THE PACHAMAMA ALLIANCE

December 31, 2010

FORM 990

PUBLIC DISCLOSURE COPY

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FILE COPY

CHANGE OF ACCOUNTING PERIOD

Form **990**

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)

2010

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

A	or th	e 2010 calendar year, or tax year beginning UN 1 2010 and en	nding DE	C 31, 20	10		
В	heck if	C Name of organization				fication number	
ê	pplicab						
	Addre						
	Name	Doing Business As			94-32	49793	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telepho	one numb	er	
	Term	Presidio Bldg 1009	(415)	561-4522			
	Amer	ded Ct	eipts \$				
	Appli			H(a) Is this	a group		
	pend	F Name and address of principal officer:Basil R Twist, Jr.			filiates?	Yes X No	
		same as C above		H(b) Are all			
1.3	ax-ex	empt status: x 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or [527			a list. (see instructions)	
	rior or o	te: www.pachamama.org				on number >	
-		organization: x Corporation Trust Association Other	L Year o			M State of legal domicile: CA	
	art I	Summary			1000	THE STATE OF TO SAIL OF THE STATE OF THE STA	
-	1	Briefly describe the organization's mission or most significant activities: The missi	ion of	The Pacha	mama	-	
JCe		Alliance is: To preserve the Earth's tropical rainforests (cor		ine racin	mama		
naı	2	Check this box if the organization discontinued its operations or disposed		than 25% (of its net a	esets	
Ver	3	Number of voting members of the governing body (Part VI, line 1a)					
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)					
ళ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)					
Activities & Governance	10.00	Total number of volunteers (estimate if necessary)					
Ę.	72	Total unrelated business revenue from Part VIII, column (C), line 12					
Ă		Net unrelated business taxable income from Form 990-T, line 34					
		Not diffusited business taxable filediffe from 550 f, life 54		Prior Ye		Current Year	
	8	Contributions and grants (Part VIII, line 1h)			084,226,		
nue	9						
Revenue	455				641,051,		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			20 00000		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			8,830,		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			734,063,		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			642,873,		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0,	-	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			042,774.		
en		Professional fundraising fees (Part IX, column (A), line 11e)			97,372,	0.	
Exp		Total fundraising expenses (Part IX, column (D), line 25) 328,81					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			350,927.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			133,946.		
_ s	19	Revenue less expenses. Subtract line 18 from line 12			600,117,		
Net Assets or Fund Balances		T (D V		inning of Cu		End of Year	
SSE		Total assets (Part X, line 16)			858,621.	4,721,407.	
et A		Total liabilities (Part X, line 26)			216,151,	190,732.	
		Net assets or fund balances. Subtract line 21 from line 20	14743	2.	542,470,	4,530,675.	
	rt II	A STATE OF THE PROPERTY OF THE	ad atatama	ata and to th	a boot of a	av knowledge and heliaf it is	
	and the same	Ities of perjury, I declare that I have examined this return, including accompanying schedules are				ly knowledge and bellet, it is	
true,	corre	t, and complete Declaration of preparer (other than officer) is based on all information of which	Гргерагег	las ally killov	15	///	
		Signature of officer		Daf	P -	//	
Sign			AADI	1			
Her	е	Basil R Twist, Jr., President Type or print name and title	JUP	-			
_		For the second s	I D:	ate	Check	PTIN	
De!		Print/Type preparer's name Preparer's signature			if L self-employ		
Paid		Sue Fujitani		/14/11		P00542703	
Prep		Firm's name Sue Fujitani	FILL	n's EIN 🛌			
use	Only	Firm's address 3145 Geary #65		Di		1121 222 12-1	
	Ale = 0	San Francisco, CA 94118		Pho	one no. (415) 566-4619	

(Expenses \$

People Engaging in Bringing Forth a New Vision

247,847, including grants of \$

1,567,028,

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ▶

3,000,) (Revenue \$

Form 990 (2010) The Pachamama Alliance Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		1000
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		
11	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			80
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		_X
13 14a		13 14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		<u>X</u>
D	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	Α	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X.
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

