*** PUBLIC DISCLOSURE COPY ***

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

Inspection

OMB No. 1545-0047

| ΑF | or th | e 2021 calendar year, or tax year beginning | and | ending | | | | | | | |
|--|---------------------|--|---|----------------|-----------------------------------|----------------------------------|--|--|--|--|--|
| В | Check if pplicab | C Name of organization | | | D Employer ident | ification number | | | | | |
| | Addre | | AM. | | _ | | | | | | |
| | Name chang | e Doing business as | | | 54-1915 | 987 | | | | | |
| | Initial returr | Number and street (or P.O. box if mail is not de | ivered to street address) | Room/suite | E Telephone number | | | | | | |
| | Final return | 4211 NORTH FAIRFAX DRIV | /E | | (703) 5 | 22-4684 | | | | | |
| | termii ated | City or town, state or province, country, and | ZIP or foreign postal code | | G Gross receipts \$ | 27,658,366. | | | | | |
| | Amer | | . | | H(a) Is this a group | return | | | | | |
| | Appli tion | | K J. PLOTKIN, PI | H.D. | for subordinates? Yes X No | | | | | | |
| | pendi | SAME AS C ABOVE | | | H(b) Are all subordinates | | | | | | |
| 1.1 | Гах-ех | empt status: X 501(c)(3) 501(c) () | | or 527 | 7 | a list. See instructions | | | | | |
| | | te: ► WWW.AMAZONTEAM.ORG | | | H(c) Group exempt | tion number | | | | | |
| | | | sociation Other | L Year | | M State of legal domicile: VA | | | | | |
| | art I | Summary | | • | | · | | | | | |
| | 1 | Briefly describe the organization's mission or most | significant activities: ACT | WORKS | WITH LOCAL | COMMUNITIES | | | | | |
| OF TROPICAL SOUTH AMERICA TO IMPLEMENT CONSERVATION STRATEGIES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1b) 4 Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | |
| nar | 2 | Check this box if the organization disco | | | | | | | | | |
| Ver | 3 | Number of voting members of the governing body | | | ı | 12 | | | | | |
| | 4 | Number of independent voting members of the gov | · , , , , , , , , , , , , , , , , , , , | | | 10 | | | | | |
| დ დ | 5 | Total number of individuals employed in calendar y | | | | 5 12 | | | | | |
| itie | 6 | Total number of volunteers (estimate if necessary) | | | | 13 | | | | | |
| Activities & | 1 | Total unrelated business revenue from Part VIII, co | | | | | | | | | |
| Ă | | Net unrelated business taxable income from Form | | | | | | | | | |
| | | The difference business taxable moone from 1 om | 000 1,1 (1111) 111 | | Prior Year | Current Year | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | 6,846,149 | | | | | | |
| Jue | 9 | | | | 0 | | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, | | 78,961 | | | | | | | |
| Be | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | | 110,410 | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal | | | 7,035,520 | | | | | | |
| _ | 13 | Grants and similar amounts paid (Part IX, column (| | | 1,514,512 | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A | | | 0 | | | | | | |
| | 45 | Salaries, other compensation, employee benefits (F | | | 2,055,037 | _ | | | | | |
| Expenses | 160 | Professional fundraising fees (Part IX, column (A), li | | | 0 | | | | | | |
| ens | loa | | 400 - | 79 | | • | | | | | |
| X | 47 | Total fundraising expenses (Part IX, column (D), line | ' | | 2,628,900 | 4,055,337. | | | | | |
| _ | '' | Other expenses (Part IX, column (A), lines 11a-11d, | | | 6,198,449 | | | | | | |
| | ı | Total expenses. Add lines 13-17 (must equal Part I) | | | 837,071 | | | | | | |
| (| 19 | Revenue less expenses. Subtract line 18 from line | 12 | | | | | | | | |
| t Assets or | | Tatal accests (Dart V. line 10) | | De | ginning of Current Yea 14,392,353 | | | | | | |
| SSE | 20 | Total lish littles (Part X, line 16) | | | 551,422 | - | | | | | |
| Net A | 21 | Total liabilities (Part X, line 26) | | | 13,840,931 | | | | | | |
| _ | 22 art II | Net assets or fund balances. Subtract line 21 from Signature Block | line 20 | | 13,040,931 | • 34,114,344• | | | | | |
| | | Ilties of perjury, I declare that I have examined this return, | including accompanying achadula | o and atatam | anta and to the heat of | my knowledge and halief it is | | | | | |
| | | thes of perjury, I declare that I have examined this return, | | | | illy knowledge and belief, it is | | | | | |
| uue | , corre | L and complete. Declaration of preparer (other than office | i) is based on an information of wi | iicii preparei | lias any knowledge. | | | | | | |
| C: | _ | Signature of officer | | | I Date | | | | | | |
| Sig | | MARK J. PLOTKIN, PH.D. | DDFCTDFNM | | Duto | | | | | | |
| Her | е | Type or print name and title | , FRESIDENI | | | | | | | | |
| | | | Droporor's signature | | Date Check | PTIN | | | | | |
| Doid | | Print/Type preparer's name | Preparer's signature | 1 | 8/10/22 one of self-emp | | | | | | |
| Paid | | FRANK H. SMITH | | | | | | | | | |
| - | Only | Firm's name MARCUM LLP Firm's address 1899 L STREET, N | W, SUITE 850 | | Firm's EIN | 11-1300343 | | | | | |
| use | Only | | - | | Di / | 2021 227 4000 | | | | | |
| | | WASHINGTON, DC 2 | | | Phone no. (| | | | | | |
| | | RS discuss this return with the preparer shown abo | | | | X Yes No | | | | | |
| 1320 | 01 12-0 | 9-21 LHA For Paperwork Reduction Act Notic | e, see the separate instruction | ons. | | Form 990 (2021) | | | | | |

