements About Activities (See instructions.)		Yes	No
Ī	During the year, has the organization attempted to influence national, state, or local legislation, including any attempted to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	t		
	or incurred in connection with the lobbying activities > \$ N/A			
	(Must equal amounts on line 38, Part VI-A, or line 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.	And the second s	The second secon	Company of the compan
2	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 a taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principle beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	iny pal	1 of manufacture and based of the second of	Secretary of the control of the cont
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u>2d</u>		X
	e Transfer of any part of its income or assets?	<u>2</u> e		X
	3a 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.)	За		X
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	•	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, 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?	1		X
4	4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	5 4a	1	X
	<b>b</b> Did the organization make any taxable distributions under section 4966?	4b	N	/A_
	c Did the organization make a distribution to a donor, donor advisor, or related person?	40	N	/A
	d Enter the total number of donor advised funds owned at the end of the tax year			N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
	f Enter the total number of separate funds or accounts owned at the end of the tax 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

Sierra Nevada Alliance

0.

77-0343881

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year...

Schedule A (Form 990 or 990-EZ) 2006

00110	saule A (1 01111 330 01 330 E2) 2000 D	ICIIA MCVAGA IIII	<u> </u>		77 000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Pa	TIV Reason for Non-Private	Foundation Status (	See instructions.)			
l cer	tify that the organization is not a private	foundation because it is:	(Please check only <b>ONE</b> ap	oplicable bo	x.)	
5	A church, convention of churches,	or association of churches	s. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii).	(Also complete Part V.)				
7	A hospital or a cooperative hospita	I service organization. Se	ction 170(b)(1)(A)(iii).			
8	A federal, state, or local government	nt or governmental unit. S	Section 170(b)(1)(A)(v).			
9	A medical research organization op	•	n a hospital. Section 170(b)		Inter the hos	pital's name, city,
10	An organization operated for the be (Also complete the <b>Support Sched</b>	enefit of a college or unive ule in Part IV-A.)	ersity owned or operated by	a governm	ental unit. So	ection 170(b)(1)(A)(iv).
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also com	ves a substantial part of i plete the <b>Support Sched</b> u	ts support from a governme ule in Part IV-A.)	ental unit or	from the ge	neral public.
11 b	A community trust. Section 170(b)(	1)(A)(vi). (Also complete	the Support Schedule in Pa	art IV-A.)		
12	An organization that normally receifrom activities related to its charitate from gross investment income and organization after June 30, 1975. S	ole, etc. functions - subje	ct to certain exceptions, ar	nd (2) no me	ore than 33-1	/3% of its support
13	An organization that is not controlle requirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	sons (other than foundation ces the type of supporting o	managers) organization	and otherwi	se meets the
	Type I Type II		onally Integrated	Type II		
		T	out the supported organiz	·		
	(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 si organizati the sup organi gove	d) upported on listed in oporting zation's erning nents?	(e) Amount of support
			· · · · · · · · · · · · · · · · · · ·	Yes	No	
		,				
			٧			
	,					
Total		1			,,,,,,,, <b>&gt;</b>	0.
14		-1	-L. OE F00()(A) (0)			
14 BAA	An organization organized and oper	ated to test for public safe	ety. Section 509(a)(4), (See		<del></del>	n 990 or 990-EZ) 2006

Part V-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year **(e)** Total beginning in)..... Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 494,014. 579,487. 336,080 242,917. 1,652,498. 0. Membership fees received. 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 . . 34,176. 26,082. 13,492 15,606 89,356. 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 organ-4,057 715 1,230 14,459. 8,457 ization after June 30, 1975. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf....... 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 0. the public without charge... Other income. Attach a schedule. Do not include gain or (loss) from sale of 0. capital assets...... 536,647. 609,626. 350,287 259,753 756, 313. Total of lines 15 through 22 . . . . 502,471 583,544. 336,795. 244,147 666,957 Line 23 minus line 17...... 2,598 Enter 1% of line 23..... 6,096. 3,503. 5,366. 339 26 a 33. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... 26 b 26 c 1,666,957. c Total support for section 509(a)(1) test: Enter line 24, column (e)...... d Add: Amounts from column (e) for lines: 26 d 14,459. 652,498. 26 e e Public support (line 26c minus line 26d total)...... 99.13 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator))...... 26 f 27 Organizations described on line 12: N/A
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: \_\_\_\_\_(2004) \_\_\_\_\_(2003) \_\_\_\_\_(2002) \_\_\_\_\_ **b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: c Add: Amounts from column (e) for lines: 20 27 c and line 27b total.... 27 d d Add: Line 27a total.... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ... > 27f ò g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . . . . 27 h 왕 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.

