

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMAZON CONSERVATION TEAM		D Employer identification number 54-1915987
	Doing Business As		E Telephone number 703-522-4684
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4211 NORTH FAIRFAX DRIVE	G Gross receipts \$ 2,805,758.	
	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22203	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
F Name and address of principal officer: MARK J. PLOTKIN SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.AMAZONTEAM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1998 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ACT PARTNERS WITH INDIGENOUS PEOPLES TO PROTECT BIODIVERSITY, HEALTH AND CULTURE IN AMAZONIA.		
	2 Check this box <input type="checkbox"/> 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,871,744.	Current Year 2,787,334.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,607.	10,142.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,163.	8,282.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,898,514.	2,805,758.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,709,390.	2,640,854.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	977,913.	1,129,390.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,735.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	411,102.	594,223.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,098,405.	4,364,467.	
19 Revenue less expenses. Subtract line 18 from line 12	<1,199,891.>	<1,558,709.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,939,784.	End of Year 2,546,575.
	21 Total liabilities (Part X, line 26)	113,131.	278,631.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,826,653.	2,267,944.

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	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 8/4/2011	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ RAFFA, PC	Firm's EIN ▶	Firm's address ▶ 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036	Phone no. 202-822-5000	

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

COPY

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE AMAZON CONSERVATION TEAM (ACT) IS TO WORK IN PARTNERSHIP WITH INDIGENOUS PEOPLES TO CONSERVE BIODIVERSITY, IMPROVE HUMAN AND ECOLOGICAL HEALTH AND FORTIFY TRADITIONAL CULTURE IN AMAZONIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,195,680. including grants of \$ 1,708,679.) (Revenue \$) BIODIVERSITY PROTECTION: WORKING HAND-IN-HAND WITH THE WAI-WAI, KAXUYANA, TXIKIYANA, TUNAYANA AND KAHIYANA PEOPLES OF THE NORTHERN BRAZILIAN AMAZON, ACT HELPED THE TRIBES COMPLETE LAND USE MAPPING OF SOME 25 MILLION ACRES OF THEIR AMAZONIAN LANDS. IN THE MULTI-MONTH DATA COLLECTION PHASES, OVER 20 ACT-TRAINED INDIGENOUS RESEARCHERS MET WITH ELDERS, SHAMANS, HUNTERS AND OTHER TRIBAL MEMBERS ACROSS MUCH OF THIS VAST EXTENT. AREAS INCLUDED IN THE MAPPING WERE THE TROMBETAS MAPUERA AND NHAMUNDA MAPUERA INDIGENOUS RESERVES, THE TROMBETAS STATE FOREST AND BIOLOGICAL RESERVES, AND THE GRAO PARA STATE PARK. THE LARGER PROJECT GOAL HAS BEEN TO PROVIDE THE INDIGENOUS GROUPS WITH THE BASIS FOR THE EVENTUAL AUTONOMOUS PROTECTION OF THEIR LANDS AND NATURAL RESOURCES AND FOR THE STRENGTHENING OF THEIR COMMUNITIES AND

4b (Code:) (Expenses \$ 736,772. including grants of \$ 584,403.) (Revenue \$) PRESERVATION AND PROMOTION OF INDIGENOUS CULTURE: IN BRAZIL, ACT SUPPORTED THE CONSTRUCTION OF THREE STRUCTURES FOR THE BENEFIT OF THE TULUKAI INDIGENOUS ASSOCIATION OF THE WAURA PEOPLE OF THE XINGU INDIGENOUS RESERVE: AN OFFICE TO HOUSE THE ASSOCIATION'S ADMINISTRATIVE WORK AND MEETINGS; GUEST QUARTERS TO RECEIVE VISITORS, ESPECIALLY FROM THE GOVERNMENT AND NGOS, AND TO PROVIDE A WORKSPACE FOR VISITORS; AND A KITCHEN TO PROVIDE FOR THOSE VISITORS AND ASSOCIATED MEETINGS. WITH THIS CONSTRUCTION, THE WAURA WILL NOW BE ABLE TO CONDUCT THE MAJORITY OF THEIR ASSOCIATION BUSINESS WITHIN THEIR OWN COMMUNITY, AND NOW HAVE A SIGNIFICANTLY UPGRADED CAPACITY TO NETWORK AND NEGOTIATE EFFECTIVELY WITH THE OUTSIDE WORLD AND TO MANAGE THEIR ADMINISTRATIVE AFFAIRS ON-SITE.

