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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization PAN AMERICAN SANCTUARIES ALLIANCE

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 86645

Room/Suite:

City or town, state or country, and ZIP + 4: Portland OR 97286-0645

D Employer identification number: 22-3878083

E Telephone number: (503)238-8077

G Gross receipts $: 229,802

F Name and address of principal officer: See attachment #1

H(a) Is this a group return for affiliates? Yes [X] No

H(b) Are all affiliates included? Yes [ ] No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c)( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.pasaprimates.com

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See attachment #2

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	195,987	229,802
9	Program service revenue (Part VIII, line 2g)	111,160	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,000	
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315,144	229,802
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	273,873	183,891
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,300
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	69,791	27,700
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	343,664	217,891
19	Revenue less expenses. Subtract line 18 from line 12	-28,520	11,911

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,557	13,468
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	1,557	13,468

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Anne Warner — Date: 10/15/2011

Type or print name and title: Anne Warner, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: Gilbert Gleason	Preparer's signature	Date: 10/15/2011	Check [ ] if self-employed; PTIN: P00192208
Firm's name ▶ HRBlock 36160			Firm's EIN ▶ 43-1871840
Firm's address ▶ 2700 NE SANDY BLVD STE A PORTLAND OR 97232	272000		Phone no (503) 231-8888

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

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.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization
PAN AMERICAN SANCTUARIES ALLIANCE

Employer identification number
22-3878683

11a. Form 990 is reviewed by the President of the Board and the Finance Chairperson.

19. The Organization's documents are made available upon request.