THE PACHAMAMA ALLIANCE December 31, 2011

FORM 990

PUBLIC DISCLOSURE COPY

Keep until 11/15/2015

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Inspection

Α	For th	ne 2011 calendar year, or tax year beginning an	d ending		
В	Check i	C Name of organization		D Employer identifi	cation number
	Addr	ess ge The Pachamama Alliance			
	Nam			04 324	0703
	chan Initia		Doom/ouite	94-324	
-	retur Term		Room/suite		
	ated	Presidio Bldg 1009			561-4522
	retur	Oity or town, state or country, and ZIP + 4		G Gross receipts \$	3,467,929.
	tion pend	San Francisco, CA 94129		H(a) Is this a group re	
		F Name and address of principal officer:Basil R Twist, Jr.		for affiliates?	Yes X No
_	-	same as C above		H(b) Are all affiliates inc	AN IN THE PARTY OF
		xempt status: x 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	-	list. (see instructions)
		ite: www.pachamama.org	V	H(c) Group exemptio	
	art I	or germany 11	L Year	r of formation: 1996 N	Λ State of legal domicile: CA
Р	1				
ce	1	Briefly describe the organization's mission or most significant activities: The m		The Pachamama	
lan		Alliance is to empower indigenous people of the Amazon (con			
/err	2	Check this box I if the organization discontinued its operations or disp			ssets.
go	3	Number of voting members of the governing body (Part VI, line 1a)			8
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Activities & Governance	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			21
ţ	6	Total number of volunteers (estimate if necessary)			200
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		3,659,426.	2,778,314.
Revenue	9	Program service revenue (Part VIII, line 2g)		223,565.	673,504.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		208.	1,756.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Service Control	0.	8,026.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,883,199.	3,461,600.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		344,000.	791,166.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		605,818.	1,271,905.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- X	b	Total fundraising expenses (Part IX, column (D), line 25)			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,048,165.	2,486,727.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,997,983.	4,549,798.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		1,885,216.	<1,088,198.>
Net Assets or Fund Balances		T. () () () () () ()		eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		4,721,407.	3,967,970.
let /	21	Total liabilities (Part X, line 26)		190,732.	525,493,
D	art II	Net assets or fund balances. Subtract line 21 from line 20		4,530,675,	3,442,477.
		alties of perjury, I declare that I have examined this return, including accompanying schedu	ac and states	cents, and to the heat of my	v knowledge and heliaf it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			y knowledge and belief, it is
true	, corre	ci, and complete. Declaration of preparer (office than office) is based on an information of v	инси ргераге	I flas arry knowledge.	1/19
Cin		Signature of officer		Date / 7	1/1
Sig				/	/
Hei	re	Basil R Twist, Jr., President Type or print name and title			
_				Date Check ,	PTIN
Dai	d	Print/Type preparer's name Preparer's signature		if L	
Pai		Sue Fujitani Sue Fujitani	ane	.1/13/12 self-employe	P00542703
	parer Only	Firm's name Sue Fujitani		Firm's EIN	
use	Only	Firm's address 3145 Geary #65		Dhone no 11	15) 566 4610
N.4	v tha !	San Francisco, CA 94118 RS discuss this return with the preparer shown above? (see instructions)		riione iio. (4	15) 566-4619 No
ivid	y LITE I	no discuss this return with the preparer shown above: (see instructions)			105 LINO

Form 990 (2011) 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	X	
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		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or 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	Х	
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 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		Х
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		Х
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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		**	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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		X
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		X
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		X
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) 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 any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	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?			
200	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	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	

Form 990 (2011) The Pachamama Alliance Part V Statements Regarding Other IRS Filings and Tax Compliance

