(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Αг	OI LIN	e 20 19 Calefidar year, or tax year beginning	iu enung								
B c	heck if	C Name of organization		D Employer identific	cation number						
	Addre	AMAZON CONSERVATION TEAM									
	Name chang			54-19159	87						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number	•						
	Final return	1211 MORTH FATREAY DRIVE			2-4684						
	termin ated	12,534,491.									
	Titled City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22203 H(a) Is this a group return										
	Applic		PH.D.	for subordinates							
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· = =						
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see											
		te: WWW.AMAZONTEAM.ORG		H(c) Group exemption							
K F	orm of	organization: X Corporation Trust Association Other	L Yea	ar of formation: 1998 N	1 State of legal domicile: VA						
	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: ACT	WORKS	WITH LOCAL (COMMUNITIES						
Activities & Governance		OF TROPICAL SOUTH AMERICA TO IMPLEMENT C									
rnal	2	Check this box if the organization discontinued its operations or disp	osed of mo	re than 25% of its net ass	ets.						
)ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	13						
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11						
တ္	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	15						
/itie	6	Total number of volunteers (estimate if necessary)		6	11						
cţì		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.						
				Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)		5,707,235.	12,339,829.						
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,929.	83,256.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-85,600.	-125,992.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,675,564.	12,297,093.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,245,695.	1,179,792.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1,537,127.	1,919,094.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 436,									
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,756,989.	3,319,279.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,539,811.	6,418,165.						
		Revenue less expenses. Subtract line 18 from line 12		-864,247.	5,878,928.						
s or			E	Beginning of Current Year	End of Year						
sset	20	Total assets (Part X, line 16)		7,046,695.	13,281,466.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		115,485.	360,631.						
	rt II	Net assets or fund balances. Subtract line 21 from line 20		6,931,210.	12,920,835.						
					limaniladas and haliaf it is						
		lties of perjury, I declare that I have examined this return, including accompanying schedu tt, and complete. Declaration of preparer (other than officer) is based on all information of			knowledge and beller, it is						
true,	correc	is, and complete. Declaration of preparer (other than officer) is based on all information of	willen prepare	I lias any knowledge.							
C:	_	Signature of officer		I Date							
Sign MARK J. PLOTKIN, PH.D., PRESIDENT											
Her	е	Type or print name and title									
				Date Check	PTIN						
Paid	ı	Print/Type preparer's name FRANK H. SMITH	with.	07/13/20 if self-employ							
	arer	Firm's name MARCUM LLP		Firm's EIN .	11-1986323						
-	Only	Firm's address 1899 L STREET, NW, SUITE 850		I IIIII 2 EIIV							
550	Jy	WASHINGTON, DC 20036		Phone no. (2	02) 227-4000						
May	the I	RS discuss this return with the preparer shown above? (see instructions)		Filode Ho. \ Z	X Yes No						
	01 01-2	·	tions.		Form 990 (2019)						
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Par	Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part III							
1	Briefly describe the organization's mission:							
	THE AMAZON CONSERVATION TEAM (ACT) PARTNERS WITH INDIGENOUS AND OTHER							
	LOCAL COMMUNITIES TO PROTECT TROPICAL FORESTS AND STRENGTHEN							
	TRADITIONAL CULTURE.							
2	Did the organization undertake any significant program services during the year which were not listed on the							
	prior Form 990 or 990-EZ?							
	If "Yes," describe these new services on Schedule O.							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No							
	If "Yes," describe these changes on Schedule O.							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.							
	Section 501(c)(3) and 501(c)(4) organizations 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 \$2,708,459. including grants of \$447,978.) (Revenue \$)							
	LAND MANAGEMENT:							
	- IN COLOMBIA, 16,728 HECTARES OF FOREST AND LAND WERE FORMALLY							
	PROTECTED BY LAW.							
	- IN COLOMBIA, 4,132 PEOPLE GAINED IMPROVED LAND-USE AND TENURE RIGHTS							
	RESULTING FROM THE EXPANSION OR ESTABLISHMENT OF INDIGENOUS RESERVES.							
	- IN COLOMBIA, 833,154 NEW HECTARES OF FOREST AND LAND WERE SAFEGUARDED							
	AND MANAGED BY INDIGENOUS AND LOCAL COMMUNITIES.							
	COLOMBIA! C CONSIDER TOOLAGED INDICENSIA DEODLEG DECAME DOCUMENT DV							
	- COLOMBIA'S CONFIRMED ISOLATED INDIGENOUS PEOPLES BECAME PROTECTED BY							
4b	(Code:) (Expenses \$1, 246, 153. including grants of \$255, 542.) (Revenue \$) SUSTAINABLE LIVELIHOODS:							
	SUSTATINABLE DIVEDITIOODS:							
	- IN COLOMBIA, 94 NEW INDIGENOUS AND LOCAL FAMILIES USED SUSTAINABLE							
	ALTERNATIVE PRACTICES TO RESTORE, PROTECT, AND MANAGE THEIR							
	TERRITORIES.							
	- IN COLOMBIA, 17 OF ACT'S PARTNER COMMUNITIES GAINED IMPROVED ACCESS							
	TO BASIC NEEDS, AND 446 PEOPLE NEWLY BENEFITTED FROM IMPROVED FAMILY							
	ECONOMIES.							
	- IN SURINAME, 38 NEW HOUSEHOLDS EARNED STEADY INCOME THROUGH THE SALE							
	OF LOCAL SUSTAINABLE PRODUCTS.							
4c	(Code:) (Expenses \$1,050,518 • including grants of \$476,272 •) (Revenue \$)							
	GOVERNANCE AND CULTURE:							
	- IN COLOMBIA, A NEW PROGRAM TRAINS INDIGENOUS AND LOCAL YOUTHS IN							
	BIODIVERSITY CONSERVATION AND THE INCORPORATION OF TRADITIONAL							
	KNOWLEDGE INTO THE MANAGEMENT OF THEIR TERRITORIES.							
	- IN COLOMBIA, FIVE NEW NATIONAL, REGIONAL, OR LOCAL-LEVEL LAND-USE							
	PLANS INCORPORATED THE STEWARDSHIP VALUES AND CULTURAL PERSPECTIVES OF							
	INDIGENOUS & LOCAL COMMUNITIES.							
	THE CURTINAVE MUDBE WILLIAGE COMMUNICATES (CITAL TWINE CURTINI AND MERCY)							
	- IN SURINAME, THREE VILLAGE COMMUNITIES (SIPALIWINI, CURUNI, AND TEPU)							
	ADVANCED COMPREHENSIVE DEVELOPMENT PLANS.							
4d	Other program services (Describe on Schedule O.)							
4 -	(Expenses \$\frac{\text{including grants of \$}}{\text{5,005,130.}}\$							
40	Total program service expenses ► 5,005,130.							
	Form 330 (2019)							