| 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 1600 or 800 E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for seath programs service expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for seath programs service expensed. 48 Ocubs 1 (Squarest 2, 692, 406. including symbols 491, 247-) (Theremet 1 LAND PROTECTIONS) AMARGEMENT & RIGHTS — IN COLOMBIA, ACT HELPED EXPAND FIVE EXISTING INDIGENOUS RESERVES AND CREATE ONE NEW INDIGENOUS RESERVE, BRINGING 20, 804 ADDITIONAL ACRES UNDER INDIGENOUS COLLECTIVE LAND TENURE AND STEWARDSHIP, WITH THESE COMMUNITIES, ACT CO-CREATED AND FACILITATED THE DESIGN OF ENVIRONMENTAL MANAGEMENT AND LAND-USE PLANS. — IN COLOMBIA, 23 NEW PAMILIES JOINED OUR AGROPORESTRY PROJECT IN CAQUET, WHICH AIMS TO PREVENT AND REVERSE DEPORESTRATION IN PRIORITIZED ECOSSYSTEMS. TO THAT END, THESE TO HEEP RAWLIES PLANNED 1, 985 CACAY TREES TO HEEP CREATE MICRO-CORRIDORS OF ECOLOGICAL CONNECTIVITY. 40 COMMUNITY LIVELIHOODS & WELL—BEING — IN BRAZIL AND COLOMBIA, ACT CONSTRUCTED THREE NEW HEALTH POSTS FOR INDIGENOUS COMMUNITIES IN REMOTE REGIONS OF THE AMAZON. BEFORE THIS INITIATIVE, MANY OF THESE COMMUNITYES PRIMARY MEDICAL SERVICES WERE HOURS OR EVEN DAYS AWAY BY BOAT. TODAY THEY CAN ACCESS BASIC CARE, INCLUDING TESTING AND TREATMENT FOR COVID-19, CONVENIENTLY IN THEIR COMMUNITYES. THESE THREE POSTS HAVE RUNNING WATER, ELECTRICITY, AND ARE STOCKED WITH ALL INCESSARY E | Pai | Statement of Program Service Accomplishments |
|---|-----------------|--|
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| LOCAL COMMUNITIES TO PROTECT TROPICAL FORESTS AND STRENGTHEN TRADITIONAL CULTURE. Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 E27 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 on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501c(s) and 501c(s) organization services conceptishments for each of its three largest program services, as measured by expenses. Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported. 480 (cor) (increase 2,592,406. inclurogenests 491,247.) (increase) LAND PROTECTIONS, MANAGEMENT & RIGHTS — IN COLOMBIA, ACT HELPED EXPAND FIVE EXISTING INDIGENOUS RESERVES AND CREATE ONE NEW INDIGENOUS RESERVE, BRINGING 20,804 ADDITIONAL ACRES UNDER INDIGENOUS COLLECTIVE LAND TENURE AND STEWARDSHIP. WITH THESE COMMUNITIES, ACT CO-CREATED AND FACILITATED THE DESIGN OF ENVIRONMENTAL MANAGEMENT AND LAND-USE PLANS. — IN COLOMBIA, 23 NEW PAMILLES JOINED OUR AGROFORESTRY PROJECT IN CAQUET, WHICH AIMS TO PREVENT AND REVERSE DEPORESTATION IN PRIORITIZED ECOSYSTEMS. TO THAT END, THESE FAMILLES PLANTED 1, 985 CACAY TREES TO HELP CREATE MICHO-CORRITIONS OF ECOLOGICAL CORNECTIVITY. 40 (cor) (increase 2, 142, 705. inchargenist 572, 980.) (increase 572, 980. | 1 | |
| TRADITIONAL CULTURE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-£27. | | |
| Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 980-E27 If Yes, 'describe these new services on Schedule 0. If Yes, 'describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | |
| prior Form 980 or 980 c27 If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. Press,' describe these new services on Schedule O. Bescribe the organization sprogram service seporal or second of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) 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. Revenue, if any, for each program service reported. I COLOMBIA, ACT HELPED EXPAND FIVE EXISTING INDIGENOUS RESERVES AND CREATE ONE NEW INDIGENOUS COLLECTIVE LAND THORNER AND SEWANDSHIP. WITH HESE COMMUNITIES, ACT CO-CREATED AND FACILITATED THE DESIGN OF ENVIRONMENTAL MANAGEMENT AND LAND-USE PLANS. IN COLOMBIA, 23 NEW FAMILIES JOINED OUR AGROFORESTRY PROJECT IN CAQUET, WHICH AIMS TO PREVENT AND REVERSE DEFORESTATION IN PRIORITIZED ECOSYSTEMS. TO THAT END, THESE FAMILIES PLANTED 1,985 CACAY TREES TO HELP CREATE MICRO-CORRIDORS OF ECOLOGICAL CONNECTIVITY. The RRAZIL AND COLOMBIA, ACT CONSTRUCTED THREE NEW HEALTH POSTS FOR INDIGENOUS COMMUNITIES IN REMOTE REGIONS OF THE AMAZON. BEFORE THIS INITIATIVE, MANY OF THESE COMMUNITIES PRIMARY MEDICAL SRRVICES BASIC CARE, INCLUDING TESTING AND TREATMENT FOR COVID-19, CONVENIENTLY IN THEIR COMMUNITIES. THESE THREE POSTS HAVE RUNNING WATER, ELECTRICITY, AND ARE STOCKED WITH ALL NECESSARY EQUIPMENT AND MEDICATIONS. NOW 800 INDIGENOUS CANGED THE ALL NECESSARY EQUIPMENT AND MEDICATIONS. NOW 800 INDIGENOUS LANGUAGES PEAKERS. THIS INITIATIVE AMAY OF THESE COMMUNITIES. THE COLOMBIAN CONSTITUTIONAL COURT, ACT TRANSLATED COURT DECISIONS AND ASSOCIATED RIGHTS INTO 26 INDIGENOUS LANGUAGES, INDIRECTLY BENEFITTING MORE THAN 920,000 INDIGENOUS LANGUAGES, INDIRECTLY BENEFITTING MORE THAN 920,000 INDIGENOUS LANGUAGES PEAKERS. THIS I | | TRADITIONAL CULTURE. |
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| 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? | | |
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| Trevenue, if any, for each program service reported. 4a (Conde) (Expenses 2,692,406. including grants of \$ 491,247.) (Recenue \$ 1 CAND PROTECTIONS, MANAGEMENT & RIGHTS — IN COLOMBIA, ACT HELPED EXPAND FIVE EXISTING INDIGENOUS RESERVES AND CREATE ONE NEW INDIGENOUS RESERVE, BRINGING 20,804 ADDITIONAL ACRES UNDER INDIGENOUS COLLECTIVE LAND TENURE AND STEWARDSHIP. WITH THESE COMMUNITIES, ACT CO-CREATED AND FACILITATED THE DESIGN OF ENVIRONMENTAL MANAGEMENT AND LAND-USE PLANS. — IN COLOMBIA, 23 NEW FAMILIES JOINED OUR AGROFORESTRY PROJECT IN CAQUET, WHICH AIMS TO PREVENT AND REVERSE DEFORESTATION IN PRIORITIZED ECOSYSTEMS. TO THAT END, THESE FAMILIES PLANTED 1,985 CACAY TREES TO HELP CREATE MICRO-CORRIDORS OF ECOLOGICAL CONNECTIVITY. 4b (Conde) (Espenses 2,142,705. including grants of \$ 572,980.) (Records \$ 2,142,705. including grants of \$ 572,980.) (Records \$ 1 NITIATIVE, MANY OF THESE COMMUNITIES FRIMARY PROJECT HIS INTITIATIVE, MANY OF THESE COMMUNITIES FRIMARY PROJECT HIS INTITIATIVE, MANY OF THESE COMMUNITIES FRIMARY MEDICAL SERVICES WERE HOURS OR EVEN DAYS AWAY BY BOAT. TODAY THEY CAN ACCESS BASIC CARE. INCLUDING TESTING AND TREATMENT FOR COVID—19, CONVENIENTLY IN THEIR COMMUNITIES. THESE THREE POSTS HAVE RUNNING WATER, ELECTRICITY, AND ARE STOCKED WITH ALL NECESSARY EQUIPMENT AND MEDICATIONS. NOW 800 INDIGENOUS INDIVIDUALS FROM NINE ETHNIC GROUPS HAVE IMPROVED ACCESS TO MEDICAL CARE AND PREVENTATIVE SERVICES. 4c (code:)(Repartness 2,034,231. including grants of 1,098,155.) (Revenue \$ 1,098,155.) (Revenu | 4 | |
| Land Protections, Management & Rights - In Colombia, act Helped expand five existing indigenous reserves and created one new indicensors reserve, bringing 20,804 additional acres under indigenous collective land tenure and stewardship. With these communities, act co-created and facilitated the design of environmental management and land-use plans. - In Colombia, 23 New families joined our agroforestry project in Caquet, which aims to prevent and reverse deforestry project in Caquet, which aims to prevent and reverse deforestry project in Caquet, which aims to prevent and reverse deforestry project in Ecosystems. To that end, these families planted 1,985 cacay trees to Help Create micro-corridors of ecological connectivity. 4b (code (**Cepement 2,142,705.** including grant of \$ 572,980.**) (**Revenues 2, 142,705.** including grant of \$ 72,980.**) (**Revenues 2, 142,705.**) (**Reven | | |
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| 4e Total program service expenses ► 6,869,342. | -t u | |
| Form 990 (2021) | 4e | |
| | | Form 990 (2021) |

Form 990 (2021) 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? See instructions | 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 Rev. Proc. 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> | | |
| U | 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? | | | ,, |
| | 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 | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? 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 | | | |
| | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 110 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 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 | 110 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | _ | | |
| 10 | | 16 | | x |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 10 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | | _v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 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 | X | |