Page 5

27.00	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	P (Assort & 12 Assorted 1911)	Park I is solve I in
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	And he had been a second as a	A THE STATE OF THE
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?	and Applications of the second	The second secon	And the second s
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	The second secon	The second secon	A A Annual Annua
		Miner A real Print of Program and Program	A Committee of the Comm	Section 1, year percent of the control of the contr
	Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	A Arrive A Arrangia o A Arrive A Arrangia o A A	Andreas - Andrea
	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
•	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A THEORY OF THE STATE OF THE ST	An and a second
33	Does the organization discriminate by race in any way with respect to:	The second secon	A CONTRACTOR OF THE CONTRACTOR	The second secon
;	a Students' rights or privileges?	33 a	1,000,000	
i	<b>b</b> Admissions policies?	33b		
(	c Employment of faculty or administrative staff?	33 c		
(	d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33e		
f	f Use of facilities?	33 f		
ģ	g Athletic programs?	33 g		
ł	h Other extracurricular activities?	33 h	A Andrew Strage	Programme and a second of the
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	The second of th	A Company of the Comp	And Service Control of the Control o
		many long authorisms  only a first a bloom  dank V der a brouge  dank V der a brouge  dank V der a brouge  only a first a first and  only a first a first a first and  only a first a	A CONTRACTOR OF THE STATE OF TH	
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
k	has the organization's right to such aid ever been revoked or suspended?	34b	A Company of the Comp	pane qu'Anna e la compani de la companio de la compani de
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 pondiscrimination? If 'No ' attach an explanation	35	And the second of the second o	and the second s

Par	tVFA Lobbying Ex (To be complet	xpenditures by Elected ONLY by an eligible	c <b>ting Public Chari</b> t organization that filed	t <b>ies</b> (See instrud Form 5768)	ctions.)				N/A
Che	ck ► a if the organi	zation belongs to an aff	iliated group. Check	<b>▶ b</b> if you	checked			I conti	rol' provisions apply.
		imits on Lobbying	•		TTTOATTOATOATOA	Affiliate	<b>a)</b> d groι als	1b	(b) To be completed for <b>all</b> electing
		'expenditures' means a							organizations
36	Total lobbying expendit	•			36				
37	, , ,	ures to influence a legis	= "		37 38				
38	2	ures (add lines 36 and 3	=		39				
39		expenditures			40				
40		expenditures (add lines			40		M. 1971		A CONTRACTOR OF THE CONTRACTOR
41		nount. Enter the amoun	_		A STATE OF THE STA	MAN TO THE TAXABLE PARTY OF THE		To all the second secon	Section   Sect
	If the amount on line 40	20%	lobbying nontaxable a		Million Wallander Andre Control Contro			Accept Contact	### (### 1997   1997
		,000,000 \$100,0				The second secon		A SEPANDER OF THE SEPANDER OF	### A TOTAL OF THE PARTY OF THE
		,000,000 \$175,0 \$1,500,000 \$175,0			41	MANA TO STATE OF THE STATE OF T		mana araya	William Andrew A
		\$17,000,000 \$225,0				The second second	5-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	V-4-	V Park Various
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AND THE STATE OF T		To have the second	Addition of the control of the contr	And the state of t
42	Grassroots nontaxable				42	Marine State Str.	C		And the Control of Con
43	Subtract line 42 from lin				43				
44	Subtract line 41 from lin				44				
-1-1		amount on either line 43						ALTENANTA ALTENANTA ALTENANTA	The second secon
	Guddon in incic is an i				- E01/L	Zaminaminini din e e i n	* househoused Mark		The state of the s
	(Some organ	izations that made a sec	Averaging Period location 501(h) election de the instructions for lin	not have to cor	nplete a	Il of the fi	ve col	umns	below.
			Lobbying Expend	ditures During 4	-Year A	eraging l	Period	I	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004			<b>d)</b> 103		<b>(e)</b> Total
45	Lobbying nontaxable amount			W. South Co. 11 - Wilson, Co.					
46	Lobbying ceiling amount (150% of line 45(e))	Secretary of the first of the f	Second Control   Seco	1	A second	The state of the s	Manufacture of American	A   A   A   A   A   A   A   A   A   A	
47	Total lobbying expenditures								
48	Grassroots non- taxable amount	The state of the s					* 5/1 All and a set of a set o		
49	Grassroots ceiling amount (150% of line 48(e))	Continue	And a series of the series of	See	A THE STATE OF THE	The second secon	And the second of the second o	reprinted to the control of the cont	
	Grassroots lobbying expenditures						<del></del>		
	(For reporting o	ctivity by Nonelectionly by organizations that	nt did not complete Par	t VI-A) (See inst			1		N/A
Durii atter	ng the year, did the organ mpt to influence public on	nization attempt to influe	ence national, state or atter or referendum th	local legislation, rough the use of	ıncludin f:	g any	Yes	No	Amount
		•		-					The state of the s
	Nolunteers							-	Visited Andread Control of the Contr
	Media advertisements								The state of the s
	. Media advertisements I Mailings to members, le								
	Publications, or published	-							
	Grants to other organiza								
	Direct contact with legis								
-	Rallies, demonstrations			=				- 1	
	Total lobbying expenditu	ures (add lines <b>c</b> through	h <b>h.</b> )				magning along the North Access to the Control of th	AV. 190 190 1	