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Form 990 (2019) AMAZON CONSERVATION TEAM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	- 21	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form **990** (2019)

Part IV	Checklist of Required Schedules	(continued)

	Continued)		Vaa	Na
22	Did the erganization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
		34	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2019) 4 2019.04000 AMAZON CONSERVATION TEAM

Form 990 (2019) AMAZON CONSERVATION TEAM

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a 15										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X							
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and the state of the st		_5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c									
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		•		x							
	any contributions that were not tax deductible as charitable contributions?		6a									
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		C h									
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b									
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х							
	If IIV and it is the comparison of the state of the control of the		7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	10									
·	to file Form 8282?		7с		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?											
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the										
	sponsoring organization have excess business holdings at any time during the year?		8									
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a									
b			9b									
10	Section 501(c)(7) organizations. Enter:	1										
a	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	44-										
	Gross income from members or shareholders	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b										
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZU									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120										
	Is the organization licensed to issue qualified health plans in more than one state?		13a									
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
			14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or										
	excess parachute payment(s) during the year?		15		X							
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X							
	If "Yes," complete Form 4720, Schedule O.			990								
			F	· uui i	(0040)							

Form **990** (2019)

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 on Schedule O. See instructions.

0	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management				ı					
		1	1 10		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13	-						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		,,							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11	-						
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?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	5		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	•									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,		х					
and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х					
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	'es," c	lescribe							
	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, FL, GA, MD, N									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (Section 501(c)(3)	s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain									
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨							
	KARLA LARA-OTERO - (703) 522-4684									
	4211 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203									

Form 990 (2019)

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

Check if Schedule O contains a response or note to any line 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization						iper	isalt			(E)
(A)		(B) (C) Average Position						(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than (Reportable compensation	Reportable compensation	Estimated amount of
	week					on is both an ctor/trustee)		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				peq		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tı		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK J. PLOTKIN, PH.D.	40.00	드	드	ō	3	王克	프			
PRESIDENT	10.00	х		x				175,000.	0.	10,747.
(2) LILIANA MADRIGAL	40.00									
EXECUTIVE VP		Х		Х				116,683.	0.	37,300.
(3) KARLA LARA-OTERO	40.00									
SR. DIRECTOR, FINANCE & OPERATIONS				Х				107,923.	0.	15,716.
(4) LAURIE BENENSON	2.00									
CHAIR		Х		Х				0.	0.	0.
(5) DAVID STOUP	2.00									
TREASURER	_	Х		X				0.	0.	0.
(6) STEPHEN ALTSCHUL, PH.D.	2.00	ļ		l						•
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) BERNARD ARONSON	1.00	٠,,							_	•
DIRECTOR (A) WILLIAM GAMERON	1 00	Х						0.	0.	0.
(8) WILLIAM CAMERON	1.00	Х						0.	0.	0
DIRECTOR (9) KEN COOK	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(10) THOMAS LOVEJOY, PH.D.	1.00							0.	<u></u>	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) JUAN MAYR MALDONADO	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ELIZABETH MURRELL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) NORA POUILLON	1.00									
DIRECTOR		Х	L		L			0.	0.	0.
(14) HECTOR TORRES	1.00									
DIRECTOR		Х						0.	0.	0.
		4								
		ļ								
		-								
		-					-			
		}								
										E 000 (2212)