132003 12-09-21

| | 1 990 (| | | MAZON | | |
|-----|---------|----|----------------|----------|---------|-------------|
| Pai | rt IV | Ch | ecklist of Req | uired Sc | hedules | (continued) |

| | i (continued) | | Yes | No |
|-----|--|------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 100 | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? 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 | | _X_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| 25a | 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% | | | 7.7 |
| | 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 | | | 7.7 |
| | 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 the Schedule L, Part IV, | | | |
| | 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 | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | <u>X</u> |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 00- | | v |
| 00 | "Yes," complete Schedule L, Part IV | 28c | | <u>X</u> |
| 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 | 30 | | Х |
| 31 | contributions? If "Yes," complete Schedule M | 31 | | X |
| 32 | Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | | 32 | | Х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - JZ | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| ٠. | Part V, line 1 | 34 | х | |
| 35a | 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 | 000 | | |
| - | 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 on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

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021) AMAZON CONSERVATION TEAM
Statements Regarding Other IRS Filings and Tax Compliance (continued) 54-1915987 Form 990 (2021) Part V

| | | | | | Yes | No |
|------------|--|----------|----------------------|-----|-----|----|
| 2 a | 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 | 12 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions | 3 | | | | 37 |
| | | | | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | 4- | | x |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes." enter the name of the foreign country | ccouri | .) ? | 4a | | 1 |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | count | e (ERAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. | | | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | - | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices pr | ovided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s requ | ired | | | |
| | to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract | ? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | | |
| _ | | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 9a | | |
| a b | | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 36 | | |
| а | 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: | | | | | |
| а | 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 | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | 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 | ایما | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | 110 | | Х |
| 14a | | | | 14a | | |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | 14b | | |
| 10 | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incom | e? | 16 | | Х |
| . • | If "Yes," complete Form 4720, Schedule O. | | ·= · | .5 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | any | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | • | | 17 | | L |
| | If "Yes," complete Form 6069. | | | | | |

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | |
|----------|--|------------|----------|------|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 12 | | | | | | | | | |
| | 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 10 | | | | | | | | | |
| 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 direct supervision | | | | | | | | | |
| • | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | |
| | | 6 | | X | | | | | | |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| 7a | | 7- | | Х | | | | | | |
| | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7a | | | | | | | | |
| b | | | | Х | | | | | | |
| • | persons other than the governing body? | 7b | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | х | | | | | | | |
| a | The governing body? | 8a_ | X | | | | | | | |
| D | Each committee with authority to act on behalf of the governing body? | 8b | _ | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | Х | | | | | | |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | | | | | | | |
| 360 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | V | NI - | | | | | | |
| 40- | Did the constitution have been been been been as of the constitution. | 40- | Yes X | No | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | ^ | | | | | | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 401- | х | | | | | | | |
| 44. | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b 11a | X | | | | | | | |
| | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 12a | х | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | X | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 40. | х | | | | | | | |
| 40 | on Schedule O how this was done | 12c | X | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | ^ | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | v | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | |
| a | Other officers or key employees of the organization | 15b | Λ | | | | | | | |
| 16- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| Ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10- | | Х | | | | | | |
| | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | | | | | | | |
| D | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 16b | | | | | | | | |
| Sec | exempt status with respect to such arrangements? tion C. Disclosure | TOD | | | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed ►CA, FL, GA, MD, NY, OK, VA, DC | | | | | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only | availah | | | | | | | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | Offiny) | avallal | ЛE | | | | | | |
| | | | | | | | | | | |
| 10 | (- / | finar | sial. | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | imano | ııaı | | | | | | | |
| 00 | 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 books and records NARLA LARA-OTERO - (703) 522-4684 | | | | | | | | | |
| | 4211 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203 | | | | | | | | | |
| | TALL NORTH LUTKLUV DUIAE' VUNTHAION' AV 77702 | | | | | | | | | |

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| Check this box if neither the organization r | | orga T | nıza | | | nper | sate | | | (=) |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-------------------------------|--------------------|
| (A) | (B) | (C) Position | | | 1 | | (D) | (E) | (F) | |
| Name and title | Average | | not c | heck | more | than o | | Reportable | Reportable | Estimated |
| | hours per | | | | | s both or/trus | | compensation | compensation | amount of |
| | week (list any | jō | | | | | | from the | from related organizations | other compensation |
| | hours for | direct | | | | - G | | organization | (W-2/1099-MISC/ | from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | ` 1099-NEC) | organization |
| | organizations | trust | nal tru | | oyee | om pe | | 1099-NEC) | | and related |
| | below | Individual trustee or director | Institutional trustee | cer | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | lndi | Inst | Officer | Key | High | For | | | |
| (1) MARK J. PLOTKIN, PH.D. | 40.00 | 1 | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 182,700. | 0. | 11,948. |
| (2) LILIANA MADRIGAL | 40.00 | 1 | | | | | | | _ | |
| EXECUTIVE VP | | Х | | Х | | | | 136,999. | 0. | 42,331. |
| (3) KARLA LARA-OTERO | 40.00 | | | | | | | | | |
| SR. DIRECTOR, FINANCE & OPERATIONS | | | | X | | | | 119,758. | 0. | 18,493. |
| (4) CRISBELLT ALVARADO | 40.00 | | | | | | | | | |
| SR. MANAGER, FINANCE AND OPERATIONS | | | | | | X | | 101,500. | 0. | 14,437. |
| (5) LAURIE BENENSON | 2.00 | | | | | | | | | |
| CHAIR | | Х | | X | | | | 0. | 0. | 0. |
| (6) DAVID STOUP | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (7) STEPHEN ALTSCHUL, PH.D. | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (8) BERNARD ARONSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) WILLIAM CAMERON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) KEN COOK | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) THOMAS LOVEJOY, PH.D. | 1.00 | | | | | | | | | |
| DIRECTOR UNTIL - 12/2021 | | Х | | | | | | 0. | 0. | 0. |
| (12) JUAN MAYR MALDONADO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) ELIZABETH MURRELL | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) NORA POUILLON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) HECTOR TORRES | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | L | L | | L | L | | | | |
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| | | | | | | | | | | |

| Name and title Average hours per week (list any) hours for related organizations below line) Position of check more than one outliness person is both an office and electrivities of the organization (w.2/1099-MISC/1099-MISC/1099-MISC/1099-MISC) The subtotal Total (adad lines to and 1c) | Par | t VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | st C | ompensated Employee | s (continued) | | | | |
|---|-----|---|-----------------|--------|--------|--------------|-------|----------|-----------|---------------------------------------|-------------------|---------|----------|---------|------|
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and other compensation from the organization is the organization is the organization is the organization from the | | (A) | (B) | | | • | • | _ | | (D) | (E) | | | (F) | |
| Week | | Name and title | 1 | (do | | | | | one | · · · · · · · · · · · · · · · · · · · | • | | l | | |
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| \$100,000 of compensation from the organization 0 | | | | 111 | 7141 | - | | | \dashv | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| Trooper of componential organization p | 2 | Total number of independent contractors (in | ncluding but n | ot lir | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | | |
| | | \$100,000 of compensation from the organiz | zation | | | | (| J | | | | | | 000 | |

Form 990 (2021) AMAZON
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response | or 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 | 314. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | | | | |
| င်္ခ ရွ | | Fundraising events 1c | | | | | |
| fts, | | Related organizations 1d | | | | | |
| ية إق | | Government grants (contributions) 1e | 240,118. | | | | |
| Sir | | | 240,110. | | | | |
| Lti e | T | All other contributions, gifts, grants, and | 6285944. | | | | |
| 들 | | | 0203344. | | | | |
| g | _ | Noncash contributions included in lines 1a-1f | | 26526276 | | | |
| Og | h | Total. Add lines 1a-1f | | 26526376. | | | |
| | | | 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, intere | st, and | | | | |
| | | other similar amounts) | > | 377,062. | | | 377,062. |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 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 565,103. | () | | | | |
| | h | Less: cost or other basis | | | | | |
| ω | b | and sales expenses | | | | | |
| ğ | _ | Gain or (loss) 7c 26,068. | | | | | |
| ther Revenue | | | | 26,068. | | | 26,068. |
| ت ح | | Net gain or (loss) | | 20,000. | | | 20,000. |
| ţ. | 8 а | Gross income from fundraising events (not | | | | | |
| 0 | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | D | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 | | | | | |
| | | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | <u> </u> | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances10a | | | | | |
| | b | Less: cost of goods sold10b | | | | | |
| | С | Net income or (loss) from sales of inventory |) | | | | |
| ဖ | | | Business Code | | | | |
| Miscellaneous Revenue | | FOREIGN CURRENCY GAIN | 900099 | 189,762. | | | 189,762. |
| ane | b | OTHER | 900099 | 63. | | | 63. |
| e e | С | | | | | | |
| Λisc B | d | All other revenue | | | | | |
| _ | е | Total. Add lines 11a-11d | | 189,825. | | | |
| | 12 | Total revenue. See instructions | - | 27119331. | 0. | 0. | 592,955. |