The Pachamama Alliance

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		100	140
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Λ
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	v	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Х	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization 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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		**
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

94-3249793	Pa
74 70477777	

Pa	Check if Schedule O contains a response to any question in this Part V			·
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	5		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a2:	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			a
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.	-		
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			
		14a		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O.	14a		X

The Pachamama Alliance Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year 8 by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ____ Another's website x Upon request x Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Basil R Twist, Jr - (415) 561-4522

Presidio Building 1009, San Francisco, CA 94129

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(check all that apply)				арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Gordon Starr										
Board President	0.50	х						0.	0.	0
Lynne Twist										
Director	20.00	Х						0.	0.	0
John Perkins										
Director	0.50	х						0.	0.	0
Michael Olmstead										
Director	0.50	Х						0.	0,	0
Catherine Parrish										
Director	0.50	Х						0,	0.	0
Ben Schick										
Director	0.50	Х						0.	0.	0
Tammy white										
Director	0.50	Х						0.	0.	0
Van Jones										
Director	0.50	Х						0.	0.	0
Basil R Twist, Jr										
CEO	45.00			Х				41,000.	0.	1,632
Patricia Usner										
Secretary	45.00			Х				50,648.	0.	2,779
Tatiana Tilley										
Treasurer	45.00			X				46,475.	0.	1,806
Tracy Apple										
Former Director							X	36,500.	0.	0
Neal Rogin								2 11500		
Former Director							Х	40,000.	0.	0
Former Director							Λ	40,000.	0,	

0/	1 -	2	2	1	0	7	0	3

	rt VII Section A. Officers, Directors, Tr (A)	(B)	npi	Јусс		C)	ngn	CSL	(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Е	stimat	ed
		hours per week (describe hours for related organizations in Schedule O)	stee or director	institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	S	con f orç ar	nount other npensa rom th ganiza id rela anizat	ation ne tion ted
		0)	-	=	0	×	Ξ ω	u.						
-														
	Sub-total								214,623.		0.		6	, 217,
	Total from continuation sheets to Part V								214,623.		0.			.217.
2	Total (add lines 1b and 1c) Total number of individuals (including but reasonables from the erganization						e) wh	o re		,000 in reportable			0	,411,
	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3	v	
4	For any individual listed on line 1a, is the sa and related organizations greater than \$15	um of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization			Х	.,
5	Did any person listed on line 1a receive or											4		Х
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ich į	oers	on .					5		х
	ction B. Independent Contractors Complete this table for your five highest co							41		N100 000 -f		-41		
1	the organization. NONE	mpensated inc	epe	nae	nt c	ontr	acto	rs tr	nat received more than t	\$ 100,000 or comp	pensa	ation	rom	
	(A) Name and business	address							(B) Description of se	ervices	C	()	C) nsatio	n
		Andrews and Common of the Comm											1111222	5 (40)
														-
2	Total number of independent contractors (i \$100,000 in compensation from the organi		ot lir	nited	to '		se lis	ted	above) who received me	ore than				

Form 990 (2010)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns Corrtributions, gifts, grants and other similar amounts 1a Membership dues 1b b Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 3,659,426 g Noncash contributions included in lines 1a-1f: \$ 42,787 h Total. Add lines 1a-1f 3,659,426 **Business Code** Program Service 2 a Travel referral fees 900099 191,087, 191,087, b Leadership summit 900099 19,145, 19,145, c ATD sales 900099 11,656, 11,656, d Facilitator training 900099 1,677 1,677 f All other program service revenue g Total, Add lines 2a-2f 223,565 Investment income (including dividends, interest, and other similar amounts) 118 118. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 15,091 b Less: cost or other basis and sales expenses 15,001 c Gain or (loss) d Net gain or (loss) 90 90. 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 208. Total revenue. See instructions. 3,883,199. 223,565,