Part VII Information Rega Exempt Organiza	rding Tran tions (See	sfers To and Transactions an instructions)	d Relationships With Nonchari	table		
51 Did the reporting organization of the Code (other than seet	n directly or i	indirectly engage in any of the followi	ng with any other organization describe ting to political organizations?	ed in secti	on 50	1(c)
		to a noncharitable exempt organizati			Yes	
	-			51 a (i)		Х
				a (ii)		Х
<b>b</b> Other transactions:						
(i)Sales or exchanges of a	ssets with a r	noncharitable exempt organization		b (i)		Χ
(ii)Purchases of assets fror	n a noncharit	able exempt organization	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b (ii)		X
(iii)Rental of facilities, equip	ment, or othe	er assets		b (iii)		X
				b (iv)		X
			,	b (v)		X
* *			,	b (vi)		X
c Sharing of facilities, equipme	ent, mailing li	sts, other assets, or paid employees.	lump (b) should always show the fair n	C parket val	ue of	X
the goods, other assets, or s any transaction or sharing ai	ervices given rangement, s	by the reporting organization. If the show in column (d) the value of the g	lumn (b) should always show the fair n organization received less than fair ma oods, other assets, or services receive	rket value d:	in	
(a) (b) Line no. Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
N/A						
	•					
				·····	•	
	-					
52a Is the organization directly o described in section 501(c) of b If 'Yes,' complete the following		filiated with, or related to, one or mor other than section 501(c)(3)) or in sec	re tax-exempt organizations tion 527?	► Ye:	s X	No
(a) Name of organization		(b) Type of organization	<b>(c)</b> Description of relation	ıship		
N/A						
	······································					
	• ••					
					-	
					-	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization		Employer identification number
Sierra Nevada Alliance		77-0343881
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) orga 4947(a)(1) nonexempt charitable tru 527 political organization	nization ust <b>not</b> treated as a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable tru 501(c)(3) taxable private foundation	ust treated as a private foundation
Check if your organization is covered by the boxes for both the General Rule and a	General Rule or a Special Rule. (Note: Only a section 5 Special Rule — see instructions.)	501(c)(7), (8), or (10) organization can check
General Rule — For organizations filing Form 990, contributor. (Complete Parts I and	990-EZ, or 990-PF that received, during the year, II.)	\$5,000 or more (in money or property) from any one
Special Rules		
X For a section 501(c)(3) organization 509(a)(1)/170(b)(1)(A)(vi) and rece amount on line 1 of these forms. (	eived from any one contributor, during the year, a	33-1/3% support test of the regulations under sections contribution of the greater of \$5,000 or 2% of the
aggregate contributions or beques	) organization filing Form 990, or Form 990-EZ, th ts of more than \$1,000 for use <i>exclusively</i> for relig elty to children or animals. (Complete Parts I, II, a	nat received from any one contributor, during the year, gious, charitable, scientific, literary, or educational and lil.)
some contributions for use <i>exclusi</i> \$1,000. (If this box is checked, entetc, purpose. Do not complete any	<i>vely</i> for religious, charitable, etc, purposes, but the	nat received from any one contributor, during the year, less contributions did not aggregate to more than during the year for an exclusively religious, charitable, this organization because it received nonexclusively
Caution; Organizations that are not co	overed by the General Rule and/or the Special Rul	
BAA For Paperwork Reduction Act N for Form 990, Form 990-EZ, and Form		Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2006)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2006)	Page 1	of 1 of Part I
Name of org	anization	1 ' '	er identification number
	Nevada Alliance	77-0	343881
Part	Contributors (See Specific Instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Resources Legacy Fund Found  555 Capitol Mall #1550  Sacramento, CA 95814	\$ <u>145,395.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Richard & Rhoda Goldman Fund PO Box 29924 San Francisco, CA 94129	\$75,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	State Water Resouces Control B PO Box 100 Sacramento, CA 95812	\$960,980.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	California Service Corps 1110 K St #210 Sacramento, CA 95814	\$845,208.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	·		Person Payroll