132009 12-09-21

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 (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. expenses Grants and other assistance to domestic organizations 50,000. 50,000. 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 2,112,382. 2,112,382. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 512,229. 243,169. 130,688. 138,372. 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) 1,116,593. 764,164. 235,157. 117,272. Other salaries and wages 7 Pension plan accruals and contributions (include 83,060. 68,250. 10,354. 4,456. section 401(k) and 403(b) employer contributions) 215,560. 136,288. 48,474. <u>30,</u>798. Other employee benefits 9 185,986. 140,169. 27,341. 18,476. 10 Payroll taxes Fees for services (nonemployees): Management 3,701. 3,701. Legal 67,039. 19,485. 47,554. Accounting Lobbying Professional fundraising services. See Part IV, line 17 31,175. 31,175. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,249,768. 1,041,888. 142,005. 65,875. column (A), amount, list line 11g expenses on Sch O.) 285. 285. Advertising and promotion 12 190,061. 121,637. 61,872. 6,552. Office expenses 13 95,677. 34,836. 51,448. 9,393. Information technology 14 15 Royalties 86,579. 29,309. 57,270. 16 Occupancy 512,104. 381,826. 112,403. 17,875. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 243,770. 179,020. 64,240. 510. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 23,676. 18,626. 5,050. Depreciation, depletion, and amortization 22 23,152. 11,463. 11,689. 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.) 1,487,078. 1,483,437. 3,641. OTHER PROJECT EXPENSES LICENSES & MISC. EXP. 41,272. 29,692. 11,580. С d All other expenses 8,331,147. 6,869,342. 1,052,226. 409,579. 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.

132010 12-09-21

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

Form **990** (2021) 2021.04012 AMAZON CONSERVATION TEAM 191958_1

| Part | X | Balance Sneet | | | | | |
|--------------------|----------|---|------------|-----------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or no | te to an | / line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 646,248. | 1 | 956,900 |
| | 2 | Savings and temporary cash investments | | | 7,870,161. | 2 | 5,659,998 |
| | 3 | Pledges and grants receivable, net | | | 3,910,124. | 3 | 3,239,224 |
| | 4 | Accounts receivable, net | | | 3,374. | 4 | 5,221 |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified per | | | | |
| | | under section 4958(f)(1)), and persons describe | | 6 | | | |
| S | 7 | Notes and loans receivable, net | | | 7 | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 23,937. | 9 | 60,154 | | |
| 1 | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 896,323. | | | |
| | b | Less: accumulated depreciation | 145,669. | | 450,529 | | |
| 1 | 11 | Investments - publicly traded securities | 1,738,727. | 11 | 22,081,772 | | |
| 1 | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| 1 | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| 1 | 14 | Intangible assets | | 14 | | | |
| 1 | 15 | Other assets. See Part IV, line 11 | 54,113. | 15 | 103,291 | | |
| 1 | 16 | Total assets. Add lines 1 through 15 (must eq | | | 14,392,353. | 16 | 32,557,089 |
| 1 | 17 | Accounts payable and accrued expenses | | 171,410. | 17 | 142,300 | |
| 1 | 18 | Grants payable | | 18 | | | |
| 1 | 19 | Deferred revenue | 141,463. | 19 | 299,777 | | |
| 2 | 20 | Tax-exempt bond liabilities | | | | 20 | |
| 2 | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| ္က 2 | 22 | Loans and other payables to any current or for | mer offic | er, director, | | | |
| ≝ | | trustee, key employee, creator or founder, subs | stantial c | ontributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | ese pers | ons | | 22 | |
| <mark>-</mark> 2 | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| 2 | 24 | Unsecured notes and loans payable to unrelate | | | 238,549. | 24 | 0 |
| 2 | 25 | Other liabilities (including federal income tax, p | ayables | to related third | | | |
| | | parties, and other liabilities not included on line | s 17-24) | . Complete Part X | • | | 60 |
| | | of Schedule D | | | 0. | 25 | 68 |
| 2 | 26 | | | | 551,422. | 26 | 442,145 |
| , | | Organizations that follow FASB ASC 958, ch | eck her | e ▶ X | | | |
| Š | | and complete lines 27, 28, 32, and 33. | | | 0 100 500 | | 00 066 600 |
| | 27 | Net assets without donor restrictions | 9,198,722. | | 29,066,637 | | |
| <u>m</u> 2 | 28 | Net assets with donor restrictions | | | 4,642,209. | 28 | 3,048,307 |
| <u> </u> | | Organizations that do not follow FASB ASC | 958, che | ck here | | | |
| 느 | | and complete lines 29 through 33. | | | | | |
| 2 <u>ک</u> | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sse 3 | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| ا ب | 31 | Retained earnings, endowment, accumulated i | | | 12 040 021 | 31 | 20 114 044 |
| _ | 32 | Total net assets or fund balances | | | 13,840,931. | 32 | 32,114,944 |
| 3 | 33 | Total liabilities and net assets/fund balances | | | 14,392,353. | 33 | 32,557,089 |

| Pa | t XI Reconciliation of Net Assets | | | | | | |
|----|--|-----------|--------------|-------------------|------------|--------|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | <u></u> | | X | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 9,3 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>1,1</u> | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <u> 18</u> , | <u>, 78</u> | 8,1 | 84. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 0,9 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | <u>-21</u> | 3,2 | 26. | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | - | -30 | 0,9 | 45. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 32, | , 11 ₄ | 4,9 | 44. | |
| Pa | t XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | _ | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2 b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | | | |
| | Act and OMB Circular A-133? | | L | 3a | | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | Γ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | | |
| | | | | Form | 990 | (2021) | |

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization AMAZON CONSERVATION TEAM 54-1915987 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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 | ction A. Public Support | | | <u> </u> | | | |
|------|--|---------------------|---------------------|-----------------------|---------------------------|--|----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | | | ` ' | ` , | | |
| · | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 7646784. | 5707235. | 12339829. | 6846149. | 26526376. | 59066373. |
| 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 | 7646784. | 5707235. | 12339829. | 6846149. | 26526376. | 59066373. |
| | 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) | | | | | | 14024567. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 45041806. |
| | etion B. Total Support | | | | | | H20410001 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (a) 2021 | (f) Total |
| | , , , , , , , | 7646784. | | 12339829. | 6816119 | (e) 2021 26526376. | (f) Total |
| | | 7040704. | 3101233. | 12333023. | 0040147. | 20320370• | 55000575• |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 13,303. | 53,929. | 87,585. | 76,920. | 377,062. | 608,799. |
| _ | and income from similar sources | 13,303. | 33,343. | 07,303. | 10,920. | 311,002. | 000,199. |
| 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 | 2 050 | 750 | 11 116 | 1 067 | 62 | 10 054 |
| | assets (Explain in Part VI.) | 3,058. | 750. | 11,116. | 4,867. | 63. | 19,854. 59695026. |
| | Total support. Add lines 7 through 10 | | | | | | <u>p9693026.</u> |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | _ | | | | | |
| 80. | organization, check this box and stop | | | | | | P |
| | ction C. Computation of Public | | | . (4) | | T T | 75 45 |
| | Public support percentage for 2021 (li | | | | | 14 | 75.45 % |
| | Public support percentage from 2020 | | | | | 15 | 56.73 % |
| 16a | 33 1/3% support test - 2021. If the o | | | | | | |
| | stop here. The organization qualifies a | | | | | | |
| b | 33 1/3% support test - 2020. If the o | - | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | s-and-circumstance | es test, check this | box and stop her | e. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances tes | st. The organizatio | n qualifies as a pu | blicly supported or | ganization | | ▶□ |
| b | 10% -facts-and-circumstances test | - 2020. If the org | anization did not d | check a box on line | 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | e facts-and-circum | stances test, ched | ck this box and st | op here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | mstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16 | a, 16b, 17a, or 17b | , check this box a | nd see instructions | |