4c (Code:) (Expenses \$ 498,723. including grants of \$ 347,772.) (Revenue \$) HEALTH IMPROVEMENT: IN COLOMBIA, ACT CONTINUED TO PROVIDE DIRECT SUPPORT FOR SIX INDIGENOUS HEALERS AND THREE HEALERS' APPRENTICES OF FIVE TRIBES OF THE EASTERN COLOMBIAN ANDES, ALLOWING THEM TO FOCUS THEIR ENERGIES ON THE RESTORATION OF TRADITIONAL MEDICINAL PRACTICES IN THEIR COMMUNITIES RATHER THAN ON PERSONAL INCOME-GENERATING ACTIVITIES. ACT ALSO PROVIDED INDIRECT SUPPORT TO 40 ADDITIONAL SHAMANS AND APPRENTICES AND 40 WOMEN HEALERS OF THESE TRIBES.

IN COLOMBIA, IN THE DEPARTMENT OF PUTUMAYO, ACT SPONSORED THE SIX-DAY 7TH GATHERING OF WOMEN HEALERS FOR THE ASSOCIATION OF WOMEN HEALERS OF THE EASTERN ANDEAN AMAZON; MORE THAN 60 WOMEN HEALERS AND THEIR APPRENTICES OF FOUR TRIBES MEET ANNUALLY TO REVIEW PROGRESS MADE IN

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,431,175.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X); 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X)

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELIZABETH ERDAHL - 703-522-4684 4211 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET BAKER CLARK CHAIR	1.00	X		X			0.	0.	0.	
DAVID STOUP TREASURER	1.00	X		X			0.	0.	0.	
STEPHEN ALTSCHUL, PH.D. SECRETARY	1.00	X		X			0.	0.	0.	
ADAM ALBRIGHT DIRECTOR	1.00	X					0.	0.	0.	
RACHEL ALBRIGHT DIRECTOR	1.00	X					0.	0.	0.	
WADE BLACK DIRECTOR (THRU 04/10)	1.00	X					0.	0.	0.	
ROBERT BOYKIN DIRECTOR (THRU 03/10)	1.00	X					0.	0.	0.	
WILLIAM M. CAMERON DIRECTOR	1.00	X					0.	0.	0.	
KEN COOK DIRECTOR	1.00	X					0.	0.	0.	
STEPHANIE DODSON DIRECTOR	1.00	X					0.	0.	0.	
MAX GOLDENSOHN DIRECTOR	1.00	X					0.	0.	0.	
MARIA JOSE GONTIJO DIRECTOR	1.00	X					0.	0.	0.	
THOMAS LOVEJOY DIRECTOR	1.00	X					0.	0.	0.	
MELINDA MAXFIELD DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH MURRELL DIRECTOR	1.00	X					0.	0.	0.	
NORA POUILLON DIRECTOR	1.00	X					0.	0.	0.	
SUSAN SARANDON DIRECTOR (THRU 02/10)	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN SCHAUFELD DIRECTOR	1.00	X						0.	0.	0.
MARK J. PLOTKIN PRESIDENT	40.00	X		X				149,831.	0.	6,270.
TAMAR DATAN EXECUTIVE VICE PRESIDENT	30.00			X				95,167.	0.	9,162.
ELIZABETH ERDAHL CHIEF FINANCIAL OFFICER	30.00			X				76,372.	0.	3,082.
1b Sub-total								321,370.	0.	18,514.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								321,370.	0.	18,514.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 9,679.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 3,850.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,773,805.					
	g	Noncash contributions included in lines 1a-1f: \$	12,640.					
	h	Total. Add lines 1a-1f	▶	2,787,334.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f	▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	10,142.			10,142.	
	4	Income from investment of tax-exempt bond proceeds	▶					
	5	Royalties	▶					
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	▶					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)	▶					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events	▶					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities		▶						
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS INCOME	900099		8,282.			8,282.	
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d	▶		8,282.				
12	Total revenue. See instructions.	▶		2,805,758.	0.	0.	18,424.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,640,854.	2,640,854.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,745.	97,156.	18,737.	29,852.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	722,615.	362,391.	319,051.	41,173.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,931.	12,540.	12,456.	2,935.
9 Other employee benefits	165,331.	55,495.	103,199.	6,637.
10 Payroll taxes	67,768.	28,640.	32,620.	6,508.
11 Fees for services (non-employees):				
a Management	99,389.	73,559.	16,970.	8,860.
b Legal	1,929.		1,929.	
c Accounting	16,919.		16,919.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	8,088.			8,088.
13 Office expenses	54,830.	5,787.	45,719.	3,324.
14 Information technology	55,698.	8,566.	46,632.	500.
15 Royalties				
16 Occupancy	76,038.	4,838.	71,200.	
17 Travel	90,024.	35,518.	37,493.	17,013.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,980.	6,750.	54,720.	2,510.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,043.		1,043.	
23 Insurance	9,893.		9,893.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROJECT/FIELD RELATED	93,853.	93,853.		
b LICENSES & MISC. EXP.	22,539.	5,228.	8,976.	8,335.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,364,467.	3,431,175.	797,557.	135,735.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	233,802.	1	354,751.	
	2 Savings and temporary cash investments	2,290,599.	2	1,541,518.	
	3 Pledges and grants receivable, net	1,181,280.	3	317,469.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	28,523.	9	26,299.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 170,104.			
	b Less: accumulated depreciation	10b 41,556.	1,091.	10c 128,548.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	204,489.	15	177,990.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,939,784.	16	2,546,575.		
Liabilities	17 Accounts payable and accrued expenses	113,131.	17	128,743.	
	18 Grants payable		18		
	19 Deferred revenue		19	21,288.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	0.	25	128,600.	
	26 Total liabilities. Add lines 17 through 25	113,131.	26	278,631.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,283,174.	27	999,739.	
	28 Temporarily restricted net assets	2,543,479.	28	1,268,205.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,826,653.	33	2,267,944.	
34 Total liabilities and net assets/fund balances	3,939,784.	34	2,546,575.		