Noncash

(Complete Part II if there is a noncash contribution.)

Page

of 1 Employer identification number

of Part II

Sierra Nevada Alliance

77-0343881

Part II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
<u></u>			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del> </del>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>		
	[	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<del>_</del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
2 ^ ^	Sahaa	ule <b>B</b> (Form 990, 990-F7	or 990-PF) (2006)

Page 1

of Part III

Employer identification number

Sierra	Nevada Alliance		77-0343881	
Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more th	rtc, individual contributions to sectinan \$1,000 for the year (Complete cols	on 501(c)(7), (8), or (10) (a) through (e) and the following	line entry.)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, charitable, etc. (Enter this information once — see instruction	ons.)	N/A
(a)	(b)	(c)	(d)	
No. from	Purpose of gift	Use of gift	Description of how gift is	held

	contributions of \$1,000 or less for the year.	(Enter this information once – se	e instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e)	
	Transferee's name, address	Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
<del></del>			
	Transferee's name, address	(e) Transfer of gift 5, and ZIP + 4	Relationship of transferor to transferee
		<b></b>	

2006	Federal Statements		Page 1
	Sierra Nevada Alliance		77-0343881
Statement 1 Form 990, Part I, Line 7 Other Investment Income		\$ Total <u>\$</u>	10,075. 10,075.
Statement 2 Form 990, Part I, Line 9 Net Income (Loss) from Spe	cial Events		
Consist Essents	Less Gross Contri- Gross Receipts butions Revenue	Less Direct	Net Income (Loss)
Special Events		Expenses	
Special Event	8,850.     8,850.       \$ 8,850.     \$ 8,850.       \$ 8,850.     \$ 8,850.	). \$ 0.	\$ 0.
future generations while  Statement 4 Form 990, Part III, Line a	ct and restore the natural environment le ensuring healthy and sustainable con		TOE
Statement of Program Service	ce Accomplishments		
	Description	Grants and Allocations	Program Service Expenses
Project -This project a sustaining their waters restoration efforts. The evaluate how land use pand habitat function in creeks and develop new homeowners and policy mand volunteer watershed	rotection Program - Sierra Watersheds assisted stewardship groups in shed assessments, protection and ne project launched a new effort to practices are impacting water quality in Sierra rivers, lakes, streams, and program to provide guidance to makers. This included helping start 2 in monitoring programs by providing our agoing consultation, and quality	112,369.	113,343.
-	Includes Foreign Grants: No		
lands, water, wildlife smart land use plans in organized another succementhly e-newsletter, a	cotection Program - ce Campaign - Worked to protect Sierra and rural quality of life by shaping an all Sierra counties. The Alliance essful Sierra Land Use Summit, issued and provided assistance to efforts in e, and other counties in the region.		45,516.

2006	20	06
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## **Federal Statements**