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.)

| Section A. Public Support | ow, picase comp | picto i ait ii.j | | | | |
|--|------------------|----------------------|----------------------|---------------------|---------------------|-----------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the 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.) Section B. Total Support | | | | | | |
| calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | (a) 2011 | (6) 2010 | (6) 2013 | (4) 2020 | (6) 2021 | (i) Total |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | + |
| 11 Net income from unrelated business activities not included on 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | organization's f | irst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizat | tion, |
| check this box and stop here | | | | | | > |
| Section C. Computation of Public | | | | | | |
| 15 Public support percentage for 2021 (lin | | | column (f)) | | 15 | % |
| Public support percentage from 2020 S | | | | | 16 | % |
| Section D. Computation of Invest | | | | | | |
| 17 Investment income percentage for 202 | | | | | 17 | % |
| 18 Investment income percentage from 20 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the o | | | | | | 17 is not |
| more than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the co | - | - | • | • • | | |
| line 18 is not more than 33 1/3%, checl | k this box and s | top here. The orga | nization qualifies | as a publicly suppo | orted organization | · > 🔲 |
| 20 Private foundation. If the organization | | | | | | |

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Т..

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

| | Yes | No |
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| Par | 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 | | |
| | 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, | | | |
| S-04 | supervised, or controlled the supporting organization. | 2 | | |
| Seci | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| | 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 | | | |
| Sact | the supported organization(s). ion D. All Type III Supporting Organizations | 1 | | |
| <u> </u> | Ton b. All Type in Supporting Organizations | | V | |
| _ | | | 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 | | |
| | By reason of the relationship described on line 2, above, 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 | | |
| Sect | ion 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 |). | | |
| а | 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> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | ıs). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | 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 | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, 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 activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

| | t V Type III Non-Functionally Integrated 509(a)(3) Support | ng Orgar | nizations | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|------|--|----------------|------------------------------|---------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on | Nov. 20, 1970 (explain in l | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | | |
| 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): | | | |
| a | 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 0.015 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 0.035. | 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 0.85 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-function | ally integrate | ed Type III supporting orga | nization (see |
| | instructions). | | | |

| Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations (continue | ed) | J |
|--|---|-------------------------------|--|-----|---|
| Secti | on D - Distributions | | • | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| _9_ | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | T | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | s | (iii) Distributable Amount for 2021 |
| _1_ | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| _3_ | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| c | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | |
| <u> i </u> | Carryover from 2016 not applied (see instructions) | | | | |
| <u>j_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2021 distributable amount | | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

AMAZON CONSERVATION TEAM

54-1915987

| Organization type (Check one). | | | | | | |
|--------------------------------|--|---|--|--|--|--|
| Filers of | : | Section: | | | | |
| Form 99 | 0 or 990-EZ | \overline{X} 501(c)($\overline{3}$) (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 | | | | |
| | | | | | | |
| | | s 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 | | | | | |
| | • | in 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 | 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), 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. | | | | | |
| | contributor, during literary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a instead of the contributor name and address), II, and III. | | | | |
| | year, contributions is checked, enter h purpose. Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year | | | | |
| answer ' | 'No" on Part IV, line | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 certify grequirements of Schedule B (Form 990). | | | | |

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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>20,000,000</u> . | 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 |
| 2 | | \$ <u>2,500,000</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 750,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | - Humo, dudi coo, and En 1 1 | \$ 536,971. | 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 |
| | | \$ | 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 Occash Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

Employer identification number Name of organization

AMAZON CONSERVATION TEAM

54-1915987

| Part II | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed. | <u> </u> |
|------------------------------|--|---|-----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| 23453 11-11 | -21 | | Schedule B (Form 990) (2021 |

Schedule B (Form 990) (2021) Page 4

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

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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.

OMB No. 1545-0047

Inspection

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number 54-1915987

| Par | | | r Accounts. Complete if the |
|--------|---|---|----------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. (a) Donor advised funds | (b) Funds and other accounts |
| 4 | Total number at and of year | (a) Donor advised funds | (b) Furius and other accounts |
| 1 | Total number at end of year | | |
| 2 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 | | d funds |
| · | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| _ | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, Pa | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of a | historically important land area |
| | Protection of natural habitat | Preservation of a | certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | |
| | day of the tax year. | | Held at the End of the Tax Year |
| | Total number of conservation easements | | I I |
| | | | |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired a | | |
| • | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by the o | rganization during the tax |
| 4 | year ▶ Number of states where property subject to conservation ea: | coment is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| Ū | violations, and enforcement of the conservation easements in | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| | > | 3 | 3 , |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | on easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h) | (4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statemen | ts that describes the |
| Da | organization's accounting for conservation easements. | f Ant Historical Transcrives or Oth | ay Circilay Assats |
| Par | | | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | • | |
| | of art, historical treasures, or other similar assets held for pul | · | · |
| | service, provide in Part XIII the text of the footnote to its final | | |
| D | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: | c exhibition, education, or research in further | rance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical tre | | |
| - | the following amounts required to be reported under FASB A | | , p. 01.00 |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | > \$ |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instruction | | Schedule D (Form 990) 2021 |

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

14430810 150872 191958

| Par | t III Organizations Maintaining Co | ollections of Ar | t, Hist | orical Tre | easures, o | r Other | Similar | Assets | (continu | ued) | <u>, </u> |
|-----|---|------------------------|------------|--|-----------------------|---------------|------------------------|----------|---|---------|--|
| 3 | Using the organization's acquisition, accession | | | | | | | | (************************************** | | |
| | collection items (check all that apply): | , | , | | 3 | 3 | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | е | | | 3 1 3 | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how th | ev further tl | ne organizatio | on's exem | ot purpose | in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | \Box | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | | |
| | reported an amount on Form 990, Par | | | 3 | | | , | , | , | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | iary for o | contribution | s or other ass | sets not in | cluded | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | | |
| | g | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| | Did the organization include an amount on Fo | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | - | | | _ | | |
| Par | t V Endowment Funds. Complete if | the organization an | swered | "Yes" on Fo | orm 990, Part | IV, line 10 | | | | | |
| | | (a) Current year | | rior year | (c) Two yea | | d) Three ye | ars back | (e) Four | years b | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent vear end balance | e (line 1 | a. column (a |)) held as: | | | | | | |
| а | Board designated or guasi-endowment | , | % | , | ,, | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | . ' - | . % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posses | • | ation tha | t are held a | nd administer | red for the | organizati | ion | | | |
| | by: | Ü | | | | | Ü | | Γ | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organizate | tions listed as requir | ed on S | chedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. | | | | | | | | | |
| | Complete if the organization answered | l "Yes" on Form 990 |), Part IV | /, line 11a. S | See Form 990 | , Part X, lir | ne 10. | | | | |
| | Description of property | (a) Cost or o | | | t or other (other) | ` , | cumulated reciation | I | (d) Book | value | |
| 1a | Land | <u> </u> | , | | ` ' | | | | | | |
| | Buildings | | | 29 | 1,775. | | 14,86 | 9. | 276 | ,90 | 6. |
| c | Leasehold improvements | | | | 0,329. | | $\frac{10,32}{10,32}$ | | | | 0. |
| | Equipment | I | | | 5,164. | | $\frac{64,80}{64}$ | | | 35 | |
| | Other | | | | 9,055. | | 55,78 | | 173 | , 26 | |
| | . Add lines 1a through 1e. (Column (d) must ed | | X colun | | | | | | | ,52 | |
| | 5 (Ociainii (a) Mast Ct | <u> </u> | | <u>, , , , , , , , , , , , , , , , , ,</u> | , | | | | | • | |

| Sc | hedule D (Form 990) 2021 | AMAZON | CONSER | VATION | TEAM | | 54-1915987 | Page | | |
|-----|--|-----------------------|-------------|-------------|------|----------------------------------|----------------------|-------|--|--|
| P | art VII Investments - C | Other Securit | ties. | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | | | | | | | | | |
| (| a) Description of security or categor | Ory (including name o | f security) | (b) Book va | alue | (c) Method of valuation: Cost or | end-of-year market v | alue/ | | |
| (1) | Financial derivatives | | | | | | | | | |
| (2) | Closely held equity interests | | | | | | | | | |
| (3) | Other | | | | | | | | | |
| | (A) | | | | | | | | | |

(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total (Col. (h) must aqual Form 000 Part V. col. (R) line 13.) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.