Part 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	2,805,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,364,467.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,558,709.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,826,653.
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	2,267,944.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
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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.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(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 support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4568158.	4526691.	7020748.	2871744.	2787334.	21774675.
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	4568158.	4526691.	7020748.	2871744.	2787334.	21774675.
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)						6554946.
6 Public support. Subtract line 5 from line 4.						15219729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4568158.	4526691.	7020748.	2871744.	2787334.	21774675.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,286.	47,150.	21,577.	6,607.	10,142.	119,762.
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.)	8,856.	6,789.	9,093.	8,868.	8,282.	41,888.
11 Total support. Add lines 7 through 10						21936325.
12 Gross receipts from related activities, etc. (see instructions)					12	91,483.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	69.38	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.30	%
16a 33 1/3% support test - 2010. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

AMAZON CONSERVATION TEAM

54-1915987

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
--	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 707,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 202,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 502,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>297,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
--	--

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

COPY

Name of organization	Employer identification number
AMAZON CONSERVATION TEAM	54-1915987

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

COPY

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number

54-1915987

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, etc.), a table for held at end of tax year (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		128,500.		128,500.
d Equipment		41,604.	41,556.	48.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				128,548.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FIELD OPERATING ADVANCES	173,703.
(2) SECURITY DEPOSIT	4,287.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	177,990.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED LEASE INCENTIVES	128,500.
(3) OTHER LIABILITIES	100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	128,600.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: ACT PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS

FOR THE YEAR ENDED DECEMBER 31, 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization: **AMAZON CONSERVATION TEAM**
Employer identification number: **54-1915987**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA	3	0	PROGRAM SERVICES	ACTIVITIES IN BRAZIL, COLOMBIA AND SURINAME.	2,640,854.
3 a Sub-total	3	0			2,640,854.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	0			2,640,854.

Part II **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 recipient who 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	BRAZIL ACTIVITIES	1318474	WIRE TRANSFER	0.		
		SOUTH AMERICA	COLOMBIA ACTIVITIES	885,076	WIRE TRANSFER	0.		
		SOUTH AMERICA	SURINAME ACTIVITIES	437,304	WIRE TRANSFER	0.		

2 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 3

3 Enter total number of other organizations or entities 0

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 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 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 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes 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 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 No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: MONTHLY REPORTING OF EXPENSES TO ACT-HQ IN THE US IS REQUIRED AND SCHEDULED SITE VISITS AND INTERNAL AUDIT REVIEWS ARE UNDERTAKEN BY A US TEAM. ADDITIONALLY WE AT ACT-HQ HAVE ONLINE ACCESS TO THE ACCOUNTING SOFTWARE (QUICKBOOKS) BEING USED BY ACT-BRAZIL, ACT-COLOMBIA AND ACT-SURINAME.

Multiple horizontal lines for supplemental information.

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number

54-1915987

Part I Questions Regarding Compensation

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK J. PLOTKIN	(i)	148,893.	0.	938.	5,584.	685.	156,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number

54-1915987

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRADITIONAL CULTURE.