Form 990 (2010) The Pachamama Alliance Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	344,000.	344,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	138,123.	87,329.	24,646.	26,148.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	382,967.	246,169.	17,041.	119,757.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	38,711.	23,292.	3,255.	12,164.
10	Payroll taxes	46,017.	29,451.	3,681.	12,885.
11	Fees for services (non-employees):				
а	Management				
b	Legal	725.	500.	225.	
С	Accounting	12,000.	4,380.	6,000.	1,620.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	537,074.	458,467.	1,443.	77,164.
12	Advertising and promotion				7272 2722
13	Office expenses	85,553.	45,452.	15,103.	24,998.
14	Information technology				
15	Royalties	00.000	54 050	40.000	40.004
16	Occupancy	83,988.	51,378.	13,379.	19,231.
17	Payments of travel or entertainment expenses	319,318.	276,610.	7,858.	34,850.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Verify restricted	1,832.		1,832.	
20 21	Payments to affiliates	1,032.		1,032.	
22	Depreciation, depletion, and amortization	3,277.		3,277.	
23	Insurance	4.398.		4.398.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)	4,390.		4,330,	K K
a					
b					
С					
d					
e	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24f	1 007 000	1 567 000	100 120	200 045
25		1,997,983.	1,567,028.	102,138.	328,817.
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X Balance Sheet (A) Beginning of year (B) End of year Cash · non-interest-bearing 1 1 Savings and temporary cash investments 2 127,649, 2 391,529. Pledges and grants receivable, net 3 3 2,691,206, 4,243,207. Accounts receivable, net 4 4 5.101 2,858. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 22,250 61,860. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 41,924. b Less: accumulated depreciation 10b 31,394. 10c 12 415. 10,530. Investments - publicly traded securities 11 11 11,423. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,858,621 16 4.721.407. Accounts payable and accrued expenses 17 53.726. 17 80,832. Grants payable 18 18 19 Deferred revenue 37,425. 19 109,900. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 125,000 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities. Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 26 26 216,151 190,732. Organizations that follow SFAS 117, check here

x and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 <77.554. 184,278. 2,720,024. Temporarily restricted net assets 28 28 4,346,397. Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31

> 4,721,407, Form 990 (2010)

4,530,675.

32

33

34

2,642,470.

2,858,621

33

Forn	1 990 (2010) The Pachamama Alliance	94-3249793		Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				x		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	.883	199.		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3	10		,983. ,216.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		•	.470.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	.989.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4	.530	675.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash x Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
b	Were the organization's financial statements audited by an independent accountant?	*******	2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both:						
	x Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

		=720 = 720							120 120			
Part I	Reason		nama Alliance rity Status (Allorgani	izations mu	ust comple	ete this pa	rt.) See ins	structions	94-	3249793		
	· 1/2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	70 70 31 V.W 100	because it is: (For lines	30 15				stractions.				
1		71	es, or association of chu	-			200	i).				
2			70(b)(1)(A)(ii). (Attach S			0000011 111		.,.				
3			ital service organization			170(b)(1	VΔViii)					
4			operated in conjunction					0(b)(1)(A)(iii). Enter th	ne hospita	l's nan	ne
	city, and sta		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)	,.			,
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
			nctions - subject to cert									
10	income and See section An organizat An organizat more publicly describes th a Type By checking foundation in If the organiz supporting of Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	unrelated business to 509(a)(2). (Completicion organized and option organized and option organized organized etype of supporting this box, I certify the managers and other to tation received a writing ganization, check to to 17, 2006, has the company of the serious production of a person controlled entity of a serious product of the serious p	taxable income (less section of the part III.) perated exclusively to temperated exclusively for the ations described in section organization and computer organization is not than one or more publicated the determination from	est for public best for public	lic safety. of, to perf 1) or secti 1e through the III - Fund directly of dorganize at it is a Ty contribution gether with	See section or the functionally in or indirectly ations described in from any persons of	acquired I on 509(a)(inctions of 2). See se itegrated by by one of cribed in see II, or Typ of the foll described	4). f, or to care ction 509 or more dissection 50 e III lowing per in (ii) and	anization at ry out the particle (a)(3). Check discount of the particle (a)(1) or so sons?	ourposes of the box Type III - (ersons other tion 509	of one at that Other	or
				1				1				
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	sted in your	organizat	d you notify the nization in col. your support? (vi) Is organizati (i) organiz		s the on in col. ged in the 3.?	(vii) Am sup		f
			(see instructions))	Yes	No	Yes	No	Yes	No			
									-			
										-		
otal												