(B) (C) (D) (E) (F) (G)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | DUE TO RELATED PARTY | 68. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 68. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

| Part | XI Reconciliation of Revenue per Audited Financial S | Statements 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: | | | |
| a i | Net unrealized gains (losses) on investments | 2a | | |
| b [| Donated services and use of facilities | 2b | | |
| c l | Recoveries of prior year grants | 2c | | |
| d (| Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | | |
| 3 3 | Subtract line 2e from line 1 | | 3 | |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| | nvestment expenses not included on Form 990, Part VIII, line 7b | | | |
| b (| Other (Describe in Part XIII.) | 4b | | |
| | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line | 12.) | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial | | ses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | | | |
| | Total expenses and losses per audited financial statements | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| | Donated services and use of facilities | | | |
| | Prior year adjustments | | | |
| | Other losses | l l | | |
| | Other (Describe in Part XIII.) | | | |
| | Add lines 2a through 2d | | | |
| | Subtract line 2e from line 1 | | 3 | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | | | |
| | Add lines 4a and 4b | | | |
| 5 Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. | <u>ie 18.) </u> | 5 | - |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | nd 4: Dort IV lines 1b and 2b: D | ort V. line 4: Dort V. line 2: Dort VI | |
| | d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | | art v, iii ie 4, 1 art A, iii ie 2, 1 art Ai, | * |
| 111103 2 | a and 45, and 1 are Mi, inics 24 and 45. Also complete this part to provid | ary additional information. | | |
| | | | | |
| PAR | ΓX, LINE 2: | | | |
| | • | | | |
| ACT- | -U.S. EVALUATED ITS UNCERTAINTY IN IN | NCOME TAXES FOR T | HE YEAR ENDED | |
| | | | | |
| DEC | EMBER 31, 2021, AND DETERMINED THAT H | HERE WERE NO MATT | ERS THAT WOULD | |
| | | | | |
| REQ | UIRE RECOGNITION IN THE FINANCIAL STA | ATEMENTS OR THAT | MAY HAVE ANY | |
| | | | | |
| EFF | ECT ON ITS AXEXEMPT STATUS. | | | |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

| AMAZON CONSERVA | TION TEAM | м | | | 54-191598 | 37 |
|---|---------------------------------|---|---|---------------------------------------|---|---|
| Part I General Info | rmation on A | ctivities Out | side the United States. Compl | ete if the organ | ization answered " | Yes" on |
| Form 990, Part I | V, line 14b. | | | | | |
| <u> </u> | ŭ | | ds to substantiate the amount of its gra | | · · | l 🖂 |
| the grantees' eligibility | for the grants or a | assistance, and t | the selection criteria used to award the | grants or assis | tance? X | Yes No |
| • | cribe in Part V the | e organization's | procedures for monitoring the use of its | s grants and otl | her assistance outs | side the |
| United States. | | | | | | |
| 3 Activities per Region. (T | he following Part (b) Number of | Т . | an be duplicated if additional space is ranged (d) Activities conducted in the region | · · · · · · · · · · · · · · · · · · · | vity listed in (d) | (f) Total |
| (a) Region | offices in the region | employees, agents, and independent contractors | (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | is a produce describe | gram service, specific type (s) in the region | expenditures for and investments in the region |
| | | in the region | | | | in the region |
| | | | | | | |
| COLUMN AMEDICA | 1 | 100 | DDOCDAM GEDYLCEG | | N ACTIVITIES | 2 400 661 |
| SOUTH AMERICA | 1 | 100 | PROGRAM SERVICES | IN COLOMBIA | • | 3,488,661. |
| | | | | | | |
| | | | | | N ACTIVITIES | |
| SOUTH AMERICA | 1 | 20 | PROGRAM SERVICES | IN SURINAME | | 1,470,761. |
| | | | | | | |
| | | | | CONSERVATIO | N ACTIVITIES | |
| SOUTH AMERICA | 1 | 9 | PROGRAM SERVICES | IN BRAZIL | | 642,845. |
| | | | | | | |
| | | | | | | |
| SOUTH AMERICA | 0 | 0 | GRANTMAKING | | | 2,012,879. |
| | | | | | | |
| GENERAL AMERICA AND | | | | | | |
| CENTRAL AMERICA AND THE CARIBBEAN | 1 | 3 | GRANTMAKING | | | 99,503. |
| | | | | | | 33,303. |
| | | | | | | |
| EUROPE (INCLUDING | | | | | | |
| ICELAND & GREENLAND) | 1 | 2 | FUNDRAISING | | | 97,896. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 a Subtotal | 5 | 134 | | | | 7,812,545. |
| b Total from continuation | 0 | 0 | | | | , |
| sheets to Part I c Totals (add lines 3a | | 0 | | | | 0. |
| and 3b) | 5 | 134 | | | | 7,812,545. |

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

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) | (c) Region | (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 ACTIVITIES IN | | | | | | | |
| | | SOUTH AMERICA | SURINAME | 1370034. | WIRE TRANSFER | 0. | | | | |
| | | SOUTH AMERICA | CONSERVATION ACTIVITIES IN BRAZIL | 642,845. | WIRE TRANSFER | 0. | | | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | CONSERVATION ACTIVITIES IN COSTA RICA | 99 503. | WIRE TRANSFER | 0. | | | | |
| | | | | , | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | | |

Schedule F (Form 990) 2021

3 Enter total number of other organizations or entities

| Part III | | | | ites. Complete i | f the organization answered "Yes' | on Form 990, Part | IV, line 16. | |
|------------------|---------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|---------------------------------------|--|
| (a) ¹ | Part III can be duplicated if a | dditional space is needd (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) |
| | | | | | | | | |
| | | | | | | | | |
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Schedule F (Form 990) 2021 Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | 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 |

AMAZON CONSERVATION TEAM 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 I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021
Open to Public Inspection