	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 5	3	,,,,	140							
b											
С											
	(gambling) winnings to prize winners?	1c	х	- 8							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		48								
	filed for the calendar year ending with or within the year covered by this return 2a 2										
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)	2.0	Α								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Δ.							
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		v							
h	If "Yes," enter the name of the foreign country:	4a		Х							
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.										
F 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-									
		5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
C		5c									
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_									
	any contributions that were not tax deductible?	6a		X							
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).	_									
a	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		X							
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		X							
	If "Yes," indicate the number of Forms 8282 filed during the year										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
	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.										
a	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									
10	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										
11	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										
_	amounts due or received from them.)										
	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.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	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 13b										
	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O											

Form 990 (2011) The Pachamama Alliance 94-3249793 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 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

Sec	tion 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 1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ť		
	officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Λ
7 4	1 10	7a		v
b		1 a		_X
b	accept at the attention to accept in both of	76		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
8				
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Section 1
		Г	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	х	
ec.	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶cA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	availabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.		4.50	
	x Own website Another's website x Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.	a man	JIGI	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	Basil R Twist, Jr - (415) 561-4522	doll.		
	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 (Ď), (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.

Check this box if neither the organization n	or any related	orga	aniza	atior	co	mpe	nsat	sated any current officer, director, or trustee.				
(A) (B)					C)			(D)	(E)	(F)		
Name and Title	Average	(do		Pos		ገ e than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	erson	is bo	th an	compensation	compensation	amount of		
	week	-	officer and a d			or/trus	stee)	from	from related	other		
	(describe	recto						the	organizations	compensation		
	hours for	or di	9			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	trust		80	bens		(W-2/1099-MISC)		organization and related		
	organizations in Schedule	ual tr	ional		ploy	t con				organizations		
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) Gordon Starr				-								
Chairman of the Board	1.00	Х						0.	0,	0.		
(2) Lynne Twist												
Director	10.00	Х				_		0.	0.	0.		
(3) John Perkins												
Director	1.00	Х				_		0.	0.	0.		
(4) Michael Olmstead												
Director	1.00	X				-		0.	0.	0.		
(5) Catherine Parrish												
Director	1.00	X						0.	0.	0.		
(6) Ben Schick												
Director	1.00	X						0.	0.	0.		
(7) Tammy White												
Director	1.00	X				_		0.	0.	0.		
(8) Van Jones												
Director	1.00	Х			_			0.	0.	0.		
(9) Basil R Twist, Jr									_			
CEO	45.00		_	X				102,475.	0.	6,960.		
(10) Patricia Usner												
Secretary	45.00			Х				74,827.	0.	5,160.		
(11) Tatiana Tilley									120	10 1212120		
Treasurer	45.00			Х				78,887.	0.	4,560.		
									æ:			

га	Section A. Officers, Directors, Tre	ustees, Key E	mple	oyee	es, a	ind	High	est	Compensated Employ	rees (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(dc	not c	Pos		n e than	one	Reportable	Reportable		E	stima	ted
		hours per	box	, unle	ess pe	erson	is bot	h an	compensation	compensation		a	moun	
		week (describe		Cei ai	T	III	T	100)	from	from related			othe	
		hours for	or director						the	organizations (W-2/1099-MISC	*1		npens	
		related	6 0 7 0	tee			sated		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)		rom t ganiza	
		organizations	trustee	al trus		99	шреп	- 8	(** 27 1033 141100)				nd rela	
		in Schedule		Institutional trustee	b	mplo	est co	er er					aniza	
		O)	Individual	Instit	Officer	Key employee	Highest compensated employee	Former						
														10
											+			
-											\dashv			
											-			
	0.1.1.1						Ų				_			
16	Sub-total							}	256,189.		0.		16	,680
С	Total from continuation sheets to Part VI							-	0.		0.			0.
	Total (add lines 1b and 1c)								256,189.		0.		16	,680,
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	oove	e) wh	o re	ceived more than \$100	,000 of reportable				
	compensation from the organization		_	_			_				_			(
0	Did the americation list and the office										Г		Yes	No
3	Did the organization list any former officer,													0.
	line 1a? If "Yes," complete Schedule J for se	ich individual										3		X
4	For any individual listed on line 1a, is the su									he organization				
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compared to the organization?							elate	d organization or individ	dual for services		_		
Sec	tion B. Independent Contractors	olete Schedule	JIC	or su	cn p	pers	on					5		X
1	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	acto	s th	at received more than	\$100,000 of compe	nsa	ation f	rom	
	the organization. Report compensation for t	he calendar ye	ar e	ndir	ng wi	ith c	or wi	hin	the organization's tax y	ear.	-			
	(A) Name and business	addrana							(B)		0	(C		
	Name and business	address	NON	E					Description of se	ervices		omper	isatio	in
11.5														
2	Total number of independent contractors (in		t lim	nited	to t	hos	e list	ed a	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	alion				0								