IN BRAZIL, INVITED BY THE BRAZILIAN STATE OF PARA'S ENVIRONMENT
SECRETARY, AND WITH THE SUPPORT OF THE BRAZILIAN NATIONAL INDIGENOUS
AFFAIRS AGENCY, ACT AND THE INDIGENOUS CULTURAL ASSISTANCE NGO KANINDE
ARE IMPLEMENTING A DIAGNOSTIC SURVEY AND DEVELOPING THE ETHNO-ZONING
METHODOLOGY FOR THE TROMBETAS MAPUERA RESERVE OF THE WAI WAI INDIGENOUS
PEOPLE, HAND-IN-HAND WITH THE WAI-WAI INDIGENOUS ASSOCIATION APIM. THE
PROJECT'S OBJECTIVE IS TO COLLECT ESSENTIAL INFORMATION REGARDING
NATURAL RESOURCES, RESOURCE USE, THE SUSTAINABILITY OF INDIGENOUS
COMMUNITIES AND SOCIAL AND TRADITIONAL FEATURES OF THE RESERVE. THE
ETHNO-ZONING PROCESS IS NECESSARY TO ACHIEVE INFORMED COLLABORATIVE
REGIONAL PLANNING FOR LAND USE POLICIES, AND WILL SERVE AS THE BASIS
FOR A PAYMENT FOR ECOSYSTEM SERVICES AND REDUCED EMISSIONS FROM
DEFORESTATION AND FOREST DEGRADATION (REDD) PROPOSAL FOR THE REGION.

IN BRAZIL, IN A PARTNERSHIP BETWEEN ACT, THE NORTHERN AMAZONIAN
INDIGENOUS ASSOCIATION APITIKATXI, THE STATE ENVIRONMENT SECRETARY, THE
INSTITUTO ESTADUAL DE FLORESTA, AND THE GOVERNMENT OF THE BRAZILIAN
STATE OF AMAPA, A REDD PROJECT DEVELOPMENT TRAINING COURSE FOR
INDIGENOUS REPRESENTATIVES- FOCUSING ON PARTICIPANTS IN PREVIOUS PARK
GUARD TRAINING COURSES-WAS HELD IN AMAPA. TWENTY PARTICIPANTS FROM THE
APALAI, WAIANA, TIRIYO, KAXUYANA, WAIAPI, KARIPUNAS AND GALIBI
COMMUNITIES STUDIED THE BASIC GUIDELINES OF A REDUCED EMISSIONS FROM
DEFORESTATION AND FOREST DEGRADATION (REDD) PROJECT, INCLUDING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
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ASSESSMENT OF AREA CARBON STOCKS; GAINED AN UNDERSTANDING OF THE COMPLEXITY AND VARIABILITY OF SUCH A PROJECT; AND LEARNED THE RESPONSIBILITIES OF PARTICIPATING COMMUNITIES AFTER IMPLEMENTATION.

IN BRAZIL, IN PORTO VELHO, RONDONIA, INDIGENOUS PEOPLES OF THE MONDE-KWAHIBA ETHNO-ENVIRONMENTAL CORRIDOR-A TERRITORY THAT SPANS THE EAST OF RONDONIA, THE WEST OF MATO GROSSO AND THE SOUTH OF AMAZONAS STATES-RECEIVED OVER TWO WEEKS OF THEORETICAL AND PRACTICAL TRAINING IN ENVIRONMENTAL SURVEILLANCE AND CONSERVATION ACTIVITIES THROUGH A FIRST TRAINING COURSE FOR INDIGENOUS ENVIRONMENTAL AGENTS, ORGANIZED AND COORDINATED BY ACT AND THE BRAZILIAN CULTURAL ASSISTANCE NGO KANINDE. WITH A DURATION OF 180 HOURS, AND PARTICIPATION OF 32 REPRESENTATIVES OF THE SURUI, CINTA LARGA, JIAHUI AND ZORO INDIGENOUS PEOPLES, THE COURSE INCLUDED MODULES IN ENVIRONMENTAL AND INDIGENOUS RIGHTS; CARTOGRAPHY; GPS USE; ECOTOURISM; INDIGENOUS LAND PROTECTION (LAND AND WATER-BASED MONITORING); RADIO COMMUNICATION; AND FIREFIGHTING AND FIRE-MANAGEMENT TECHNIQUES.