| Part I General Information on Grants and Assistance | Name of the organization | | | | | | | Employer identification number |
|---|---|-------------------|--------------------------|-----------------|-----------------------|----------------------------------|----------------------|--------------------------------|
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedure for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be ubulicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of noncash assistance (e) Amount of noncash assistance (f) Method of noncash assistance (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of grant or noncash assistance (g) Description of noncash ass | | | N TEAM | | | | | 54-1915987 |
| criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (ff applicable) (b) EIN (c) IRC section or government (ff applicable) (b) EIN (c) IRC section or government (ff applicable) (b) EIN (c) IRC section or government (ff applicable) (b) EIN (c) IRC section or government (ff applicable) (b) EIN (c) IRC section or government organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part IV (ine 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient more departed on \$5,000. Part IV, line 21, for any recipient more departed on \$5,000. Part IV, line 21, for any recipient more departed on \$5,000. Part IV, line 21, for any recipient more departed on \$5,000. Part IV, line 21, for any recipient more de | Part I General Information on Grants a | nd Assistance | | | | | | |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (n) Amoun | | | | | | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (e) Description of noncash assistance | criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IC section (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance SUPPORT HEALTH INITIATIVE FOR COMCAAC INDIGENOUS GROUP DURING COVID-19 PATAGONIA, AZ 85624 47-2581032 501(c) (3) 50,000. 0. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table • 1. | | | | | | | | |
| 1 (a) Name and address of organization or government (b) EIN (c) IRC section (f) Amount of cash grant (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Pu | | | | | | anization answered "Y | es" on Form 990, Par | t IV, line 21, for any |
| BORDERLANDS RESTORATION NETWORK 1 SCHOOL STREET PATAGONIA, AZ 85624 47-2581032 501(C)(3) 50,000. 0. PANDEMIC 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1 (a) Name and address of organization | | (c) IRC section | (d) Amount of | (e) Amount of noncash | valuation (book, FMV, appraisal, | | |
| 1 SCHOOL STREET PATAGONIA, AZ 85624 47-2581032 501(C)(3) 50,000. 0. PANDEMIC 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1. | | | | | | | | SUPPORT HEALTH INITIATIVE |
| PATAGONIA, AZ 85624 47-2581032 501(c)(3) 50,000. 0. PANDEMIC | BORDERLANDS RESTORATION NETWORK | | | | | | | FOR COMCAAC INDIGENOUS |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1 SCHOOL STREET | | | | | | | GROUP DURING COVID-19 |
| | PATAGONIA, AZ 85624 | 47-2581032 | 501(C)(3) | 50,000. | 0. | | | PANDEMIC |
| | | | | | | | | |
| | | | | | | | | |
| | 2 Enter total number of section 501(c)(3) a | nd government org | ganizations listed in th | ne line 1 table | | 1 | 1 | |
| | | - | - | | | | | |

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



| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|-----------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
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| art IV Supplemental Information. Provide the information | on required in Part I, line | e 2; Part III, columr | h (b); and any other ad | Iditional information. | |
| RT I, LINE 2: | | | | | |
| E U.S. ORGANIZATION MUST PROV | TDE MO 30M W | דתם אואססאי | TT 17 TO A NITO TO T. | NANCTAT | |
| | | | | | |
| SPORT ON THE ACTIVITIES UNDERTA | AKEN RELATED | TO THE U | SE OF FUNDS | UPON THE | |
| ERMINATION OF THE AGREEMENT. II | N ADDITION, | ANNUAL IN | DEPENDENT A | UDIT REPORTS | |
| RE REQUIRED. | | | | | |
| | | | | | |
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SCHEDULE J (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 54-1915987

| | AMAZON CONSERVATION TEAM | 54-1915987 | | | |
|----|--|--|-----|----|--|
| Pa | art I Questions Regarding Compensation | | | | |
| | | | Yes | No | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 person | nal use | | | |
| | Travel for companions Payments for business use of personal res | idence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeu | r, chef) | | | |
| h | 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 | | | |
| | additions, and officers, including the OEO/LACCOUNT Director, regularing the fermio officers of the fermional | | | | |
| 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 | on 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 | | | | |
| | X Form 990 of other organizations X Approval by the board or compensation co | ommittee | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| | organization or a related organization: | | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х | |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | | | Х | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | | | Х | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | |
| | Only section 501(c)(3), 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 | 1 | | | |
| | contingent on the revenues of: | | | | |
| а | The organization? | 5a | | X | |
| b | Any related organization? | l | | 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 | ۱ ا | | | |
| | contingent on the net earnings of: | | | | |
| а | The organization? | 6a | | X | |
| | Any related organization? | A. | | X | |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 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 | | | X | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | |
| | | 8 | | Х | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | |

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

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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 | I-2 and/or 1099-MISo compensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|----------------------------|------|--------------------------|-------------------------------------|-------------------------------------|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) MARK J. PLOTKIN, PH.D. | | 182,700. | 0. | 0. | 10,962. | 986. | 194,648. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LILIANA MADRIGAL | (i) | 136,999. | 0. | 0. | 8,220. | 34,111. | 179,330. | 0. |
| EXECUTIVE VP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021



| 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. |
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SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number 54-1915987

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
|---|
| |
| - IN COLOMBIA AND PERU, ACT REMOTELY MONITORED PROTECTED AREAS THROUGH |
| SATELLITE IMAGERY AND TRAINED INDIGENOUS COMMUNITIES AND NATIONAL PARKS |
| ON IN-SITU FOREST MONITORING PRACTICES. THROUGH THESE TECHNIQUES, WE |
| WERE JOINTLY ABLE TO DETECT ILLEGAL ACTORS NEAR AREAS WHERE INDIGENOUS |
| PEOPLES IN VOLUNTARY ISOLATION ARE KNOWN TO LIVE AND COMPILE |
| EVIDENCE-BASED REPORTS FOR GOVERNMENT AUTHORITIES TO REMOVE THESE |
| INCURSIONS. |
| |
| - IN SURINAME, ACT SCALED UP THE TECHNICAL TRAINING OF 40 AMAZON |
| CONSERVATION RANGERS MEN AND WOMEN FROM OUR PARTNER COMMUNITIES WHO |
| MONITOR AND PROTECT THEIR TERRITORIES ACROSS SEVEN INDIGENOUS AND |
| MAROON VILLAGES. THE RANGERS WERE TRAINED AND EQUIPPED IN THE USE OF |
| DRONES, GPS, SMARTPHONE MAPPING APPLICATIONS, WATER TESTING FOR MERCURY |
| FROM ILLEGAL GOLD MINING, AND SATELLITE IMAGERY ANALYSIS. |
| |
| - IN BRAZIL, ACT PROVIDED TECHNICAL INSTRUCTION AND MATERIAL SUPPORT TO |
| THE WAUJA AND IKPENG PEOPLE OF THE XINGU INDIGENOUS PARK TO CARRY OUT |
| MONITORING AND VIGILANCE EFFORTS ON THE PERIMETERS OF THEIR TERRITORY |
| TO DETER FURTHER DEFORESTATION BY LANDGRABBERS AND THE ENCROACHMENT OF |
| UNSUSTAINABLE MONOCULTURE. |
| |
| - IN COSTA RICA, 26,788 SEA TURTLE HATCHLINGS WERE SAFELY RELEASED AND |
| |

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

Schedule O (Form 990) 2021

OVER 1,500 NATIVE TREES WERE PLANTED TO RESTORE A CRITICAL NESTING

BEACH THAT WAS DEGRADED.

Name of the organization **Employer identification number**

AMAZON CONSERVATION TEAM

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN COLOMBIA, ACT INDIGENOUS PARTNERS, THE KOGUI, BEGAN SUSTAINABLE COFFEE PRODUCTION TO IMPROVE THEIR FINANCIAL STABILITY AND INDEPENDENCE. TO HELP THE COMMUNITY IMPROVE THE MANAGEMENT OF THIS INITIATIVE AND PROVIDE DATA TO MAKE BETTER CONSERVATION DECISIONS RELATED TO ANY PRESSURES COMING FROM COFFEE PRODUCTION, ACT CARRIED OUT A CARTOGRAPHIC CENSUS OF THE COMMUNITY'S COFFEE PRODUCTION. WITH THE SUPPORT OF 16 COMMUNITY MEMBERS WE TRAINED, 659 COFFEE SMALLHOLDER FARMS, ENCOMPASSING APPROXIMATELY 2,000 ACRES, WERE ANALYZED.

IN SURINAME, THE PRODUCTION AND SALE OF ENVIRONMENTALLY SUSTAINABLE NON-TIMBER FOREST PRODUCTS (NTFPS) GENERATES INCOME TO IMPROVE THE ECONOMIC SECURITY OF REMOTE INDIGENOUS COMMUNITIES. ACT PROVIDED TECHNICAL SUPPORT TO A COLLECTIVE OF 30 INDIGENOUS WOMEN PRODUCING JEWELRY FROM NFTPS. THEIR JEWELRY LINE WAS OFFICIALLY LAUNCHED IN 2021 AND IS CURRENTLY BEING SOLD BY THREE VENDORS IN THE CAPITAL CITY OF PARAMARIBO. IF THE CURRENT LEVEL OF SALES CONTINUES, THE AVERAGE INCOME GENERATED PER MONTH FOR EACH WOMAN WILL BE WELL OVER THE AVERAGE MONTHLY INCOME LEVEL IN SOUTHERN SURINAME, PROVIDING SECURITY FOR THESE WOMEN AND THEIR FAMILIES.