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Sierra Nevada Alliance

77-0343881

Statement 4 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<u>Description</u> Includes Foreign Grants: No		
Sustainable Resource Protection Program - Sierra Water and Climate Change Campaign. This program worked to get local Sierra resource plans to account for climate change and prioritize the protection of natural resources. The Alliance distributed our popular Sierra Climate Change Toolkit to nelp Sierra based planning efforts protect Sierra waters and did over twenty educational presentations throughout the region. We also participated in the California Urban Water Conservation Council and helped lead a collaborative effort to integrate regional water management planning for the Consumnes, American, Bear and Yuba watersheds.  Includes Foreign Grants: No	7,500.	83,478.
Sustainable Resource Protection Program - Frog Research Program - The Sierra Nevada Alliance continued to support Professor Carlos Davidson's study of the role of pesticide drift in declining amphibian populations in the Sierra Nevada and California Cascades. Professor Davidson collected tadpoles and worked with a laboratory to analyze samples for organophosphate and carbamate pesticide residues.  Includes Foreign Grants: No	50,561.	10,344.
Sustainable Community Group Program - Sierra Nevada AmeriCorps Partnership - The Alliance launched this new program that recruited, trained, placed and supported 27 AmeriCorps members serving 19 partnering conservation programizations. Members restore ecosystem health, monitor water quality and wildlife habitat and conduct environmental education throughout the region.  Includes Foreign Grants: No	21,433.	367,634.
Sustainable Community Group Program - Sierra Nevada Conservancy - The Sierra Nevada Alliance mobilized our network and educated the public and decision makers about the new Sierra Nevada Conservancy. We helped organize tours, provided briefing papers on our networks activities and needs to brief Conservancy board and new staff. The Alliance also mobilized our network of conservation groups to provide input on the Conservancy's Strategic Plan and		45,516.
program development. Includes Foreign Grants: No		43,310.
Sustainable Community Group Program - Conference We held a successful 2006 Thirteenth Annual Conference in North Lake Tahoe featuring workshops, field trips, and numerous inspirational speakers.  Includes Foreign Grants: No		31,774.
Sustainable Organization Program - The Alliance grew to eight staff, expanded our Development program, and increased the number of member groups in our network to over eighty. (RLFF Kay)		229,691.

006	Federal Statements			Page 3
	Sierra Nevada Alliance			77-0343881
Statement 4 (continued) Form 990, Part III, Line a Statement of Program Service Acco	omplishments			Program
Des	cription		s and ations _	Service Expenses
	Includes Foreign Grants: No	ı		
Sustainable Community Group The Alliance provide fiscal member groups.	Program Fiscal Sponsorships - sponsorship to some of our Includes Foreign Grants: No		5,819.	41,750.
		\$ 20	7,682. <u>\$</u>	969,046.
Form 990, Part IV, Line 57 Land, Buildings, and Equipment  Category  Machinery and Equipment  Statement 6	Basis  \$ 21,668. \$ \$ 21,668. \$ \$	Accum. Deprec. 21,6		Book Value 0. 0.
Form 990, Part V-A List of Officers, Directors, Trustees	Title and Average Hours Compen	– bu	Contri- ition to BP & DC	Expense Account/ Other
Form 990. Part V-A	Title and	– bu	tion to	Account/ Other
Name and Address  Jenny Cooper 1034 Emerald Bay Rd #531	Title and Average Hours Compen Per Week Devoted sation Director \$	- bu 1 <u>El</u>	tion to BP & DC	Account/ Other \$ 0
Name and Address  Jenny Cooper 1034 Emerald Bay Rd #531 S. Lake Tahoe, CA 96150  Kim Carr PO Box 9092	Title and Average Hours Compen Per Week Devoted sation Director \$ 0	- bu <u>1 E</u> 0.\$	tion to BP & DC 0.	Account/ Other \$ 0
Name and Address  Jenny Cooper 1034 Emerald Bay Rd #531 S. Lake Tahoe, CA 96150  Kim Carr PO Box 9092 S Lake Tahoe, CA 96158  Addie Jacobson 3242 Sunset Ridge Dr	Title and Average Hours Compen Per Week Devoted sation  Director \$  Director  Director	- bu 1 El 0. \$	tion to BP & DC 0.	Account/ Other

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ZU	vv

### **Federal Statements**

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Sierra Nevada Alliance

77-0343881

Statement 6 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to <u>EBP &amp; DC</u>	
Geoff McQuilkin PO Box 29 Lee Vining, CA 93541	Director 0	\$ 0.	\$ 0.	\$ 0.
Tracy Grubbs 1122 Stanyan St San Francisco, CA 94117	Director 0	0.	0.	0.
Joan Clayburgh PO Box 7989 South Lake Tahoe, CA 96158	Executive Direc 40	72,218.	0.	1,599.
Steve Robinson PO Box 40 Westwood, CA 96137	Director 0	0.	0.	0.
Jan Chatten-Brown 3250 Ocean Park Blve #300 Santa Monica, CA 90405	Director 0	0.	0.	0.
Tim Little 6008 College Ave #10 Oakland, CA 94618	Director 0	0.	0.	0.
Betsy Reifsnider 1344 Vallejo Way Sacramento, CA 95818	Director 0	0.	0.	0.
Christine Rozance 2443 Fair Oaks Blvd #373 Sacramento, CA 95825	Director 0	0.	0.	0.
	Total	\$ 72,218.	<u>\$ 0.</u>	\$ 1,599.