IN BRAZIL, ACT HAS WORKED TOGETHER WITH THE SURUI PEOPLE TO DEVELOP THE VERY FIRST REDUCTION IN EMISSIONS FROM DEFORESTATION AND FOREST DEGRADATION (REDD) PROJECT WITH AN INDIGENOUS COMMUNITY IN THE BRAZILIAN AMAZON. THE SURUI CARBON PROJECT, WHICH SEEKS TO HELP THE SURUI FINANCE THE PROTECTION AND MANAGEMENT OF THEIR FORESTS BY CONNECTING THEM TO THE GLOBAL CARBON MARKET, IS BEING IMPLEMENTED IN COLLABORATION WITH THE NGOS FOREST TRENDS, IDESAM, FUNBIO AND KANINDE, WHILE THE SURUIS' METAREILA ASSOCIATION COORDINATES THE PROCESS. THE SURUI INITIALLY ARE WORKING TO REFOREST 7,000 ACRES AND ACCESS THE INTERNATIONAL CARBON MARKET THROUGH REDD, CONDUCTING DETAILED FOREST

Name of the organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
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INVENTORIES TO DEVELOP BASELINES AND ATTAIN "GOLD" STATUS UNDER CCB STANDARDS; IN A PARALLEL EFFORT, THEY WILL MEASURE AND SELL CREDITS FOR AVOIDING DEFORESTATION ON THEIR 600,000-ACRE RESERVE. ACT BROUGHT THE SURUI REFORESTATION PROJECT TO SEVEN VILLAGES (LAPETANHA, TIKA, IRATANA, LINHA 09, LINHA 10, ATAMOIA, AND APOENA MEIRELLES) WITH THE DISTRIBUTION OF 24,750 TREE SEEDLINGS.

IN BRAZIL, RESEARCH FOR A COLLABORATIVE AND EXHAUSTIVE ETHNO-ENVIRONMENTAL DIAGNOSTIC (SURVEY) OF THE 612,000-ACRE SETE DE SETEMBRO INDIGENOUS RESERVE OF BRAZIL'S SURUI PEOPLE WAS COMPLETED; RESEARCH HAD BEGUN IN JULY 2009. THE PROJECT PARTNERS-ACT, THE SURUI ASSOCIATION METAREILA, AND THE BRAZILIAN NGO KANINDE-VALIDATED THE DIAGNOSTIC WITHIN THE SURUI COMMUNITIES. THE ANALYSIS WAS CONDUCTED IN TWO PHASES AND GATHERS INFORMATION AS TO THE RESERVE'S MASTOFAUNA (MAMMALS OF MEDIUM AND LARGE SIZE), HERPETOFAUNA (AMPHIBIANS AND REPTILES), FISH, BIRDS, VEGETATION AND MYCOLOGY (FUNGI). WHEN FULLY VALIDATED, THE STUDY WILL BE PUBLISHED AND CIRCULATED TO THE COMMUNITY, AND IS A NECESSARY SUPPORTING DOCUMENT TO THE MANAGEMENT PLAN OF THE SURUI PEOPLE, GREATLY STRENGTHENING THEIR ARGUMENT FOR THE CONSERVATION OF THEIR FORESTS IN THE FACE OF SEVERE LOGGING PRESSURES.

IN BRAZIL, IN THE TUMUCUMAQUE INDIGENOUS PARK, ACT PROVIDED A FIVE-DAY TRAINING COURSE TO 12 GRADUATES OF ITS INDIGENOUS PARK GUARD TRAINING COURSE TO CARRY OUT SMALL REPAIRS TO OUTBOARD MOTORS, WHICH WILL IMPROVE THE LIVES OF THEIR SEVEN COMMUNITIES AND ALLOW THOSE COMMUNITIES TO AVOID HAVING TO BRING MOTORS WITH SMALL DEFECTS TO THE DISTANT CITIES. ALL PARTICIPANTS WERE TRAINED TO IDENTIFY THE PARTS OF AN OUTBOARD MOTOR (INCLUDING CARBURETOR, ELECTRICAL SYSTEM, ENGINE,

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HOUSING, GEARBOX, WATER INTAKE AND PROPELLER), THEIR FUNCTION, AND THE MOST COMMON PROBLEMS AND THEIR RESOLUTION, AND WERE SHOWN HOW THE INDIVIDUAL PARTS MAY BE ACCESSED. DURING THEIR EVALUATION, THE PARTICIPANTS WERE ABLE TO DISMANTLE A MALFUNCTIONING MOTOR AND LOCATE AND EVALUATE THE DAMAGED PART.