Schedule A (Form 990 or 990-EZ) 2010 The Pachamama Alliance 94-3249793

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(-/	(-)	(0)	12/	(6)	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	1,751,212.	3,502,370.	2,652,646.	4.101.867.	3,659,426.	15,667,521.
2	Tax revenues levied for the organ-	2,702,222.	0,002,070.	2,032,010.	1,101,007.	3,033,420.	15,007,321.
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						*
4	Total. Add lines 1 through 3	1,751,212.	3,502,370.	2,652,646.	4,101,867.	3,659,426.	15,667,521.
5	The second of the second of	1,731,212.	5,502,570.	2,032,040.	4,101,867.	3,039,420.	15,667,521.
0	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	a alumn (f)						
6							22,403.
	Public support. Subtract line 5 from line 4.						15,645,118.
	ndar year (or fiscal year beginning in)	(a) 2006	(h) 2007	(~) 2009	(4) 2000	(=) 2010	(f) Total
	Amounts from line 4	Late Colonia Colonia Colonia	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gross income from interest,	1,751,212.	3,502,370.	2,652,646.	4,101,867.	3,659,426.	15,667,521.
0	NO 57957 75 22 65 64						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	82.	2,163.	7.	2.	118.	2,372.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						15,669,893.
	Gross receipts from related activities,					12	1,258,888.
13	First five years. If the Form 990 is for	1.2			150	St. 5.30. 50	
202	organization, check this box and stop ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2010 (lin					14	99.84 %
	Public support percentage from 2009					15	98.32 %
16a	33 1/3% support test - 2010. If the org						
	stop here. The organization qualifies a						
D	33 1/3% support test - 2009. If the org					. 1955 - C. 프로그램 M. 1957 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 - 1950 -	
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test						J% or
	more, and if the organization meets the						_
	organization meets the "facts-and-circu						
18	Private foundation. If the organization	i did not check a b	ox on line 13, 16a,	, 16b, 17a, or 17b,	check this box ar	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 G	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
2 G	Gross receipts from admissions,						
	nerchandise sold or services per-						
	ormed, or facilities furnished in ny activity that is related to the						
	rganization's tax-exempt purpose						
3 G	Gross receipts from activities that					1	
а	re not an unrelated trade or bus-						
in	ness under section 513						
4 T	ax revenues levied for the organ-						
iz	cation's benefit and either paid to						
0	r expended on its behalf						
5 T	he value of services or facilities						
fu	urnished by a governmental unit to						
th	ne organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and						
3	received from disqualified persons						
	mounts included on lines 2 and 3 received						
	om other than disqualified persons that						
	cceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support (Subtract line 7c from line 6.)						
	ion B. Total Support						
C 0 0	ar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	mounts from line 6	(4)	(2)	(5)	(4)		(-)
	iross income from interest,						
	ividends, payments received on						
aı	ecurities loans, rents, royalties nd income from similar sources						
Celli	nrelated business taxable income						
	ess section 511 taxes) from businesses						
	equired after June 30, 1975						
	dd lines 10a and 10b						
	et income from unrelated business ctivities not included in line 10b,						
	hether or not the business is						
	egularly carried on						
	ther income. Do not include gain r loss from the sale of capital						
	ssets (Explain in Part IV.)						3-
	otal support (Add lines 9, 10c, 11, and 12.)						
14 Fi	irst five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3) organiz	ation,
	neck this box and stop here						> L
	on C. Computation of Public						
	ublic support percentage for 2010 (lin				The state of the s	15	9
	ublic support percentage from 2009 S					16	9/
	on D. Computation of Invest						
	vestment income percentage for 201						9
	vestment income percentage from 20						9
	3 1/3% support tests - 2010. If the o						
	nore than 33 1/3%, check this box and						
	3 1/3% support tests - 2009. If the o						
lir	ne 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	nization qualifies	as a publicly suppor	ted organization	▶
20 P	rivate foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see inst	ructions	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