Form 990 (2019)

932007 01-20-20

Part VII Section A. Officers, Directors, Tru	stees, Key Em (B)	oloy 	ees,			ghes	st C					(F)	
(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable			(F)	, d
Name and title	hours per (do not check more than one box, unless person is both an							compensation	compensation		l	timate nount (
	week	offi		d a di				from	from relate		l	other	
	(list any	rector						the	organization			pensa	
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	l	om the anizati	
	organizations	truste	al trus		yee	u beu		(***2/1099*****100)			ı -	d relate	
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former				orga	ınizatio	วทร
	line)	ibu	lnst	Officer	Key	High	윤						
		1											
		1											
		1											
		1											
		4											
		<u> </u>											
		1											
1b Subtotal							▶	399,606.		0.	6:	3,76	53.
c Total from continuation sheets to Part V							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	399,606.		0.	63	3,76	<u>53.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportabl	е			2
compensation from the organization											1	Yes	No
3 Did the organization list any former office	r director truet	ا مم	(A)/ C	mnl	OVA	0 Or	hia	hest compensated empl	ovee on			162	NO
line 1a? If "Yes," complete Schedule J for			•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individ					
rendered to the organization? If "Yes," col	mplete Schedul	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest or	ampapated inc	lono	ndor	ot 00	ntro	acto	ro th	not received more than \$	100 000 of com	nonco	tion fro		
1 Complete this table for your five highest of the organization. Report compensation for										ренза	LIOIT IIC	,,,,,	
(A)	1110 041011441)			. <u>g</u>			T	(B)	<u> </u>		(C	;)	
Name and busines	s address	NO	ONE	3				Description of s	ervices	C	omper		า
							-						
							1						
							_						
2 Total number of independent continues	inaludina hut -	o+ 1:	nito	1+0+	hac	o lic	+0~	aboutal who reasinged in	are then				
2 Total number of independent contractors	incidanta par U	טנ ווו	illec	ו טו	LIIOS	c IIS	ıcu	above, wito received mo	ne uidii				
\$100,000 of compensation from the organ	ization 🕨				C)							

Form 990 (2019) AMAZON
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a	721.				
Contributions, Gifts, Grants and Other Similar Amounts	٠. h	Membership dues 1b					
င်္ခ ရွ		Fundraising events 1c					
fts,	4	Related organizations 1d					
ية إق	u	Government grants (contributions) 1e					
Sir	e						
Lti e	т	All other contributions, gifts, grants, and	2339108.				
ĕ₽	-		2339100.				
g	g	Noncash contributions included in lines 1a-1f		12220020			
Og	h	Total. Add lines 1a-1f		12339829.			
		+	Business Code				
Se	2 a						
ē Z	b						
Sco	С						
eve	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		87,585.			87,585.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory 7a 233,069.	()				
	h	Less: cost or other basis					
ω							
ğ	_	and sales expenses 7b 237,398. Gain or (loss) 7c -4,329.					
ther Revenue		Net rais as (leas)		-4,329.			-4,329.
ت ح		Net gain or (loss)	·····	4,343.			4,323.
ţ.	8 а	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b	.				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory)				
ဖ			Business Code				
e jo	11 a	OTHER	900099	11,116.			11,116.
Miscellaneous Revenue	b	FOREIGN CURRENCY LOSS	900099	-137,108.			-137,108.
e e	С						
Λisc B	d	All other revenue					
_	е	Total. Add lines 11a-11d		-125,992.			
	12	Total revenue. See instructions	—	12297093.	0.	0.	-42,736.

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Form **990** (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,179,792. individuals. See Part IV, lines 15 and 16 1,179,792. Benefits paid to or for members Compensation of current officers, directors, 463,369. 193,562. 114,560. 155,247. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,023,691. 686,872. 258,477. 78,342. Other salaries and wages 7 Pension plan accruals and contributions (include 73,014. 61,084. 10,120. 1,810. section 401(k) and 403(b) employer contributions) 186,988. 41,353. 115,167. 30,468. Other employee benefits 9 172,032. 127,262. 27,748. 17,022. 10 Payroll taxes Fees for services (nonemployees): Management 3,604. 3,604. Legal 8,218.38,959. 30,741. Accounting Lobbying Professional fundraising services. See Part IV, line 17 10,690. 10,690. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 922,343. 722,325. 80,018. 120,000. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 131,102. 79,568. 44,955. 6,579. Office expenses 13 89,221. 24,638. 58,863. 5,720. Information technology 14 15 Royalties 2,076. 38,842. 146,691. 105,773. 16 Occupancy 494,658. 362,748. 121,110. 10,800. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 202,193. 27,112. 235,786. 6,481. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 28,928. 21,353. 7,575. Depreciation, depletion, and amortization 22 22,509. 10,468. 12,041. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,145,856. 1,137,427. 8,429. OTHER PROJECT EXPENSES LICENSES & MISC. EXP. 48,932. 30,007. 16,592. 2,333. С d All other expenses 6,418,165. 5,005,130. 976,157. 436,878. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2019)