IN BRAZIL, ACT AND THE REGIONAL INDIGENOUS ASSOCIATION APITIKATXI CONDUCTED A FIRST PARK GUARD TRAINING COURSE IN THE STATE OF PARA, EFFECTIVELY THE SIXTH ANNUAL EDITION OF A COURSE THAT BEGAN IN 2005. THE COURSE TRAINED 30 INDIGENOUS REPRESENTATIVES OF TEN ETHNIC GROUPS TO ACT IN PROTECTED AREAS, TEACHING CONCEPTS OF INDIGENOUS AND ENVIRONMENTAL LEGISLATION, WASTE MANAGEMENT, FIRST AID, AQUATIC AND TERRESTRIAL RESCUE, AND FIREFIGHTING, AMONG OTHERS. IN THE PREVIOUS COURSES, HELD IN THE NEIGHBORING STATE OF AMAPA, ACT HAD ALREADY TRAINED 112 INDIGENOUS BRAZILIANS TO ACT AS PARK GUARDS.

IN COLOMBIA, IN MARCH 2010, ACT PROVIDED A TEN-DAY TRAINING WORKSHOP ON GEOGRAPHIC INFORMATION SYSTEMS TO 25 LEADERS OF THE TANDACHIRIDU INGANOKUNA ASSOCIATION OF THE INGA INDIGENOUS PEOPLE OF THE DEPARTMENT OF CAQUETA. TOPICS PRESENTED INCLUDED AN INTRODUCTION TO GIS AND ARCGIS; CONFIGURATION OF A GPS HANDHELD AND MODIFICATION OF THE COORDINATE SYSTEM; DIGITIZATION AND REVISION OF POSITIONING INFORMATION; AND USES OF CARTOGRAPHY AS AN INSTRUMENT TO REPRESENT THE REAL WORLD. PRACTICAL EXERCISES INCLUDED THE GEO-REFERENCING OF LOCAL LANDMARKS. THE SKILLS AND KNOWLEDGE GAINED WILL BE OF GREAT USE TO THE ASSOCIATION IN ESTABLISHING THE TECHNICAL BASIS FOR IMPROVED MONITORING AND CONSERVATION OF INGA LANDS.

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WITH THE FULL SUPPORT OF THE GOVERNMENT, ACT GUIDED SURINAME'S INDIGENOUS AND MAROON COMMUNITIES IN THE ETHNOGRAPHIC AND LAND USE MAPPING OF 90% OF ALL INDIGENOUS AND NATIVE LANDS IN SURINAME, OR ABOUT 64% OF SURINAME'S LAND AREA. IN THE PROCESS, ACT COLLABORATED CLOSELY WITH THE FOLLOWING GROUPS: MAROON COMMUNITIES OF CENTRAL SURINAME, SPECIFICALLY THE SARAKA & MATAWAI (SOUTH-CENTRAL) AND KWINTI (NORTH-CENTRAL); MAROON COMMUNITIES OF EASTERN SURINAME, SPECIFICALLY THE AUCAN (NDYUKA), PARAMAKA, AND ALUKU (BONIS); AND THE TRIO AND WAYANA INDIGENOUS COMMUNITIES. ACT MADE VISITS TO ALL MAJOR MAROON VILLAGES-MOST EXTENSIVELY IN THE THE MAROWIJNE, LAWA AND TAPANAHONY RIVER REGIONS-TO INTRODUCE THE PROJECT, BUILD COMMUNITY RELATIONSHIPS, CONDUCT SCOUTING, BUILD ENVIRONMENTAL AWARENESS AND CONDUCT ETHNOLOGICAL RESEARCH BEFORE CARRYING OUT THE MAPPING PROCESS WITH LOCAL MAPPING TEAMS. DEMARCATION WORKSHOPS WERE HELD FOR THE TRIO AND WAYANA, AND ACT COORDINATED THEIR MEETING WITH GOVERNMENT MINISTRIES TO FACILITATE THE LAND RIGHTS DIALOGUE.