Form 990 (2011) Page 9 The Pachamama Alliance 94-3249793 Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2,778,314 64,005 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 2,778,314 **Business Code** Program Service Revenue 900099 2 a Travel referral fees 656,406. 656,406 10,840. 10,840 **b** Other trainings 900099 c Other event income 900099 5,711. 5,711 d Leadership summit 900099 347 347 e Facilitator training 900099 200 200 f All other program service revenue g Total. Add lines 2a-2f 673,504, Investment income (including dividends, interest, and other similar amounts) 1,756 1,756. Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (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 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses 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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 14,355, b Less: cost of goods sold _____ b 6,329. c Net income or (loss) from sales of inventory . 8.026. 8.026 Miscellaneous Revenue Business Code 11 a

3,461,600.

681,530.

b

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

Form 990 (2011) 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).

	Check if Schedule O contains a responsion of 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 United States. See Part IV, line 21	79,040.	79,040.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	712,126.	712,126.		
4	Benefits paid to or for members	712,120.	712,120,		
5	Compensation of current officers, directors,				
	trustees, and key employees	256,189.	186,787.	22,160.	47,242
6	Compensation not included above, to disqualified	230,103.	100,707.	22,100.	47,242
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	831,214.	606.031.	71,910.	153,273
8	Pension plan accruals and contributions (include	031,214.	000,031.	71,910.	155,275
9	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	90,940.	75,978.	14,002.	960
10	Payroll taxes	93,562.		10,472.	
11	Fees for services (non-employees):	93,302.	65,568.	10,472.	17,522
a	Management				
b	Legal	9,620.	5,980.	2 640	
C	Accounting		5,900.	3,640.	
d		13,107.		13,107.	
e	Lobbying				
f	Investment management fees				
		1 400 503	1 057 717	07.440	445 545
g	Other	1,400,583.	1,257,717.	27,119.	115,747
12	Advertising and promotion	49,143.	41,977.	657.	6,509
13	Office expenses	217,317.	101,322.	79,910.	36,085
14	Information technology	16,200.	13,186.	3,014.	
15	Royalties		897 927	131213	
16	Occupancy	104,806.	104,652.	154.	5 204
17	Travel	533,897.	474,307.	50,444.	9,146,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	123,362.	24,612.	15,700.	83,050,
20	Interest	6,043.		6,043.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,584.		6,584.	
23	Insurance	6,065.	81.	5,409.	575.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	1 (1 - 1 - 1		II .	
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,549,798.	3,749,364.	330,325.	470,109.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011) The Pachamama Alliance
Part X Balance Sheet