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,283,758.	1	454,963.
	2	Savings and temporary cash investments			1,762,492.	2	6,155,547
	3	Pledges and grants receivable, net	340,645.	3	4,894,471		
	4	Accounts receivable, net		6,336.	4	348	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				24,772.	9	25,572
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	567,787.			
	b	Less: accumulated depreciation	10b	421,931.	174,784.	10c	145,856
	11	Investments - publicly traded securities			1,435,529.	11	1,593,495
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	18,379.	15	11,214		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	7,046,695.	16	13,281,466
	17	Accounts payable and accrued expenses		94,477.	17	242,121	
	18	Grants payable			18		
	19	Deferred revenue	16,621.	19	105,348		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
Ě		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		l			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	4 207		12 162
		of Schedule D			4,387.	25	13,162
	26			V	115,485.	26	360,631
s		Organizations that follow FASB ASC 958, chec	k her				
e)Ce		and complete lines 27, 28, 32, and 33.			E 611 E07		6 000 026
alai	27	Net assets without donor restrictions	5,611,527.	27	6,998,836		
Ä	28	Net assets with donor restrictions	1,319,683.	28	5,921,999		
Ĕ		Organizations that do not follow FASB ASC 95	8, che	ck here			
P.		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			6,931,210.	31	12 020 025
ž	32	Total net assets or fund balances			32	12,920,835.	
	33	Total liabilities and net assets/fund balances			7,046,695.	33	13,281,466

Form **990** (2019)

Form **990** (2019)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization AMAZON CONSERVATION TEAM

AMAZON CONSERVATION TEAM 54-1													
Part I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions							
Ť	nization is not a private found	•		•	-	IV A V:							
1 📖	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
2	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
3	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
4		ation operated in cor	ijuriction with a nospital	described	iii secilo	n 170(b)(1)(A)	(III). Enter	the nospital's name,					
- m	city, and state:	or the benefit of a col	llogo or university evened	or operat	ad by a ga	vornmental ur	ait deserib	nd in					
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)												
•	section 170(b)(1)(A)(iv). (Complete Part II.) A foderal state or level government or governmental unit described in section 170(b)(1)(A)(v)												
6 <u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 X													
	section 170(b)(1)(A)(vi). (C												
8 📖	A community trust describe												
9	An agricultural research org				_		-	•					
	or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or					
40 🖂	university:												
10	An organization that norma												
	activities related to its exen	-	· · · · · · · · · · · · · · · · · · ·					-					
	income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	ifter June 30, 1975.					
$ egin{array}{c} $	See section 509(a)(2). (Con	•											
11	An organization organized a												
12	An organization organized a	· ·	•	-			•						
	more publicly supported or	-						neck the box in					
	lines 12a through 12d that	* *			-		-						
a	Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	-								
	the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting					
	organization. You must o	- · · · · · · · · · · · · · · · · · · ·											
b	Type II. A supporting org												
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported					
	organization(s). You mus				C			J 245					
с <u></u>	Type III functionally inte	-					y integrate	ed With,					
	its supported organization		·					()					
d L	Type III non-functionally	= ::					-						
	that is not functionally int	-		•		="	an attentiv	/eness					
	requirement (see instructi	,	•	•			. 						
e	Check this box if the orga					Type I, Type I	ı, туре ііі						
	functionally integrated, or		nally integrated supportil	ng organiz	ation.								
	er the number of supported o	•	diti(-)										
g Pro	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other					
	organization	, ,	(described on lines 1-10	in your governi	No No	support (see in	•	support (see instructions)					
			above (see instructions))	100	110								
								 					

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3392585.	8983176.	7646784.	5707235.	12339829.	38069609.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3392585.	8983176.	7646784.	5707235.	12339829.	38069609.	
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)						14799180.	
6	Public support. Subtract line 5 from line 4.						23270429.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	3392585.	8983176.	7646784.	5707235.	12339829.	38069609.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,819.	6,890.	13,303.	53,929.	87,585.	164,526.	
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 VI.)	1,703.	2,052.	3,058.	750.	11,116.		
11	Total support. Add lines 7 through 10						38252814.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
0	organization, check this box and stor	here					>	
	ction C. Computation of Publi						60.02	
14	Public support percentage for 2019 (I		•	* * * * * * * * * * * * * * * * * * * *		14	60.83 %	
15	Public support percentage from 2018					15	52.89 %	
16a	33 1/3% support test - 2019. If the c	-					, (37	
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2018. If the d							
4-	and stop here. The organization qual							
1/a	10% -facts-and-circumstances test	_						
	and if the organization meets the "fac			-		_	\	
	meets the "facts-and-circumstances"	-	•	*		IZa and line dE in		
b	10% -facts-and-circumstances test	_						
	more, and if the organization meets the		•				e ▶ □	
40	organization meets the "facts-and-circ			•	,			
18	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							