IN SURINAME, ACT PROVIDED CONTINUOUS ASSISTANCE AND GUIDANCE TO THE WORK OF INDIGENOUS PARK GUARDS ACTIVE IN THE VILLAGES OF KWAMALASAMUTU, TEPU, SIPALIWINI, AND APETINA, PROVIDING SUPPLIES, COORDINATING ENCOUNTERS BETWEEN THE GUARDS AND WARDENS FROM SURINAME'S NATURE CONSERVATION DIVISION AND LEADING THE GUARDS IN ENVIRONMENTAL MONITORING EXERCISES. ACT ALSO COMMENCED CONSTRUCTION OF GUARD POSTS FOR THE INDIGENOUS PARK GUARDS OF THE INTERIOR VILLAGES OF TEPU AND SIPALIWINI.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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IN COLOMBIA, IN THE DEPARTMENT OF CAQUETA, ACT CONTINUED TO FUND THE YEAR-LONG OPERATIONS OF AN ETHNOEDUCATION SCHOOL INSTRUCTING 90 INGA INDIGENOUS YOUTHS WHO ATTEND CLASSES IN THE CONTEXT OF THEIR TRADITIONAL CULTURES AND WHO CULTIVATE A TRADITIONAL AGRICULTURE FARM WHERE THE STUDENTS LEARN FIRST-HAND THE SUSTAINABLE FARMING TECHNIQUES THAT ALLOW THEM TO GROW THEIR OWN FOOD, CONTRIBUTE TO THE FOOD RESOURCES OF THE SURROUNDING COMMUNITIES, AND PROVIDE AN ECONOMIC BASE FOR THEIR INSTITUTION. ACT ALSO PROVIDED STIPENDS TO THE SCHOOL'S 12 TEACHERS. IN 2010, THE INFRASTRUCTURE OF THE SCHOOL'S PLANT NURSERY WAS IMPROVED AND EQUIPPED WITH THE NECESSARY MATERIALS FOR THE PRODUCTION OF ORGANIC FERTILIZERS FOR PLANT AND SOIL NUTRITION. THE NURSERY NOW HAS THE CAPACITY TO PROVIDE SHELTER TO MORE THAN 17,000 YOUNG PLANTS ANNUALLY, AND HAS PROVIDED MORE THAN 7,000 TREES FOR THE ESTABLISHMENT OF A 10-HECTARE AGROFORESTRY SYSTEM THAT COMBINED AGRICULTURAL AND FORESTRY TECHNOLOGIES TO CREATE MORE SUSTAINABLE LAND-USE PRACTICES IN THE SCHOOL. ALSO IN 2010, FOLLOWING PETITIONING BY ACT STAFF, THE SCHOOL JOINED THE RANKS OF ACCREDITED SCHOOLS ELIGIBLE FOR COLOMBIAN STATE SUPPORT.

IN COLOMBIA, FOR THE INGA AND COREGUAJE INDIGENOUS COMMUNITIES OF THE DEPARTMENT OF CAQUETA, ACT CONTINUED TO FULLY FUND THE OPERATIONS OF TWO INDIGENOUS-RUN RADIO STATIONS THAT BROADCAST 40 HOURS OF COMMUNITY PROGRAMMING WEEKLY.

IN SURINAME, ACT FUNDED THE OPERATIONS OF THE TRADITIONAL SCHOOLS IT ESTABLISHED IN THE INDIGENOUS VILLAGES OF KWAMALASAMUTU, TEPU AND SIPALIWINI AND PAID TEACHER STIPENDS.

IN SURINAME, ACT PROVIDED A FIVE-DAY TRAINING SESSION ON LEADERSHIP

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SKILLS, COMMUNICATION BUILDING, AND MANAGEMENT OF SAVINGS AS A COMMUNITY TO 60 VILLAGE LEADERS AND CLINIC STAFF OF THE REMOTE INTERIOR VILLAGES OF KWAMALASAMUTU, TEPU, APETINA, AND PALUMEU.

IN SURINAME, WITH SPONSORSHIP FROM THE IUCN, ACT BEGAN ASSISTING THE RAINFOREST COMMUNITY OF KWAMALASAMUTU IN THE DEVELOPMENT OF AN IMMUNITY-BOOSTING TEA PRODUCT FOR SUSTAINABLE INCOME GENERATION. ACT HAD PROVIDED TRAINING TO THE COMMUNITY TEAM IN PLANT PROPAGATION AND CULTIVATION, PACKAGING, FOOD SAFETY, MARKETING, BUSINESS PLANNING, BOOKKEEPING, AND PROJECT ADMINISTRATION. PRODUCTION FACILITIES ARE BEING CONSTRUCTED, AND A MANAGEMENT PLAN IS UNDER DEVELOPMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PRESERVING ASPECTS OF THEIR MEDICAL AND CULTURAL KNOWLEDGE, IN ADVANCING THEIR HANDICRAFT PRODUCTION AND SUSTAINABLE AGRICULTURAL PROJECTS, AND IN PROVIDING SUPPORT TO THOSE OF THEIR MEMBERSHIP IN GREAT POVERTY. ADDITIONALLY, ACT CONTINUED TO FUND THE MAINTENANCE OF THE WOMEN'S MEETING CENTER AND ITS ADJOINING SUSTAINABLE ANIMAL FARMS (AQUACULTURE AND POULTRY) AND TRADITIONAL GARDENS. ANNUAL STIPENDS ALSO WERE PROVIDED FOR FIVE MEMBERS OF THE ASSOCIATION. THIS SUPPORT STRENGTHENS THE HEALTH AND TRADITIONAL CULTURAL BASIS OF AT LEAST 350 FAMILIES OF FIVE INDIGENOUS COMMUNITIES FROM THE EASTERN ANDEAN PIEDMONT REGION OF COLOMBIA.