Га	πχ	Balance Sneet			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			Dog.i.m.ig or your		Life of year
	2				204 500	1	
	561	Savings and temporary cash investments			391,529		794,513
	3	Pledges and grants receivable, net			4,243,207,		3,021,092
	4	Accounts receivable, net			2,858,	4	
	5	Receivables from current and former officers, d		7 D 14000 130 130 140 140 1			
		employees, and highest compensated employe					
	_	of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
ts	_	employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			61,860.	9	50,077
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		57,440.			
		Less: accumulated depreciation		37,978.	10,530.	2000	19,462.
	11	Investments - publicly traded securities			11,423.	2.5	32,826.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13	50,000		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
-	16	Total assets. Add lines 1 through 15 (must equa			4,721,407,	16	3,967,970.
	17	Accounts payable and accrued expenses			80,832.	17	130,507.
	18	Grants payable				18	
	19	Deferred revenue		109,900.	19	44,986.	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Payables to current and former officers, director					
ia		highest compensated employees, and disqualific		**************************************			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			23		
	24	Unsecured notes and loans payable to unrelated				24	350,000.
	25	Other liabilities (including federal income tax, pay		PERCENTIFICATION STATE AND			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			190,732.	26	525,493.
		Organizations that follow SFAS 117, check he	re 🕨	⊥x_ and complete			
Fund Balances	0-2	lines 27 through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			184,278.	27	358,416.
Ba	28	Temporarily restricted net assets			4,346,397.	28	3,084,061.
pu	29					29	
J.		Organizations that do not follow SFAS 117, ch	eck he	re 🕨 📖 and			
S Of		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ				31	
~	32	Retained earnings, endowment, accumulated inc				32	
		Total net assets or fund balances			4,530,675.	33	3,442,477.
	34	Total liabilities and net assets/fund balances			4,721,407.	34	3,967,970,

Form **990** (2011)

Forn	1 990 (2011) 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								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	3,461,60					
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3	<1	.088	198.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			675.				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.				
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	3	.442	477.				
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 the	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 Sche	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								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit							
	Act and OMB Circular A-133?		За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	********	3b						
			Form	990 (2011)				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Name of	the organizat	tion							Employer id	dentificati	on number
			nama Alliance							3249793	
Part I	Reason	for Public Cha	rity Status (All organi	izations mu	ust comple	ete this pa	rt.) See ins	structions			
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)				
1	A church, co	onvention of churche	es, or association of chu	rches desc	cribed in s	ection 17	O(b)(1)(A)(i).			
2	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach S	chedule E.)						
3	A hospital or	a cooperative hosp	oital service organization	described	in section	170(b)(1)(A)(iii).				
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s	ection 170	D(b)(1)(A)((iii). Enter th	e hospital'	s name,
	city, and sta	te:									
5	An organizat	tion operated for the	benefit of a college or u	university o	wned or o	perated b	y a govern	mental ur	nit describe	d in	
	section 170	0(b)(1)(A)(iv). (Comp	lete Part II.)								
6	A federal, sta	ate, or local governn	nent or governmental un	it describe	d in section	on 170(b)(1)(A)(v).				
7 X	An organizat	tion that normally red	ceives a substantial part	of its supp	oort from a	governm	ental unit	or from th	ie general pi	ublic descr	ribed in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)								
8	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	An organizat	ion that normally red	ceives: (1) more than 33	1/3% of its	s support	from contr	ibutions, r	nembersh	nip fees, and	d gross rec	eipts from
	activities rela	ated to its exempt fu	inctions - subject to cert	ain except	ions, and (2) no mor	e than 33	1/3% of it	ts support fr	om gross	investment
	income and	unrelated business	taxable income (less sec	ction 511 ta	ax) from bu	usinesses	acquired b	by the org	anization af	ter June 30	0, 1975.
	See section	509(a)(2). (Complet	e Part III.)								
10	An organizat	ion organized and o	perated exclusively to te	est for pub	lic safety.	See secti	on 509(a)(4).			
11	An organizat	ion organized and o	perated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to car	rry out the p	urposes of	f one or
	more publicly	y supported organiz	ations described in sect	ion 509(a)(1) or section	on 509(a)(2). See se	ction 509	(a)(3). Chec	k the box	that
	describes the	e type of supporting	organization and comp	lete lines 1	1e through	n 11h.					
	a Type	l b	Type II	с 🔲 Тур	e III - Fund	ctionally in	tegrated		d	Type III - O	ther
е	By checking	this box, I certify the	at the organization is not	t controlled	d directly o	r indirectly	y by one o	r more dis	squalified pe	ersons other	er than
	foundation m	nanagers and other	than one or more publicl	ly supporte	ed organiza	ations des	cribed in s	section 50	09(a)(1) or se	ection 509(a)(2).
f	If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Typ	e III			
	supporting o	rganization, check t	his box								
g	Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontribution	n from any	of the foll	owing per	rsons?		
			directly controls, either a		ether with	persons	described	in (ii) and	(iii) below,		Yes No
			upported organization?							11g(i)	
			n described in (i) above?							11g(ii)	
			a person described in (i)							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
			//// T f			ľ		1			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) l organizati	s the ion in col.	(vii) Amo	ount of
orga	inization		(described on lines 1-9	noverning	sted in your document?	(i) of you	r support?	(i) organi	zed in the	supp	ort
			above or IRC section (see instructions))		T			0.8			
			(see mstructions))	Yes	No	Yes	No	Yes	No		
				1							
							G				
Total											

