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## Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

Open to Public

Ā	nternal Revenue Service		▶ The organization may have to use a copy of this return to satisfy state reporting requirements				ents			ispection						
	4 Fo	r the 2	009 calenda	ar year,	or tax year begi	nning	January 1	, 2009,	and o	ending	Dec	ember	31	, 20 09		
	B Che	Check if applicable Address change		Please	C Name of organi	zation					D Empl	oyer ide	entrfic	ation number		
	Ad			use IRS label or	E-Tech Internat	ional						611458602				
Ī	===	me chan	-	print or	Number and stree	t (or PO box, if ma	all is not delivered to	street address)	Roo	m/suite	E Telep	hone nu	mber	<del>,</del>		
Ļ	===	tial retum		type See	231 Las Manani						,			3-4642		
Ļ	⇉	rminated		Specific		or country, and ZI	P + 4		ــــــ		E C					
Ļ	====	nended re		Instruc- tions	Santa Fe, New I	-	•					Group Exemption				
Ŀ	=	plication	<del></del>						r			ber ▶		<u> </u>		
	•	Section	on 501(c)(3)	-	ations and 4947 opleted Schedul		ot charitable trus: r 990-EZ).	ts must attach	'		nting Me (specify)	Method				
-					<del></del>							If the organization is not				
													-	ule B (Form 990,		
					nly one) — 🗹 50	1(c) ( ) <b>4</b> (m	sert no )	(a)(1) or 5	attach G Accourning  The Check require 990-EZ  Its gross receipts are not return, be sure to file at 90 instead of Form 990-EZ  Salances (See the form gaming, check here)  6a 6b of from line 6a) 7a 7b 7a)  The Check require 990-EZ  Tom gaming, check here 70 from line 6a) 7a 7b 7a)  The Check require 990-EZ  The Check require 990			·····	2.0 D (1 0.111 000,			
ŀ			eck In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally											<del></del>		
•	-		1 990-EZ or Form 990 return is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A													
1																
i	Pa											tions	for			
ı	Ÿ							unu Daiani	<del>, e o</del> (	Oce inc	113000	$\overline{}$				
				_	s, grants, and s				•			1		88,319		
			_				fees and contra	cts	•			2				
				•	and assessme	ents			•			3		0		
-		4	Investmen					· · ·				4		0		
(X)					m sale of asset		ventory		↓		_					
					r basis and sale	•		• •								
Z	ا دم											5c		0		
Z	ğΙ	6	Special event	is and act	ivities (complete ap	plicable parts of So	chedule G) If any am	ount is from gan	ning, c	check here	▶ □					
SCANNED	Revenue	а	Gross reve	enue (no	ot including \$		utions									
igcup	Re		reported o	n line 1	)			6a								
2		b	Less: direc	ct exper	nses other than	fundraising ex	penses .	6b								
EC		C	Net incom	e or (los	loss) from special events and activities (Subtract line 6b from line 6a)									(		
<b>8</b>	, 1				entory, less ret		· · · · · · · · · · · · · · · · · · ·	l								
65		b	Less: cost	of good	ds sold			7b								
	,			•	ss) from sales of inventory (Subtract line 7b from line 7a)					7c		0				
2010												8		0		
<b>5</b>	•			•		4, 5c, 6c, 7c, a	and 8					9		88,319		
•		10			r amounts paid			<u> </u>		· · ·		10		0		
	- 1	11			r for members	•						11		0		
	اي	12	Salaries of	ther co	mpensation an	d employee he	enefitsRECEI	VED	٦.			12		0		
	Se	13	Profession	nal fees	and other navn	nents to inden	endent contracto		'		•	13		77,238		
	Ser	14			utilities, and ma	1	- Commacu	10	اذ			14		2178		
	Expenses	15		•	ons, postage, a	17	DEC WZ	1 2010 18	31	•		15		298		
	_	16			_	- 10	s, purchase equi					16		25,212		
		17			Add lines 10 th		o, purchase equi	Pinent	<u>¥</u>  −			_		104,926		
			Evenes exp	(deficit	for the year (C	ubtract lice 417	from The 9	N UT	+	<u>.</u>	. 🖊			-16,607		
	Net Assets	18	Not coost	(delicit)	od bolopoco et	boginning of	your (from line ?	7 column (A)	نط . ۱۱ (	· · ·		18		-10,007		
	SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w											04.464		
	ا ۲	00	end-of-year figure reported on prior year's return)										94,164			
	2	20										20		0		
		21					mbine lines 18 tl				, ▶	21		77,557		
	Pa	rt II	Balanc	e Shee				\$1,250,000 or	mor				17 18 19 20 21 stead of			
					•	ructions for Pa	•			(A) Be			-	(B) End of year		
	22		_		vestments .					<u> </u>	9			77,557		
	23		nd and buil	•									$\rightarrow$	0		
	24	Ot	her assets	(describ	oe ▶				)				24	0		
	25	To	tal assets								9	4,164	_	77,557		
	26		tal liabilition						)			0	26	0		
	27	Ne	t assets o	r fund l	balances (line 2	27 of column (E	3) <b>must</b> agree w	th line 21)			9	4,164	27	77,557		