IN COLOMBIA, ACT PROVIDED ONGOING TECHNICAL ASSISTANCE, ONSITE OVERSIGHT AND TRAINING IN SUSTAINABLE AGRICULTURE FOR INDIGENOUS AND PEASANT COMMUNITIES LOCATED IN THE BORDERLANDS OF THE ALTO FRAGUA INDI WASI NATIONAL PARK, WITH A FOCUS ON THE INSTALLATION AND MAINTENANCE OF

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CACAO AGROFORESTRY PLOTS AND PLANT NURSERIES. WITH ACT SUPPORT, INGA STUDENTS AND INDIGENOUS LEADERS ASSOCIATED IN THE TANDACHIRIDU INGANOKUNA ASSOCIATION INITIATED THE ESTABLISHMENT OF 123 HA IN AGRO-FORESTRY SYSTEMS IN THE CONNECTIVITY BETWEEN TWO INDIGENOUS RESERVES AND THE PROTECTED AREA. ADDITIONALLY, FOR SIONA COMMUNITIES, ACT HELPED THE SIONA INSTALL 90 NUTRITIONAL AND MEDICINAL PLANT GARDENS.

IN SURINAME, ACT PROVIDED ALL NECESSARY OPERATIONAL SUPPLIES FOR ACT-CONSTRUCTED TRADITIONAL MEDICINE CLINICS IN THE INDIGENOUS VILLAGES OF KWAMALASAMUTU, TEPU, AND APETINA AND THE AUCANER MAROON VILLAGE OF GONINI MOFO AS WELL AS A HOSPITAL FACILITY IN KWAMALASAMUTU FOR LONGER STAYS AND INTERGENERATIONAL TEACHING OPPORTUNITIES.

IN SURINAME, THE TRADITIONAL MEDICINE CLINICS THAT ACT HAS HELPED ESTABLISH IN THE COUNTRY'S REMOTE INTERIOR CURRENTLY HOST THOUSANDS OF PATIENT VISITS ANNUALLY. HOWEVER, THEIR REMOTE LOCATION POSES CHALLENGES FOR CENTRALIZED WATER DISTRIBUTION. TO ADDRESS THIS NEED, A WATER COLLECTION AND DISTRIBUTION SYSTEM WAS DEVISED AND INSTALLED TO PROVIDE WATER FOR THE LARGEST OF THE FOUR CLINICS IN SURINAME IN THE VILLAGE OF KWAMALASAMUTU IN ORDER TO BRING THIS ESSENTIAL RESOURCE TO THE HEALTH CARE PRACTITIONERS IN THE CLINIC.

FORM 990, PART VI, SECTION A, LINE 2: ADAM ALBRIGHT, DIRECTOR, HAS A FAMILY RELATIONSHIP WITH RACHEL ALBRIGHT, DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY MANAGEMENT FIRST THEN IT IS SENT TO THE BOARD VIA EMAIL FOR A FINAL REVIEW

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PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12: OUR BOARD OF DIRECTORS ANNUALLY
REVIEWS AND SUBMITS COMPLETED CONFLICT OF INTEREST FORMS. SENIOR MANAGEMENT
ALSO REVIEWS AND SUBMITS THESE FORMS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF ACT OFFICERS AND
KEY EMPLOYEES AS WELL AS THE REST OF THE EMPLOYEES ARE NEAR MEDIAN FOR
SIMILAR POSITIONS AT COMPARABLE NONPROFIT ORGANIZATIONS. COMPENSATION
ADJUSTMENTS (BUDGET PERMITTING) ARE BASED ON MERIT PER ANNUAL PERFORMANCE
REVIEW. THE FINAL COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION
COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, SUCH AS
BYLAWS, ARTICLES OF INCORPORATION, AND BOARD ADOPTED POLICIES ARE AVAILABLE
TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE PUBLISHED ON OUR
WEBSITE AND ALSO AVAILABLE THROUGH OUR INTERNET SITES SUCH AS GUIDESTAR.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ACT-COLOMBIA CALLE 38, NO. 8-12, OFICINA 402 BOGOTA, COLOMBIA	PRESERVING THE ECOSYSTEMS OF THE AMAZON	COLOMBIA			ACT-U.S.	X	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ACT-COLOMBIA	B	885,076.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.