Schedule A (Form 990 or 990-EZ) 2011 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						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,502,370.	2,652,646.	4,101,867.	3,659,426	2,778,314.	16,694,623.
2	Tax revenues levied for the organ-						
	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	3,502,370.	2,652,646.	4,101,867.	3,659,426,	2,778,314.	16,694,623.
5	The portion of total contributions	,					20,002,000
	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,						
	column (f)						166 007
6	Public support. Subtract line 5 from line 4.						166,027.
	ction B. Total Support						16,528,596.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	3,502,370.	2,652,646.	4,101,867.	3,659,426.	2,778,314.	16,694,623.
	Gross income from interest,	3,302,370.	2,032,040.	4,101,007.	5,055,420.	2,770,314.	10,094,023.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2.163.	7.	2	110	1 756	1 016
0	Net income from unrelated business	2,103.	7.	2.	118.	1,756.	4,046.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	ata (aga inaterratio	70)			10	16,698,669.
	Gross receipts from related activities,			fourth or little to		12	1,784,845.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage	******************		************************	
	Public support percentage for 2011 (li			ump (fl)		14	00.00.00
	Public support percentage from 2010					15	98.98 %
	33 1/3% support test - 2011. If the o						99.84 %
10a	stop here. The organization qualifies a	0		Constitution and the contract of the contract			
h	33 1/3% support test - 2010. If the or						
D	and stop here. The organization qualit						
170	10% -facts-and-circumstances test						
17 a	and if the organization meets the "fact						
-	meets the "facts-and-circumstances" t						
a	10% -facts-and-circumstances test				8 6		U70 OF
	more, and if the organization meets the						_
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	i did not check a bo	ox on line 13, 16a,	100, 17a, 0r 1/b,	check this box a	na see instructions	

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.)

Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total offices contributions, and membership fees received. (Do not include any "unusual grants.") 2. Gross receipts from admissions, memchandies also do or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose and are according to the organization's tax exempt purpose and the organization's benefit and either paid to or expended on its behalf. 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to ore spended on its behalf. 6. Total Add lines 1 through 5. 7. A amounts included on lines 1, 2, and 3 received from disqualified persons. b. Amounts included on lines 1, 2, and 3 received from disqualified persons. b. Amounts included on lines 1, 2, and 3 received from disqualified persons. b. Amounts from the organization's the services or facilities furnished by a governmental lines 1, 2, and 3 received from disqualified persons. b. Amounts from the services or facilities furnished to the services of the ser	Se	ction A. Public Support						
membership fees received. (Do not include any runsual grants.") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization or sensities furnished by a governmental unit to the organization or sensities and exemption of the position of the organization of the position of the organization or sensities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included on lines 1, 2, and 3 received from disqualified persons by a mounts included in lines 1, 2, and 3 received from disqualified persons by a mount in the second on	Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
include any 'unusual grants.') 2 Gross receipts from admissions, merchandise soid or services per formed, or facilities furnished in any activity that is related to the organization's tracewarph purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization of its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization of its behalf 5 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons but a received from disqualified persons but a received from disqualified persons but a received from the second sequence of \$6,000 or the organization than \$1, 2, and 3 received from disqualified persons but a received from the sequence of \$6,000 or the organization of \$1, 2, and 3 received from disqualified persons but a received by equal to the sequence of \$1, 2, and \$1, 3, and \$1	1	Gifts, grants, contributions, and						
2. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended		membership fees received. (Do not						
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11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 10 10 10 10 10 10 10 10 10 10 10 10 1								
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18 Investment income percentage from 2010 Schedule A, Part III, line 17		·			e 13 column (f))		17	0/2
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							
	D							
	20							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
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	Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	# N F	-11-111
		(b) Fu	nds 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		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur		
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	_	
D	impermissible private benefit?		
	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)		
	Protection of natural habitat Preservation of a certified h	istoric	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contributi	onserv	ation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a		2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d			
•	listed in the National Register	2d	1
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nizatio	n during the tax
4	year ▶ Number of states where property subject to conservation easement is located ▶		
4			
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			
6 7	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to		
8	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E		Φ
0			V DN-
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense states	mont	Yes No
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.		
	conservation easements.	yanıza	tion's accounting for
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar 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 are	nd bala	ance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of		
	the text of the footnote to its financial statements that describes these items.	равло	outloo, provido, in rait xiv,
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:	1,00,1	or or the following amounts
	(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,		
	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		\$
	Assets included in Form 990, Part X		

		ama Alliance	A Iliakawia al T		04		249793		Page 2
га	3								
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following tha	at are a sign	ificant use c	of its collection	on iten	ns
	(check all that apply):								
а		d		change progra	ams				
b		е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						Part XIV.		
5	During the year, did the organization solicit o				er similar as	ssets		_	
-	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organization	on answered	"Yes" to Fo	rm 990, Par	t IV, line 9, o	r .	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							_	_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pai	rt V Endowment Funds. Complete if	the organization and	swered "Yes" to Fo						
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years b	ack (e) Fou	ır years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	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 curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shoul								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administer	red for the c	organization			
	by:							Yes	No
	(i) unrelated organizations								
	(ii) related organizations						3a(ii)		14
	If "Yes" to 3a(ii), are the related organizations						3b		
	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipme	ent. See Form 990,	Part X, line 10.						
	Description of property	(a) Cost or oth		or other	(c) Accur	mulated	(d) Boo	k valu	е
		basis (investm	ent) basis	(other)	depred	iation			
1a	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment			46,190.		37,978.		8,	212.
	Other			11,250.				11	250.
otal	Add lines 1a through 1e. (Column (d) must ea	ual Form 990 Part X	column (B) line 1	0(0)				10	160

Schedule D (Form 990) 2011

(11)

	rt XI	(Form 990) 2011 The Pachamama Alliance Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	ial S	94-324		Page 4
1	A CONTRACTOR OF THE PERSON OF	revenue (Form 990, Part VIII, column (A), line 12)			1	atomonto		3,461,600.
2		expenses (Form 990, Part IX, column (A), line 12)			2			
3		is or (deficit) for the year. Subtract line 2 from line 1			3		· ·	4,549,798.
4		nrealized gains (losses) on investments			4			<1,088,198.
5		ed services and use of facilities			5			
6		ment expenses			6			
7		period adjustments			7			
8		(Describe in Part XIV.)			8			
9		adjustments (net). Add lines 4 through 8			9			
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and			10			<1.088.198.
		Reconciliation of Revenue per Audited Financial Statement				r Return		CI,000,190,
1		revenue, gains, and other support per audited financial statements			_			3,461,600.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:						3,401,000.
а		nrealized gains on investments	2a					
b		ed services and use of facilities						
c		veries of prior year grants						
d		(Describe in Part XIV.)						
e		nes 2a through 2d				2e		0.
3		act line 2e from line 1						3,461,600.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:						3,401,000.
а		ment expenses not included on Form 990, Part VIII, line 7b	4a					
b		(Describe in Part XIV.)						
		nes 4a and 4b				4c		0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						3,461,600.
		Reconciliation of Expenses per Audited Financial Stateme					1	5,401,000.
1		expenses and losses per audited financial statements						4,549,798.
2		nts included on line 1 but not on Form 990, Part IX, line 25:						2,020,100.
а		ed services and use of facilities	2a					
b		ear adjustments						
С		losses						
d		(Describe in Part XIV.)						
е		nes 2a through 2d			taraete datara	2e		0.
3		act line 2e from line 1						4,549,798.
4		nts included on Form 990, Part IX, line 25, but not on line 1:						
а		ment expenses not included on Form 990, Part VIII, line 7b	4a					
		(Describe in Part XIV.)	4b					
С	Add lin	nes 4a and 4b				4c		0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						4.549.798.
		Supplemental Information						
		is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, t 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.
➤ See separate instructions. Inspection Name of the organization Employer identification number The Pachamama Alliance General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region South America -Argentina, Bolivia, Grantmaking 706,626. Journey Program: immersion w/indigenous South America peoples of Ecuador's Program Argentina, Bolivia, rainforest and highlands 391,622. Program Services East Asia and the Pacific Grantmaking 500. Sub-Saharan Africa 0 Grantmaking 5,000. 3 a Sub-total 0 1,103,748. b Total from continuation

0.

1,103,748.

sheets to Part I

c Totals (add lines 3a

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Cash basis Cash basis 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 0 0 0 94-3249793 cash disbursement 663,500, Wire transfer 40,111. Wire transfer (f) Manner of 5,000, Check of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of General Support General Support General Support grant South America -South America (c) Region Part II can be duplicated if additional space is needed. Sub-Saharan Argentina, Bolivia Africa (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2011 (a) Name of organization Part II

Schedule F (Form 990) 2011

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

2

The Pachamama Alliance

Page 3

94-3249793

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. Schedule F (Form 990) 2011

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2011

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	x No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	x No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	x No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	x No
6	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)	Yes	x No

Schedule F (Form 990) 2011

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public OMB No. 1545-0047 Inspection

Schedule I (Form 990) (2011) Š Employer identification number (h) Purpose of grant 94-3249793 or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Four, Years, Go recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (below if applicable cash grant assistance or government assistance cash grant assistance or government. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 70,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization San Francisco, CA 94111 Name of the organization Next Agenda Inc 909 Battery St Part Part II

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 94-3249793 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant Schedule I, Part I, Line 2: Use of grant funds is monitored through (b) Number of recipients (a) Type of grant or assistance periodic grantee reports, Schedule I (Form 990) (2011) 132102 01-27-12 Part III

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

2011

Open To Public Inspection

Name of the organization								Employer	identif	ication r	umber
	e Pachamama							94-3249	793		
Part I Excess Benef	it Transacti	ons (sec	ction 501(c)(and sectio	n 501(c)(4) organizatio	ons only).					
Complete if the or	ganization ansv	vered "Ye	es" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Par	t V, line 40	b.	1	
1 (a) Name of c		(b) Description	of transa	ction			(c) Con	ected?			
(a) Name or c	iisquaiiiieu pers	5011			(b) Decemplion	OT LIGHTOU				Yes	No
										-	
2 Enter the amount of tax im	posed on the c	rganizati	on manager	s or disqualif	ied persons during the	e vear un	der				
								> \$			
3 Enter the amount of tax, if											
								(ENG)			
Part II Loans to and/	or From Int	ereste	d Persons	S.							
Complete if the or	ganization ansv	vered "Ye	es" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	, line (38a.	a was sa al		
(a) Name of interested	(b) Loan t	o or from		nal principal	(d) Balance due	(e) In default?		(f) Approve by board o		(g) written	
person and purpose	the organ	the organization?		amount		0.70	200	8007	ittee?		i rener
	То	From				Yes	No	Yes	No	Yes	No
						-		-			
											2
					,						
Total				> \$							
Part III Grants or Ass											
Complete if the org		vered "Ye									
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance											
				1002 (23)	<u> </u>		+-				
							+				
							1				
							-				