	The Pachamama Alliance	94-3249793
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	<u> </u>	(b) Funds and other accounts
1	Total number at end of year	• • • • • • • • • • • • • • • • • • • •
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
000	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	ada.
5		
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	HI KE D
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
D-	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	© 9/12
	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	S

Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Si	milar	Asse	ts (con	tinuea	1)
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	at are a	signific	cant use	of its	collection	on iten	ns
	(check all that apply):											
а	Public exhibition		t	Loan or exc	change progr	ams						
b	Scholarly research	•	, 🔲	Other	50 NV 50							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	the organizat	ion's ex	empt p	ourpose	in Par	t XIV.		
5	During the year, did the organization solicit of											
	to be sold to raise funds rather than to be ma									Yes		No
Pa	rt IV Escrow and Custodial Arran									ine 9, o	r	
	reported an amount on Form 990, Pa			3								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets no	t inclu	ded				
	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIV									_ 103		_ 110
	Too, explain the arrangement in rate xiv	and complete the re	, iio wiii ig	table.						Amour	nt	
_	Beginning balance							1c		7 1111041	10	* 1
	Additions during the year							1d				
								1e				
1.2	Distributions during the year							1f				
f	Ending balance Did the organization include an amount on Fe									Yes		No
	If "Yes," explain the arrangement in Part XIV.		217							res		_ NO
Pai			oworod	"Voo" to Fo	rm 000 Port	IV line	10					
1 ai	Endownient Funds. Complete								h n n l .	/ \ Ta.		, baale
		(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(a) 11	iree years	Dack	(e) FOL	r years	раск
	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	is:									
а	Board designated or quasi-endowment		_%									
b	Permanent endowment >	%										
С	Term endowment ▶	%										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administe	ered for	the org	ganizatio	n			
	by:										Yes	No
	(i) unrelated organizations									3a(i)		15
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	lule R?			******			3b		
4	Describe in Part XIV the intended uses of the				A CONTRACTOR OF THE STATE OF TH							
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X,	line 10.								
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccum			(d) Boo	k valu	е
1a	Land											
b	Buildings											
	Leasehold improvements											
d	Equipment				41,924.			31,394			10	530.
	Other				,			,	1		10,	
	Add lines 1a through 1e. (Column (d) must ed		X. colum	nn (B), line 1	0(c).)	organica surante en		•			10	530.
					1-11-11-11-11				_		,	

Part VII Investments - Other Securities.	See Form 990, Part X, line	e 12.		3249793 Page
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	See Form 990, Part X, lin	ne 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuated or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	, j			
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.			
	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Fotal. (Column (b) must equal Form 990, Part X, col (B) lii Part X Other Liabilities. See Form 990, Part X	ne 15.)		·····	
1. (a) Description of liability	, iii e 20.	(b) Amount		
(1) Federal income taxes				
(2)				
(3)				粗
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	arcan and			
Fotal. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote FIN 48 (ASC 740).	ne 25.) to the organization's financial sta	tements that reports the organiza		
032053 12-20-10			Sche	edule D (Form 990) 2010

1740-0	dule D (Form 990) 2010 The Pachamama Alliance			94-324979	93 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	d Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,883,199.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,997,983.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,885,216.
4	Net unrealized gains (losses) on investments		4		2,989.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				2,989.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		1,888,205.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	3,896,188.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	2,989		
b	Donated services and use of facilities	2b	10,000		
С	Recoveries of prior year grants	2c	•		
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	12,989.
3	Subtract line 2e from line 1				3,883,199.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,883,199,
	t XIII Reconciliation of Expenses per Audited Financial Stateme				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Total expenses and losses per audited financial statements			1	2,007,983.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	10,000		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	10,000.
3	Subtract line 2e from line 1			3	1,997,983.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1.997.983.
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

 Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions. 2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

The Pachamama Al						94-3249793	·
Part I Gener	ral Infori	mation on A	Activities Ou	tside the United States. Comp	lete if the organ	ization answered "`	Yes"
to Form	990, Part	IV, line 14b.					
		500		ds to substantiate the amount of the g			
grantees' eligib	ility for the	e grants or assis	stance, and the	selection criteria used to award the gra	ants or assistan	ce?x_	Yes No
2 For grantmake	ers. Descri	ibe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outs	ide the United Stat	es.
3 Activities per R	Region. (The	e following Part		an be duplicated if additional space is			
(a) Region		(b) Number of	(c) Number of	(d) Activities conducted in region	(2 = (2))	ity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program		ram service,	expenditures for and
		in the region	independent	services, investments, grants to		specific type	investments
			in region	recipients located in the region)	of service	e(s) in region	in region
South America		0	0	Grantmaking			341,000.
-					Journey Prog	gram:	
					immersion w		
				Program	peoples of I	Ecuador's	
South America		0	0	Program Services	rainforest a	and highlands	148,998.
918							
3 a Sub-total		0	0				489,998.
b Total from cont		Ŭ	9				,,
sheets to Part I	110.0000.000.000.000.000	0	0				0.
c Totals (add line	20210212020000	<u> </u>	5				
and 3b)		0	0				489 998.

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Cash basis Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Ö Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant | cash disbursement (f) Manner of 341,000, Check (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of General Support grant The Pachamama Alliance (c) Region South America Part II can be duplicated if additional space is needed. Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2010 (a) Name of organization Part II 8 က

Page 3

The Pachamama Alliance

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. 94-3249793

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)	debracas, care)					Schedule F (Form 990) 2010
(g) Description of non-cash assistance						Schedule
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance			`			

Foreign Partnerships. (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

for Form 5713) ______

Schedule F (Form 990) 2010

Yes

6

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ➤ Attach to Form 990. ➤ See separate instructions.

The Pachamama Alliance

Employer identification number

94-3249793

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

94-3249793

Page 2

The Pachamama Alliance

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name 1 Tracy Apple (i) 2 Neal Rogin (ii) 3 (ii)	(i) Base			2	ì		
	compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	36,500.	0.	.0	0.	0	36,500.	54 559.
	0.	.0	0.	.0	0	0	0
	40,000.	0.	0	0	0	40 000	72 500.
	0.	0.	0	0	.0	0	0
(i)							
(ii)							
(1)							
(ii)							
(1)							
(ii) (iii)							
(0)							
7 (ii)							
(9)							
(ii) 8							
(9)							
(ii) 6							
(1)							
10 (ii)							
(i)							
11 (ii)							
6							
12 (ii)							
(1)							
13 (ii)							
0							
14 (ii)							
(5)							
15 (ii)							
5							
16 (ii)							

Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization								Employe	ridentif	ication r	umber
The	e Pachamama	Allian	ce					94-3249	793		
					n 501(c)(4) organizatio						
Complete if the org	ganization ansv	wered "Y	es" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E2	z, Par	t V, line 40	Ob.		
1 (a) Name of d	lisqualified pers	son			(b) Description	of transac	ction			(c) Con	100
(a) Harris of a	moquamiou por				(b) Boomption	or traineac				Yes	No
										-	
O Enter the amount of tay im	naced on the	vaaniaati		a or diagonalifi	ad navaana durina th		lor				
2 Enter the amount of tax im section 4958								• •			
3 Enter the amount of tax, if					ation			> \$			
3 Enter the amount of tax, if	arry, or line 2,	above, re	iiiibursed by	y trie organiza	tion			Φ		100	
Part II Loans to and/	or From Int	ereste	d Persons	S.							
Complete if the ord	anization ansv	vered "Ye	es" on Form	990. Part IV.	line 26, or Form 990-E	Z. Part V.	line :	38a.			
(a) Name of interested	(b) Loan			nal principal	(d) Balance due	(e)		(f) Apr	oroved ard or	(g) W	ritten
person and purpose	the organ			mount	(4)	defau		comm	ard or pittee?	agreer	
	То	From				Yes	No	Yes	No	Yes	No
								-			
								-			
						-		-			
						-					
Total Part III Grants or Assi	stance Ber	efiting	Intereste	d Persons							_
Complete if the org		_									
(a) Name of interested		vered 16			een interested person	and		(a) Am	ount an	d type of	
(a) Name of interested	person		(b) Helati		ganization	anu			assistan		
							1				
·											
							T				