OIIII .	330-EZ (2009)					Page Z
Par	t III Statement of Program Service Accomp	plishments (See the instru	uctions for Part III	.)		Expenses
Vha	t is the organization's primary exempt purpose?	Global Community Environm	nental Technical Su	pport		ired for section
	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	d concise		)(3) and 501(c)(4)
	ner, describe the services provided, the number o					izations and section
	program title.	,,			for ot	a)(1) trusts, optional
28	Continued monitoring and promotion of best practic	os in evisting and proposed	Dominion oil acc	-i- ete	101 01	
20			·			
	through public fora with govt, indigenous, civil socie			versignt		
	and auditing of remediation and reinjection of petrol					
	(Grants \$ 89,480 in 2008-9) If this amount			<u>. ▶ ⊔</u>	28a	58,741
29	Analysis of predicted and actual water quality impac					
	(Grants \$ 37,000 2008-9) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	38,846
30						
	Analysis of environmental impacts of bauxite mining	in Suriname				
		<u> </u>				
	(Grants \$ 7339) If this amount	includes foreign grants, che	ack hara	▶ 🗸	30a	7,339
21			SCR TICIC		00a	1,000
<b>J</b> 1		includes foreign grante, ch	· · · · ·		24.	
32	Total program service expenses (add lines 28a t	includes foreign grants, che			31a	404.000
	t IV List of Officers, Directors, Trustees, and Key				32	104,926
rai	List of Officers, Directors, Trustees, and Rey					<del></del>
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	<ul><li>(d) Contribution</li><li>employee benefit</li></ul>		(e) Expense account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
Rich	nard Kamp, 231 Las Mananitas, Santa Fe, NM 87501	President 2 hours				
	·	Trondont 2 modro	00		0	0
Patr	icia Gay-Webb, 21 Ladera Road, Santa Fe, NM 87505	VP 1/2 hr				
		VP 1/2 lif	00		00	00
Jona	athan Daniel Sohn, 7821 Archibald Terrace					
Cab	in John Md 20818	Secy 1/2 hr	00		00	00
_	Maest,941 8th St, Boulder, Co 80302					
		Director 1/2 hr	00		00	00
Chri	is Allan, 2840 Wilderness Pl, Boulder Co 80301	<del> </del>				
Cili	is Alian, 2040 Whiterness Pi, Boulder Co 60301	Treasurer 1/2 hr				
	<del></del>		00		00	00
	ra Silvan 710 E San Ysidro Blvd. #88	Director 1/2 hr				
	Ysidro, CA 92173		00		00	00
Holl	y Dressel, POB 407, Chateaugay, NY 12920	Secy 1/2 hr	:			
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		1		1		

Part	Other Information (Note the statement requirements in the instructions for Part V.)	-		,
22	Did the appealantian annual is any activity and any	r	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33_		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b> </b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>/</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.	]		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	*	٠	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			×
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	=	
41	List the states with which a copy of this return is filed. ▶	100		
42a	The organization's books are in care of ▶ Richard Kamp, Director Telephone no. ▶	50598	34642	·
	Located at ► 231 Las Mananitas,Santa Fe ZIP + 4 ►	87501	-1545	
b	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		Yes	N
	account)?	42b		✓
	If "Yes," enter the name of the foreign country ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		\ <b>\</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ [
			Yes	N
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	ļ	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes" Form 990 must be completed instead of Form 990-F7	-		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part VI

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	nexempt charital aritable trusts mu	ole trusts only. A st answer question	II sec ons 46	tion -49b			
46	Did the organization engage in direct or indirect	t political campaign activ	ities on behalf of c	r in opposition to		Yes No			
	candidates for public office? If "Yes," complete				46				
47	Did the organization engage in lobbying activitie				47	<b>→</b>			
48	Is the organization a school as described in section				48	<del>-   \ /</del>			
49a b	Did the organization make any transfers to an ex-		•		49a 49b	<b>-</b>			
50	If "Yes," was the related organization a section 527 organization?								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expense count and allowances			
None		-							
		-							
		-							
		-							
f	Total number of other employees paid over \$10	0,000	•		<del></del>				
None	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) T	ype of service	(c) Cor	npensation			
d	Total number of other independent contractors	each receiving over \$100	,000 ►	l					
	Under penalties of penury, I declare that I have examinand belief, it is true, correct and complete Declaration	ned this return, including accomp n of preparer (other than officer)	panying schedules and s is based on all information	tatements, and to the be on of which preparer has	st of my	knowledge owledge			
Sign Here	Company of officer			11/29 Date	170	ク			
<del></del>	Richard A Kamp Director Type or print name and title	November 29, 2010							
Paid Prepa	Preparer's signature	Date	Check if self- employed ▶ [	Preparer's identifying nu	mber (Se	e instructions)			
Use C	I Firm's name for			Phone no ▶					
May t	the IRS discuss this return with the preparer show	vn above? See instruction		<u>&gt;</u> [	] Yes				
				Fe	orm <b>9</b> 9	<b>O-EZ</b> (2009			