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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.)						
Sec	ction B. Total Support		T				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
	Add lines 10a and 10b				ļ	<u> </u>	
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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	·
800	check this box and stop here						>
	Etion C. Computation of Public			aluma (f)\		45	
	Public support percentage for 2019 (li	, , , , , , , , , , , , , , , , , , , ,	,	(,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (fl)		17	0/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2019. If the						
198	more than 33 1/3%, check this box ar						. —
j.	33 1/3% support tests - 2018. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990 or 990-EZ) 2019

Van Na

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		162	140
	1		
	2		
	3a		
	3b		
	3с		
	4a		
L	4b		
	4c		
	5a		
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	5c		
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	8		
	9a		
	9b		
	9c		
	10a		
	10b		

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and Dr. Type i capper and cigarina and in		Yes	No
4	Did the divertors twisters as membership of one or more supported exeminations have the newester		162	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	4 !	١	
2	Activities Test. Answer (a) and (b) below.	JCTIONS)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OI.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	ı	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental	
Part IV, Section A, line 1; Part IV, Sect	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, cion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2015 AMOUNT: \$	1,703.
2016 AMOUNT: \$	2,052.
2017 AMOUNT: \$	3,058.
2018 AMOUNT: \$	750.
2019 AMOUNT: \$	11,116.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

AMAZON CONSERVATION TEAM

54-1915987

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \]						
but it mu	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

AMAZON CONSERVATION TEAM

54-1915987

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,368,914.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,550,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>750,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$306,668.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 250,000.	Person X Payroll

Name of organization Employer identification number

AMAZON CONSERVATION TEAM

54-1915987

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMAZON CONSERVATION TEAM

54-1915987

	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. com art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** AMAZON CONSERVATION TEAM 54-1915987 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number 54-1915987

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	Sir	nilar Funds or	Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advi	ised	funds	(b) Fur	nds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	in donor advised	funds	
	are the organization's property, subject to the organization's e					Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	gran	t funds can be use	d only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose con	ferring	
Б.	impermissible private benefit?					
Par				on Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organization	_				
	Preservation of land for public use (for example, recreat	tion or education)			-	important land area
	Protection of natural habitat	L		Preservation of a c	ertified hi	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contr	ributi	ion in the form of a	conserva	
	day of the tax year.				_	Held at the End of the Tax Year
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic stru				2c	
d	Number of conservation easements included in (c) acquired a					
_	listed in the National Register				<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	or ter	minated by the orc	ganization	during the tax
_	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
•	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	anu	emorcing conserv	ation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations and	onfo	raina aanaan/atian		to during the year
7	S	iirig or violations, and	enio	reing conservation	easemen	its during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requireme	onto	of section 170/b)//	\/D\/i\	
Ü						Yes No
9	and section 170(h)(4)(B)(ii)?					
3	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	ote to the organization	11311	nanciai statements	inal desi	STIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	reas	sures, or Othe	r Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		•		
1a	If the organization elected, as permitted under FASB ASC 95		even	ue statement and	balance s	heet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	,				•
b	If the organization elected, as permitted under FASB ASC 956				nce sheet	t works of
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	,	,		·	,
	(i) Revenue included on Form 990, Part VIII, line 1				•	\$
						\$
2	If the organization received or held works of art, historical trea				in, provid	 e
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1				▶	\$
	Assets included in Form 990, Part X					\$