Page 2

(a) Name of interested person	(b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	ation's
	person and the organization	transaction	transaction	Yes	nues?
Michael Olmstead	Member, Board of Di	84,164	.Pachamam co		Х
Part V Supplemental Information	onal information for responses to questions	on Schadula I (sas	inetructions)		
Complete this part to provide additi	onal information for responses to questions	S OIT Scriedule L (See	a instructions).		
Sch L, Part IV, Business Transaction	s Involving Interested Persons:	_			
(a) Name of Person: Michael Olmstead					<u> </u>
	es to the second				
(b) Relationship Between Interested	Person and Organization:				
Member, Board of Directors					
(c) Amount of Transaction \$ 84,164.					
(d) Description of Transaction: Pache	amam contracted with the Director	r's			
company, e2k, for creative developmen	nt, production coordination, star	ff			
and on-site direction					
and on site direction					
(e) Sharing of Organization Revenues	? = No				

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

The Pachamama Alliance

Part I Types of Property

Employer identification number
94-3249793

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	-	s
1	Art - Works of art		items contributed	roini 990, rait viii, iiile ig				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	6	42.787.	FMV at date of g	ift		
10	Securities - Closely held stock	**		22,707.	211. do dado oz g			
11	Securities - Partnership, LLC, or							
25.50	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1-28 tha	at it must hold for			
	at least three years from the date of the initial of	contribution,	and which is not	required to be used for exem	pt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contribu	utions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							18
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization Employer identification number The Pachamama Alliance 94-3249793 Form 990, Part I, Line 1, Description of Organization Mission: (cont.) by empowering the indiginous people who are its natural custodian, and to contribute to the creation of a new global vision of equality and sustainability for all. Form 990, Part III, Line 4a, Program Service Accomplishments: network of credit cooperatives. Pachamama also entered into a joint agreement with the Central Bank of Ecuador and with STRO foundation of the Netherlands to explore the development of a national complementary money system. Cross-Border Network Pachamama supported the growth of a network of indigenous peoples whose traditional territories span the borders of Ecuador, Peru, Bolivia, Brazil and Colombia, Pachamama hosted workshops and provided legal assistance on the complex issues of security and environmental protection in cross-border regions. Land Titling Pachamama worked with the Achuar to secure formal title to nearly one million acres of ancestral lands. This was the culmination of years of work educating the Achuar about their legal rights and completing GPS mapping of their territory. The Achuar now have full title to nearly 100% of their 1.8 million acres. Fish Farming Pachamama dramatically expanded the scope of aquaculture projects in Achuar territory. More than 120 fish farms are now operating. substantially increasing the nutrient intake for over 140 families and