Member, Board of Di 96,875, Pachamama c Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Michael Olmstead (b) Relationship Between Interested Person and Organization: (c) Amount of Transaction: Pachamama contracted with the Director's company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services. An additional \$89,375 was paid to reimburse the direct costs of the event, which were advanced by e2K.	Yes	No X
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Michael Olmstead (b) Relationship Between Interested Person and Organization: (c) Amount of Transaction \$ 96,875. (d) Description of Transaction: Pachamama contracted with the Director's company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services. An additional \$89,375 was paid to reimburse the direct costs of the event, which were advanced by e2K.		X
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: a) Name of Person: Michael Olmstead (b) Relationship Between Interested Person and Organization: dember, Board of Directors (c) Amount of Transaction \$ 96,875. (d) Description of Transaction: Pachamama contracted with the Director's company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services. An additional \$89,375 was paid to reimburse the direct costs of the event,		
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(a) Name of Person: Michael Olmstead (b) Relationship Between Interested Person and Organization: Member, Board of Directors (c) Amount of Transaction \$ 96,875. (d) Description of Transaction: Pachamama contracted with the Director's company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services. An additional \$89,375 was paid to reimburse the direct costs of the event, which were advanced by e2K. (e) Sharing of Organization Revenues? = No		
Member, Board of Directors (c) Amount of Transaction \$ 96,875. (d) Description of Transaction: Pachamama contracted with the Director's company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services, An additional \$89,375 was paid to reimburse the direct costs of the event, which were advanced by e2K.		
Member, Board of Directors (c) Amount of Transaction \$ 96,875. (d) Description of Transaction: Pachamama contracted with the Director's company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services. An additional \$89,375 was paid to reimburse the direct costs of the event, which were advanced by e2K.		
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company, e2k, for creative development, production coordination, staff and on-site direction. The company received \$7,500 for services. An additional \$89,375 was paid to reimburse the direct costs of the event,		
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additional \$89,375 was paid to reimburse the direct costs of the event,		v.
which were advanced by e2K.		
which were advanced by e2K.		
e) Sharing of Organization Revenues? = No		
		+

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-3249793 The Pachamama Alliance Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining amounts reported on applicable contributions or noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded 64,005. FMV, quoted sources Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2011
Open to Public Inspection

Employer identification number Name of the organization 94-3249793 The Pachamama Alliance Form 990, Part I, Line 1, Description of Organization Mission: (cont.) rainforest to preserve their lands and culture and, using insights gained from that work, to educate and inspire individuals everywhere to bring forth a thriving, just and sustainable world. Form 990, Part III, Line 4a, Program Service Accomplishments: role in transforming the world. The intention of the Possible Futures Film Festival is to engage people around the world in creating positive visions for our shared future. Its first year resulted in filmmakers from 44 countries submitting 400 inspiring films, and over 14,000 members of our global community voting to select five of the seven award winners. Form 990, Part III, Line 4b, Program Service Accomplishments: untouched regions of the Amazon, Pachamama organized workshops to improve the capacities of indigenous peoples to defend their collective rights. A complementary currency network was created among a group of credit cooperatives providing a local source of payment, and was well received by communities, businesses, and Ecuador's Ministry of Economic Policy Coordination as a strategy to promote local consumption, production, and recirculation of resources. Fish farming projects along the Pastaza River began using local fish species rather than those grown and brought in from laboratories. The project expanded to a total of 16 communitites and 152 pools. Near the Kapawi Eco-Lodge, and Achuar community installed a permaculture garden with the goal of selling excess produce to the lodge, one of the first pilot projects of a

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	94-3249793
The Pachamama Alliance	94-3249793
Neither the oversight process or selection process changed during the	
year.	
Ioux.	