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

Schedule D (Form 990) 2019

h

С

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
b Buildings		150,804.	8,921.	141,883.					
c Leasehold improvements		210,329.	210,329.	0.					
d Equipment		50,269.	49,915.	354.					
e Other		156,385.	152,766.	3,619.					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	l-of-vear market value
4) Financial deduction	(b) Dook value	(c) Wethod of Valuation. Cost of end	Poryear market value
Financial derivatives Closely held equity interests			
Closely neid equity interests Other			
(A) (B)			
(C)			
(D)			
(E)			
(E) (F)			
(F) (G)			
` ′			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l of year market value
, , , ,	(b) Book value	(c) Method of Valuation. Cost of end	i-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" o (a) □ (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" o (a) □ (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)	▶	
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Liabilities. Complete if the organization answered "Yes" of (a) [2] Complete if the organization answered "Yes" of (a) [2] Other Liabilities.	Description 15.)	▶	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)	▶	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.) In Form 990, Part IV, line	▶	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT AND LEASE IN	Description 15.) In Form 990, Part IV, line	▶	(b) Book value 2,779
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT AND LEASE IN (3) DUE TO RELATED PARTY	Description 15.) In Form 990, Part IV, line	▶	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT AND LEASE IN (3) DUE TO RELATED PARTY (4)	Description 15.) In Form 990, Part IV, line	▶	(b) Book value 2,779
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) [2] (b) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line (b) Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT AND LEASE IN (3) DUE TO RELATED PARTY (4) (5)	Description 15.) In Form 990, Part IV, line	▶	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) [2] (b) Complete if the organization answered "Yes" of (a) [2] (b) Complete if the organization answered "Yes" of (a) [2] Complete if the organization answered "Yes" of (a) [2] (b) Complete if the organization answered "Yes" of (a) [2] (c) Complete if the organization answered "Yes" of (a) [2] (c) Complete if the organization answered "Yes" of (a) [2] (d) Complete if the organization answered "Yes" of (a) [2] (d) Complete if the organization answered "Yes" of (a) [2] (a) Complete if the organization answered "Yes" of (a) (b) Complete if the organization answered "Yes" of (a) (c) Complete if the organization answered "Yes" of (a) (d) Complete if the organization answered "Yes" of (a) (e) Complete if the organization answered "Yes" of (a) (e) Complete if the organization answered "Yes" of (a) (e)	Description 15.) In Form 990, Part IV, line	▶	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT AND LEASE IN (3) DUE TO RELATED PARTY (4) (5) (6) (7)	Description 15.) In Form 990, Part IV, line	▶	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT AND LEASE IN (3) DUE TO RELATED PARTY (4) (5) (6)	Description 15.) In Form 990, Part IV, line	▶	

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	
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:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		40
C	Add lines 4a and 4b		
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XII Reconciliation of Expenses per Audited Financial 5	Statements With Expens	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV	-	por moranini
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	I I	
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Pa	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		art V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.	
ד א ד	om v itne).		
PAF	RT X, LINE 2:		
7 (7	-U.S. EVALUATED ITS UNCERTAINTY IN IN	 COME	THE VEXD ENDED
AC.	U.S. EVALUATED IIS UNCERTAINTI IN IN	COME TAKES FOR I	THE TEAK ENDED
DEC	EMBER 31, 2019, AND DETERMINED THAT T	HERE WERE NO MAG	ת.ווו.ש העודה מחנוו.
ייים	CEMBER 31, 2013, AND DETERMINED THAT I	HERE WERE NO HAI	TIERS THAT WOOLD
REC	QUIRE RECOGNITION IN THE FINANCIAL STA	TEMENTS OR THAT	MAY HAVE ANY
,			
EFI	FECT ON ITS TAX-EXEMPT STATUS.		

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

9					_ , ,	
AMAZON CONSERVA					54-191598	
		ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV			ala ka anihakantista kira amanint 200		:	
=	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
the grantees engionity it	or the grants of a	issistance, and	the selection chiefla used to award the	grants or assis	[11	i les 🔛 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
United States.						
			an be duplicated if additional space is n			T
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	employees, agents, and independent contractors	gram services, investments, grants to		e specific type	for and
		contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
		in the region				
				CONSERVATIO	N ACTIVITIES	
SOUTH AMERICA	1	50	PROGRAM SERVICES	IN COLOMBIA	<u> </u>	2,175,334.
SOUTH AMERICA	1	20	GRANTMAKING			1,179,792.
EUROPE (INCLUDING	_	_				
ICELAND & GREENLAND)	1	1	FUNDRAISING			165,877.
	_	54				3 501 002
3 a Subtotal b Total from continuation	3	71				3,521,003.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and Ob)	3	71				3 521 003

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

Schedule F (Form 990) 2019



Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CONSERVATION					
		SOUTH AMERICA	ACTIVITIES IN BRAZIL	210,059.	WIRE TRANSFER	0.		
			CONSERVATION					
			ACTIVITIES IN					
		SOUTH AMERICA	SURINAME	941,980.	WIRE TRANSFER	0.		
			CONSERVATION					
		SOUTH AMERICA	ACTIVITIES IN PERU	27,753.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	ne lieted above that are	recognized as charities by the t	foreign country	recognized as tay ay	emnt		
			tion 501(c)(3) equivalency letter		recognized as tax-ex			3

0

Schedule F (Form 990) 2019

3 Enter total number of other organizations or entities

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 Part IV Foreign Forms AMAZON CONSERVATION TEAM

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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. See instructions. PART I, LINE 2: MONTHLY REPORTING OF ACTIVITIES AND EXPENSES TO ACT-US IN THE US IS REQUIRED; SCHEDULED SITE VISITS AND INTERNAL AUDIT REVIEWS ARE UNDERTAKEN BY A US FINANCE TEAM. ADDITIONALLY, ACT-US HAS ONLINE ACCESS TO THE ACCOUNTING SOFTWARE BEING USED BY COUNTRY OFFICES. IN ADDITION TO THE PROCEDURES NOTED ABOVE, ANNUAL INDEPENDENT AUDIT REPORTS ARE REQUIRED. PART I, LINE 3: IN ACCORDANCE WITH THE IRS INSTRUCTIONS FOR COMPLETING SCHEDULE F, THE GRANT AND PROGRAM EXPENSES REPORTED IN PART I ARE ON THE ACCRUAL BASIS, THE SAME METHOD USED TO REPORT ACT'S ACTIVITIES ON OUR AUDITED FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

OMB No. 1545-0047

AMAZON CONSERVATION TEAM

54-1915987

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study Y Compensation survey Y Compensation surv			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Decided the control of the control of the dear France 200 Best VIII. On the A. Pere describe control of the City			l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:	4a		Х
a h	Receive a severance payment or change-of-control payment? 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.			
	The steamy of lines are of list the persons and provide the applicable amounts for each term in a trini.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the revenues of:			l
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			l
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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" on 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) 2019

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)(0)	reported as deferred on prior Form 990	
(1) MARK J. PLOTKIN, PH.D.	(i)	175,000.	0.	0.	9,917.	830.	185,747.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LILIANA MADRIGAL	(i)	116,683.	0.	0.	6,800.	30,500.	153,983.	0.	
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number 54-1915987

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
A MULTICULTURAL PROTECTION SYSTEM DESIGNED TO PREVENT INCURSIONS INTO
THEIR TERRITORIES.
- IN SURINAME, FIVE NEW AMAZON CONSERVATION RANGERS WERE TRAINED IN
LOCAL ENVIRONMENTAL ASSESSMENT.
- A NEW AMAZON CONSERVATION RANGER FIELD STATION BECAME OPERATIONAL IN
THE VILLAGE OF CURUNI IN SOUTHERN SURINAME.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
- IN SURINAME, THE COMMUNITIES OF KWAMALASAMUTU AND SIPALIWIN GAINED
ACCESS TO BOTH SUFFICIENT CLEAN WATER AND SOLAR-POWERED ELECTRICITY TO
MEET THE RESIDENTS' BASIC NEEDS. THE VILLAGE OF CURUNI ALSO GAINED
SOLAR-POWERED ELECTRICITY TO MEET ITS NEEDS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
- IN SURINAME, THE SHAMANS & APPRENTICES PROGRAM OF THE VILLAGE OF
APETINA GENERATED A LOCALIZED TEACHING MANUAL, ALONG WITH FORMAL
METHODS FOR EVALUATING STUDENTS.
FORM 990, PART VI, SECTION A, LINE 2:
MARK J. PLOTKIN, PH.D., PRESIDENT, HAS A FAMILY RELATIONSHIP WITH LILIANA
MADRIGAL, SR. DIRECTOR OF PROGRAM OPERATIONS & BOARD DIRECTOR. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)
932211 09-06-19

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

FORM 990, PART VI, SECTION B, LINE 11B:

ACT DELEGATES THE RESPONSIBILITY OF REVIEWING THE FEDERAL FORM 990 TO ITS

BOARD FINANCE COMMITTEE. THE DIRECTOR OF FINANCE AND OPERATIONS RECEIVES A

COPY OF THE COMPLETED FEDERAL FORM 990 DRAFT FOR REVIEW, AND IF ANY

CORRECTIONS ARE REQUIRED, THESE REVISIONS ARE SUBMITTED TO THE EXTERNAL TAX

TEAM. IN ADDITION, MEMBERS OF THE FINANCE COMMITTEE, THE PRESIDENT AND THE

CHAIRMAN OF THE BOARD RECEIVE A COPY VIA EMAIL OF THE DRAFT FORM FOR FINAL

REVIEW. FINALLY, ALL BOARD MEMBERS RECEIVE A COPY VIA EMAIL OF THE

COMPLETED FEDERAL FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST. ALL ACT OFFICERS, KEY

EMPLOYEES AND BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST DISCLOSURE

STATEMENT ANNUALLY. THE SIGNED DOCUMENTS ARE REVIEWED BY THE BOARD

GOVERNANCE COMMITTEE AND KEPT BY THE SENIOR DIRECTOR OF OPERATIONS AND FINANCE.

THE CONFLICT OF INTEREST POLICY IS ALWAYS TAKEN INTO CONSIDERATION WHEN

THERE IS THE POTENTIAL FOR CONFLICT, PARTICULARLY WHEN SIGNING NEW

CONTRACTS OR BEGINNING NEW RELATIONSHIPS.

ANY POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE

OF BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A REAL CONFLICT. IF

A CONTRACT IS TO BE MADE WITH A RELATED PARTY, IT IS DISCLOSED TO THE BOARD

OF DIRECTORS AND A VOTE IS TAKEN. IF ACT STAFF MEMBERS IDENTIFY A CONFLICT

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization AMAZON CONSERVATION TEAM

Employer identification number 54-1915987

OF INTEREST, THE SENIOR DIRECTOR OF OPERATIONS AND FINANCE SHARES THIS

INFORMATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR ITS ACTION. BOARD

MEMBERS ARE PRECLUDED FROM VOTING ON MATTERS FOR WHICH A CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE SHALL REVIEW AND APPROVE
THE COMPENSATION ARRANGEMENTS FOR ACT OFFICERS AND KEY EMPLOYEES.

COMPENSATION OF ACT OFFICERS AND KEY EMPLOYEES IS NEAR MEDIAN FOR SIMILAR
POSITIONS AT COMPARABLE NONPROFIT ORGANIZATIONS. TO DETERMINE APPROPRIATE

COMPENSATION, ACT RELIES ON COMPENSATION LEVELS PAID BY SIMILAR NONPROFIT

ORGANIZATIONS FOR COMPARABLE ROLES IN THE GEOGRAPHIC AREA. COMPENSATION

SURVEYS AND STUDIES COMPILED BY INDEPENDENT FIRMS ARE ALSO UTILIZED TO

BENCHMARK COMPENSATION. AND, IN THE CASE OF EXECUTIVE OFFICERS, ACT ALSO

OCCASIONALLY ENLISTS THE SERVICES OF INDEPENDENT COMPENSATION CONSULTANTS.

THE LAST VERSION OF THE NONPROFIT SALARY SURVEY REPORT FROM PROFESSIONAL

FOR NONPROFITS USED BY ACT TO DETERMINE COMPENSATION WAS IN 2017-2018 AND

WAS A FREE PUBLIC SURVEY.

THE BOARD OR COMPENSATION COMMITTEE SHALL CONTEMPORANEOUSLY DOCUMENT THE

BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTING: THE

AGREED-UPON TERMS AND DATE OF APPROVAL; THE MEMBERS OF THE BOARD OR

COMPENSATION COMMITTEE WHO: (A) WERE PRESENT DURING DEBATE ON THE

COMPENSATION ARRANGEMENT AND (B) VOTED ON THE COMPENSATION ARRANGEMENT; AND

THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS

OBTAINED.

FORM 990, PART VI, SECTION C, LINE 19:

ACT'S GOVERNING DOCUMENTS, INCLUDING BYLAWS, ARTICLES OF INCORPORATION, AND
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization AMAZON CONSERVATION TEAM	Employer identification number 54-1915987
BOARD-ADOPTED POLICIES, ARE AVAILABLE TO THE PUBLIC UPON R	EQUEST BY
EMAILING INFO@AMAZONTEAM.ORG. ACT'S INDEPENDENT AUDITED FI	NANCIAL
STATEMENTS ARE AVAILABLE ONLINE AT WWW.AMAZONTEAM.ORG AND	THROUGH NONPROFIT
REPORTING/EVALUATION WEBSITES SUCH AS GUIDESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	75,365.
MANAGEMENT AND GENERAL EXPENSES	80,018.
FUNDRAISING EXPENSES	120,000.
TOTAL EXPENSES	275,383.
PROJECT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	646,532.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	646,532.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	428.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	428.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	922,343.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMAZON CONSERVATION TEAM								
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) ne End-of-year assets		eets Direct contr entity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more	related tax-exer	npt	
(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	Dire	(f) ect controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
ACT-COLOMBIA								
CALLE 29, NO. 6-58, OFICINA 601							x	
BOGOTA, COLOMBIA	CONSERVATION ACTIVITIES	COLOMBIA		ACT-U,		CT-U.S.		
ACT-BRASIL								
SEP/N QD 504, BLOCO A, SALA 301, PARTE 054,								
BRASILIA, BRAZIL	CONSERVATION ACTIVITIES	BRAZIL			ACT-U.	S.	X	
ACT-EUROPE								
SMEEPOORTENBRINK 42, 3841EM	_							
HADDEDWITE NETHEDIANDO	CONGEDUATION ACTIVITATES	METHEDI.ANDC	I	1	∆ C.m_ I.I	C	V	1

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	Percentag ging ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		Country)						Yes	No

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in F	Parts II-IV?			Х				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b	b Gift, grant, or capital contribution to related organization(s)										
С	c Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)										
	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		X				
i	i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х				
k	k Lease of facilities, equipment, or other assets from related organization(s)										
	Performance of services or membership or fundraising solicitations for related organization(s)										
	m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
					10		Х				
р	Reimbursement paid to related organization(s) for expenses				1р		X				
	Reimbursement paid by related organization(s) for expenses				1q		X				
r	Other transfer of cash or property to related organization(s)				1r		Х				
	Other transfer of cash or property from related organization(s)				1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on w										
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	ivolved						
1) 2	ACT-BRASIL	В	210,059.FI	MV							
2)											
3)											
<u>-,</u>											
4)											
•,											
۵۱											

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec		Share of	Disprop	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocatio	amount in box 20) managin	g ownership
•		country)	sections 512-514)	Yes No		assets	Yes N	(Form 1065)	Yes No	
			000000000000000000000000000000000000000	res No			resir	(1 01111 1000)	resin	'
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