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization The Pachamama Alliance	Employer identification number 94-3249793
providing an additional source of income.	
Jungle Mamas	
Pachamama supported the growth of Jungle Mamas, a project to ensure	
safe birthing and well-being of pregnant women and newborns in Achuar	
communities. The program is expanding both geographically and in its	
focus, now incorporating overall community health as well as family	
planning.	
Pachamama Rainforest Journeys	
More than 170 people experienced a life-changing journey to the heart	
of the Achuar terriroty, connecting with indigenous people, the origins	
of The Pachamama Alliance, and the spirit of the rainforest itself. A	
key component of the journeys is the visit and experience at the	
Achuar-owned and managed KapawiEcolodge, In 2010 Kapawi received the	
United Nations Equator Prize as one of the top five community-based	
ecotourism facilities in the world.	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
communities they are part of towards the guiding principles of social	
justice, environmental sustainability and spiritual fulfillment.	
Response to this new strategy has been enthusiastic, and a new	
community transformation training program is in the "beta" phase of	
development,	v
Leadership Expands	
A worldwide decentralized network of volunteers was formed to take the	
lead in the global expansion of the message and program. Nearly 100	
self-identified leaders gathered in California in July and took on an	
entirely new level of leadership and accountability, and a similar	
meeting took place in Europe in September, with leaders from nine	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization The Pachamama Alliance	Employer identification number 94-3249793
	74-3243133
countries participating.	
Youth Involvement Gains Momentum	
Interest in the Awakening the Dreamer Symposium specifically for and by	
youth expanded dramatically. High schools and universities have begun	
including the Symposium in their curricula, and young people are taking	
on creative educational projects using the message of the Symposium,	
including a bus tour with mobile classrooms and climate-awareness bike	
treks. Out of this interest, Pachamama worked with a youth-led	
initiative, Generation Waking Up, and helped develop a youth-oriented	
version of the Symposium, called Wake Up.	-
Form 990, Part III, Line 4c, Program Service Accomplishments:	
In the first eight months, the campaign reached more than 200,000	
individuals in 128 countries, and more than 1,000 allied organizations	
came on board. The campaign's reach is growing steadily through social	
media channels, and through a collaborative engagement of hundreds of	
volunteers inspired by its message.	
Form 990, Part III, Line 4d, Other Program Services:	
Communications: outreach, marketing, media, and social media within the	
organization,	
Expenses \$ 247,847. including grants of \$ 3,000. Revenue \$ 0.	
Form 990, Part VI, Section A, line 2: CEO Basil Twist, Jr. and Director	
Lynne Twist are married,	
Daniel 2000 Daniel XXII. Garabiar D. 1/2 a. 11. Mar. 6 a. 2000 / a	+
Form 990, Part VI, Section B, line 11: The form 990 is presented and	
reviewed at a board meeting prior to filing.	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
The Pachamama Alliance	94-3249793
Form 990, Part VI, Section B, Line 12c: The issue is looked at at each	
Board meeting.	
Form 990, Part VI, Section B, Line 15: Compensation is determined through	
analysis of survey data collected from online professional resources and	
other organizations of similar size, budget, mission, and with comparable	
geographies/demographics. A study of the overall percentage of the position	90_
salary is compared against the balance of the company payroll.	
salary is compared against the balance of the company payroll.	
Form 990, Part VI, Section C, Line 19: The organization's financial	
statements are available on its web site.	
•	
There has been no change from the prior year.	
There has been no change from the prior year.	

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	_										
Current Year Deduction		0	•0	443.	2,061.	180.	449.	144.	3,277.	3,277.	
Current Sec 179									0	0	
Accumulated Depreciation		10,266.	2,900.	4,735.	8,896.	723.	. 297.		28,117.	28,117.	- A
Basis For Depreciation		10,266.	2,900.	6,038.	14,218.	1,477.	3,682.	1,951.	40,532.	40,532.	
Reduction In Basis									0	0	
Bus % Excl											
Unadjusted Cost Or Basis		10,266.	2,900.	6,038.	14,218.	1,477.	3,682.	1,951.	40,532.	40,532.	
Line No.		16	16	16	16	16	16	16			
Life		5.00	5.00	5.00	2.00	3.00	3.00	2.00			
Method											
Date Acquired		123104SL	123105SL	123106SL	123107SL	123108SL	031809SL	051110SL			
Description	Machinery & Equipment	Office equipment 1	מוומ	מוות	7	5laptop computer 1	6macpro (projector (Potal * 990 Page 10 Total	al E	Page 10 Depr	
Asset No.		Ser.	14		7	.,	•	13			

(D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction