



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012

, and ending 12-31-2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization Alliance For Tompotika Conservation		D Employer identification number 71-1007020
Number and street (or P O box, if mail is not delivered to street address) 14714 Bethel Lane SW		E Telephone number (206) 567-4005
City or town, state or country, and ZIP + 4 Vashon, WA 98070		F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► www.tompotika.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 149,437

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 149,351
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 86
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0
	c Less direct expenses from gaming and fundraising events	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 149,437
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 70,181
	13 Professional fees and other payments to independent contractors	13 11,183
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 2,766
	16 Other expenses (describe in Schedule O)	16 98,584
	17 Total expenses. Add lines 10 through 16 ►	17 182,714
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -33,277
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 42,008
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 8,731

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	79,298	22	42,343
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,052	24	631
25 Total assets	80,350	25	42,974
26 Total liabilities (describe in Schedule O)	38,342	26	34,243
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,008	27	8,731

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE ALLIANCE FOR TOMPOTIKA CONSERVATION (ALTO) WAS FORMED AT THE REQUEST OF THE INDIGENOUS PEOPLES OF MOUNT TOMPOTIKA, SULAWESI, INDONESIA TO ASSIST THEM IN THEIR EFFORTS TO PROTECT THE MAGNIFICENT NATURAL HERITAGE OF THEIR HOME PLACE WE ENCOURAGE DIRECT, PEOPLE-TO-PEOPLE CONTACT BETWEEN THE RESIDENTS OF TOMPOTIKA AND OTHER CONSERVATIONISTS WHO JOIN US IN THIS CAUSE, SO THAT WE MIGHT LEARN FROM EACH OTHER TOGETHER WE TAKE DIRECT, IMMEDIATE ACTION TO PREVENT THE EXTINCTION OF TOMPOTIKA'S ENDANGERED WILDLIFE AND THE DESTRUCTION OF ITS NATIVE RAINFORESTS AND RICH CORAL REEFS AT THE SAME TIME, WE WORK SIDE-BY-SIDE TO PROMOTE A DEEPER APPRECIATION FOR NATURE AND TO CREATE LIFESTYLES AND PRACTICES THAT SUSTAIN THE LANDS AND WATERS IN WHICH OUR COMMUNITIES ARE ROOTED

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 2012 AITo Program Service Accomplishments There is no field guide to the mammals of Sulawesi, in any language, and the same is true for most other taxa. We are addressing this lack, and have created an in-the-field, bilingual identification guide to some of the Tompotika area's most weird and wonderful animal species, for use by our own staff, partners, and visitors, and in our school-based outreach program. In the months to come, we hope to put together a guide to the birds of Tompotika, and then the bats. In November, 2012, the AITo team, including six volunteers from the U.S., AITo staff, and dozens of local Tompotika schoolchildren, spent a week creating two huge mural paintings on external school walls in Taima and Teku, two Tompotika villages. Each mural depicted natural features and wildlife found in that village: maleo birds, sea turtles, tarsiers, crocodiles, anoas, cuscuses, hornbills, babirusas, and more--a veritable who's who of Sulawesi's endemic and endangered wildlife. Some of these species are still found within village limits today, while others were common in our grandparents' day, but now may be found only after venturing into the forests in the village outskirts. Not only is the Maleo recovering in Tompotika, but a new momentum is building to save the maleo over all of Sulawesi. Billboards at airports are reminding travelers at airports to shun maleo-egg souvenirs. AITo's work was featured in a national broadcast news story on Indonesian television. Indonesian law is clear on protection of endangered species, but often ignored. AITo has launched a program pairing intensive education and outreach for law enforcement personnel with a stepped up program about the protected status of maleos and sea turtles. The program includes a pocket guide to wildlife law to be used by both law enforcement officers and in the school awareness programs.

(Grants \$ 93,377)

If this amount includes foreign grants, check here

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

93,377

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		No
35c		No
36		No
37a		No
37b		No
38a		No
38b		
39a	0	
39b	0	
40a	Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	
40b		No
40c		
40d		
40e		No
41	List the states with which a copy of this return is filed ► _____	
42a	The organization's books are in care of ► Marcia Summers	Telephone no ► (206) 463-7220
	Located at ► 21416 86th Ave SW Vashon, WA	ZIP + 4 ► 98070
42b		No
42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	► 43
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
44b		No
44c		No
44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	
45b		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		No

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		No

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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 YVONNE KUPERBERG Treasurer Type or print name and title	2013-08-13 Date
------------------	---	--------------------

Paid Preparer Use Only	Print/Type preparer's name Michael J Deignan CPA	Preparer's signature Michael J Deignan CPA	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00432201
	Firm's name ► MICHAEL J DEIGNAN CPA			Firm's EIN ►	
	Firm's address ► 11919 SW 153rd St Vashon, WA 98070			Phone no (206) 567-5199	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue ServiceName of the organization
Alliance For Tompotika Conservation

Employer identification number

71-1007020

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

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)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 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)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	66,220	120,967	152,641	190,531	149,351	679,710
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513				200		200
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	66,220	120,967	152,641	190,731	149,351	679,910
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						679,910

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	66,220	120,967	152,641	190,731	149,351	679,910
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				23	86	109
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b				23	86	109
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	66,220	120,967	152,641	190,754	149,437	680,019
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99 980 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100 000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 020 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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		►✓
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		►
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2012**Open to Public
Inspection**Name of the organization
Alliance For Tompotika Conservation**Employer identification number**

71-1007020

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	RESTRICTED FUNDS - Beginning \$38272 RESTRICTED FUNDS - Ending \$34243
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$70 PAYROLL LIABILITIES - Ending \$0
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$1052 Machinery and Equipment - Ending \$631
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	MEALS & ENTERTAINMENT \$17
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	LICENSES & PERMITS \$60
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	GIFTS \$64
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	BOOKS \$158
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	MEMBERSHIPS \$269
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	FERRY FARE \$716
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	MISCELLANEOUS \$1008
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	TELEPHONE & INTERNET \$1019
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	BANK / MERCHANT FEES \$1064
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	FIELD SUPPLIES \$1514
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	REIMBURSED EXPENSES \$1562
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	PROFESSIONAL DEVELOPMENT \$1598
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	ORGANIC TRAINING \$2000
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	TRIPODS IN THE MUD-PHOTO EXP \$3767
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	LAND PURCHASE PROJECT \$4029
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	AWARENESS SUPPLIES \$9350
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	IN COUNTRY PROGRAM EXP - MISC \$13810

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	YAYASAN PAYMENTS \$51024
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$421
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$4087
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1047

Additional Data

Software ID: 12000229
Software Version: 2012v2.0
EIN: 71-1007020
Name: Alliance For Tompotika Conservation

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARCIA SUMMERS Key Employee	40 00	49,272	6,660	
KEVIN SCHAFER Director	2 00	0		
YVONNE KUPERBERG Treasurer	2 00	0		
RAYNA HOLTZ Secretary	2 00	0		
JACK BARBASH Vice President	2 00	0		
ELLEN KRITZMAN President	2 00	0		