

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Amazon Conservation Team	Employer identification number 54-1915987
	Number, street, and room or suite number. If a P.O. box, see instructions. 4211 North Fairfax Drive	
	City, town or post office. For a foreign address, see instructions. Arlington, VA 22203	state ZIP code

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Amazon Conservation Team

Telephone No. ▶ (703) 522-4684 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15, 20 07, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ calendar year 20 06 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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)

2006

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 2006 calendar year, or tax year beginning		, 2006, and ending	
B Check if applicable:	C	D Employer Identification Number	
<input type="checkbox"/> Address change	Please use IRS label or print or type. See specific instructions. Amazon Conservation Team 4211 North Fairfax Drive Arlington, VA 22203	54-1915987	
<input type="checkbox"/> Name change		E Telephone number	(703) 522-4684
<input type="checkbox"/> Initial return		F Accounting method:	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<input type="checkbox"/> Final return			<input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Amended return		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
<input type="checkbox"/> Application pending	H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H (b) If 'Yes,' enter number of affiliates. ▶ H (c) Are all affiliates included? ... <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See instructions.) H (d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number. ▶ M Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
G Web site: ▶ www.amazonteam.org			
J Organization type (check only one) ... <input checked="" type="checkbox"/> 501(c) 3 ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,611,300.			

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	3,389,940.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	1,178,218.	
	e Total (add lines 1a through 1d) (cash \$ 4,568,158. noncash \$)	1e		4,568,158.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		34,286.
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe: ▶)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here: <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		8,856.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		4,611,300.	
EXPENSES	13 Program services (from line 44, column (B))	13		3,355,089.
	14 Management and general (from line 44, column (C))	14		580,086.
	15 Fundraising (from line 44, column (D))	15		130,483.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		4,065,658.
ASSETS	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		545,642.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,696,871.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		3,242,513.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	170,000.	75,000.	75,000.	20,000.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	228,668.	93,318.	99,515.	35,835.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	39,217.	16,471.	17,256.	5,490.
29 Payroll taxes	29	28,989.	12,175.	12,755.	4,059.
30 Professional fundraising fees	30				
31 Accounting fees	31	8,469.		8,469.	
32 Legal fees	32				
33 Supplies	33	9,769.	33.	9,655.	81.
34 Telephone	34	6,894.		6,485.	409.
35 Postage and shipping	35	5,844.	141.	4,064.	1,639.
36 Occupancy	36	54,657.		54,657.	
37 Equipment rental and maintenance	37	2,208.		2,208.	
38 Printing and publications	38	3,586.		1,967.	1,619.
39 Travel	39	50,871.	8,580.	25,224.	17,067.
40 Conferences, conventions, and meetings	40	38,556.	4,698.	17,198.	16,660.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	7,739.		7,739.	
43 Other expenses not covered above (itemize): a See Statement 1	43a	3,410,191.	3,144,673.	237,894.	27,624.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	4,065,658.	3,355,089.	580,086.	130,483.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Biodiversity: ACT works towards the protection of the plant and animal diversity found in indigenous inhabited areas of Brazil, Colombia and Suriname.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,834,655.
b <u>Health: ACT focuses on developing a caretaker relationship between human society and nature that maximizes human well-being, social justice, and reverence for living systems.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	628,569.
c <u>Culture: ACT helps preserve traditional indigenous practices, including both sustainable land management and the cultural values intrinsic to each tribe.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	891,865.
d ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services..... (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,355,089.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash — non-interest-bearing	478,716.	45	629,858.
	46	Savings and temporary cash investments	859,323.	46	1,087,649.
	47 a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47 c	
	48 a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48 c	
	49	Grants receivable	1,169,775.	49	1,362,301.
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges			
	54 a	Investments — publicly-traded securities	9,637.	53	544.
	b	Investments — other securities (attach sch)		54 a	
	55 a	Investments — land, buildings, & equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		54 b	
	56	Investments — other (attach schedule)		55 a	
	57 a	Land, buildings, and equipment: basis	62,112.		
b	Less: accumulated depreciation (attach schedule)	51,512.	55 b		
58	Other assets, including program-related investments (describe ▶ <u>See Statement 4</u>	18,339.	55 c		
59	Total assets (must equal line 74). Add lines 45 through 58	2,749,477.	56		
LIABILITIES	60	Accounts payable and accrued expenses	13,937.	57 a	62,112.
	61	Grants payable		57 b	51,512.
	62	Deferred revenue	38,669.	57 c	10,600.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		58	195,463.
	64 a	Tax-exempt bond liabilities (attach schedule)		59	3,286,415.
	b	Mortgages and other notes payable (attach schedule)		60	43,902.
	65	Other liabilities (describe ▶		61	
	66	Total liabilities. Add lines 60 through 65	52,606.	62	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	434,934.	63	
	68	Temporarily restricted	2,261,937.	64 a	
	69	Permanently restricted		64 b	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			65	
	70	Capital stock, trust principal, or current funds		66	43,902.
	71	Paid-in or capital surplus, or land, building, and equipment fund			
	72	Retained earnings, endowment, accumulated income, or other funds			
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,696,871.	67	698,241.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,749,477.	68	2,544,272.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	4,611,300.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	4,611,300.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	4,611,300.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,065,658.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	4,065,658.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	4,065,658.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 5		170,000.	1,416.	0.