- IN SURINAME, ACT INSTALLED RADIO AND WI-FI INFRASTRUCTURE IN FIVE INDIGENOUS COMMUNITIES, POWERED BY SOLAR ENERGY. NOW, PUBLIC HEALTH INFORMATION AND EMERGENCY MEDICAL ASSISTANCE CAN EASILY BE SHARED BETWEEN PARAMARIBO AND THESE VILLAGES. TO ENSURE THE LONGEVITY AND AUTONOMOUS USE OF THESE SYSTEMS, ACT TRAINED 15 COMMUNITY MEMBERS IN THEIR OPERATION AND MAINTENANCE. IN TOTAL, THIS INITIATIVE IS

54-1915987

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

BENEFITTING 1,210 INDIVIDUALS AND THREE INDIGENOUS ETHNIC GROUPS WITH RELIABLE COMMUNICATION SYSTEMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AUTHORITIES, HEALTH SECRETARIATS, AND LOCAL HOSPITALS, AND ACCOMPANIED COMMUNITY MEMBERS IN ASSESSING CURRENT HEALTH CONDITIONS ACROSS 57 VILLAGES. TOGETHER WITH OUR INDIGENOUS PARTNERS, WE DEVELOPED A ROADMAP FOR THE CREATION OF THE NEW HEALTHCARE SYSTEM THAT MARRIES TRADITIONAL INDIGENOUS AND WESTERN MEDICAL PRACTICES.

SURINAME IS ONE OF THE FEW SOUTH AMERICAN NATIONS THAT DOES NOT RECOGNIZE BASIC POLITICAL, SOCIO-CULTURAL, AND ECONOMIC RIGHTS FOR ITS INDIGENOUS PEOPLESINCLUDING RIGHTS TO THEIR ANCESTRAL LAND. ACT HAS BEEN THE PRIMARY NGO WORKING AT THE GRASSROOTS LEVEL WITH INDIGENOUS COMMUNITIES, AND AT THE INSTITUTIONAL LEVEL WITH THE REGIONAL AND NATIONAL GOVERNMENTS, TO RAISE PUBLIC AWARENESS AND PROVIDE TECHNICAL AND LEGAL SUPPORT TO SECURE INDIGENOUS LAND RIGHTS AND INDIGENOUS-LED ENVIRONMENTAL MANAGEMENT. ACT PLAYED A VITAL ROLE IN HELPING TO DRAFT LEGISLATION TO ESTABLISH COLLECTIVE LAND RIGHTS FOR THE COUNTRY'S INDIGENOUS PEOPLES, WHICH IS EXPECTED TO BE BROUGHT TO PARLIAMENT FOR A VOTE IN 2022.

- IN BRAZIL, ACT SUPPORTED THE TRAVEL AND PARTICIPATION OF ALMOST 200 INDIGENOUS INDIVIDUALS, INCLUDING TRADITIONAL INDIGENOUS LEADERS, REPRESENTING OVER A DOZEN ETHNIC GROUPS, IN INDIGENOUS MOBILIZATIONS AS A FORM OF PEACEFUL DEMOCRATIC PARTICIPATION.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number 54-1915987

MARK J. PLOTKIN, PH.D., PRESIDENT, HAS A FAMILY RELATIONSHIP WITH LILIANA MADRIGAL, EXECUTIVE VICE PRESIDENT & BOARD DIRECTOR.

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 Schedule O (Form 990) 2021

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

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 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 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 PROFESSIONALS FOR NONPROFITS USED BY ACT TO DETERMINE COMPENSATION WAS IN 2021 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.

Schedule O (Form 990) 2021

Name of the organization **Employer identification number** 54-1915987 AMAZON CONSERVATION TEAM FORM 990, PART VI, SECTION C, LINE 19: ACT'S GOVERNING DOCUMENTS, INCLUDING BYLAWS, ARTICLES OF INCORPORATION, AND BOARD-ADOPTED POLICIES, ARE AVAILABLE TO THE PUBLIC UPON REQUEST BY EMAILING INFO@AMAZONTEAM.ORG. ACT'S INDEPENDENT AUDITED FINANCIAL 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: OTHER PROFESSIONAL FEES: 141,967. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 133,005. FUNDRAISING EXPENSES 65,875. 340,847. TOTAL EXPENSES PROJECT CONTRACTORS: PROGRAM SERVICE EXPENSES 899,811. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 899,811. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 110. MANAGEMENT AND GENERAL EXPENSES 9,000. FUNDRAISING EXPENSES 0. 9,110. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,249,768.

| Name of the organization AMAZON CONSERVATION TEAM | Employer identification number 54-1915987 |
|--|---|
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| TRANSLATION ADJUSTMENT | -10,266. |
| ACT-SURINAME ELIMINATION OF REVENUE & EXPENSE | -290,679. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -300,945. |
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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

AMAZON CONSERVATION TEAM

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1915987

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|-------------------------|---|--------------|--------------------|---------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| ACT-COLOMBIA | | | | | |
| CALLE 29, NO. 6-58, OFICINA 601 | | | | | |
| BOGOTA, COLOMBIA | CONSERVATION ACTIVITIES | COLOMBIA | 4,289,798. | 473,556. | ACT-U.S. |
| | | | | | |
| | | | | | |
| | | | | | |

| (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 | (f) Direct controlling entity | | g) 512(b)(13) rolled tity? | |
|--|-------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-----|-------------------------------------|--|
| | | | | 501(c)(3)) | | Yes | No | |
| 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 | | | | | | | | |
| HARDERWIJK, NETHERLANDS | CONSERVATION ACTIVITIES | NETHERLANDS | | | ACT-U.S. | Х | | |
| ACT-SURINAME | | | | | | | | |
| KINDERDORPSTRAAT #12, ZORG EN HOOP | 1 | | | | | | | |
| PARAMARIBO, SURINAME | CONSERVATION ACTIVITIES | SURINAME | | | ACT-U.S. | X | | |
| | | | | | | | | |
| | | | | | | | 1 | |
| | | | | | | | 1 | |

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

Schedule R (Form 990) 2021



| | | 0 11 20 1 | "\' " F 000 | D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
|----------|---|---------------------------------------|-------------------|---|----------------------|--------------|
| Part III | Identification of Related Organizations Taxable as a Partnership. | Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 34, be | ecause it had one or | more related |
| | organizations treated as a partnership during the tax year. | • | | | | |
| | organizations insules as a partitioner by daring the task year. | | | | | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | Disprop | ortionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener mana partr | al or Perc ging er? | (k) rcentage vnership |
|--|-----------------------------|---|-------------------------------|---|---------------------------------|--|---------|-----------|--|------------------------|---------------------------|-----------------------------|
| | | country) | | 000000000000000000000000000000000000000 | | | res | NO | 111111111111111111111111111111111111111 | 163 | 10 | |
| | | | | | | | | | | | | |
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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 | ent | tion b)(13) rolled iity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
| | | | | | | | | 162 | NO |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: 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 | with one or more re | lated organizations listed in | Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| | Sale of assets to related organization(s) | | | | 1g | | X |
| | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| - 1 | Performance of services or membership or fundraising solicitations for related organ | | | | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organ | ization(s) | | | 1m | | Х |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(s) | | | 1n | | X |
| | Sharing of paid employees with related organization(s) | | | | 10 | | X |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on wh | no must complete th | is line, including covered re | lationships and transaction thresholds. | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount inv | olved | | |
| (1) | ACT-BRASIL | В | 642,845. | FMV | | | |
| | AGE GUDINAME | 1 | 1 270 024 | | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------|---|------------------------|--|
| (1) ACT-BRASIL | В | 642,845. | FMV |
| (2) ACT-SURINAME | В | 1,370,034. | FMV |
| <u>(3)</u> | | | |
| (4) | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | |

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) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprotion allocat | por- ate ions? | | Gener mana partn Yes | (kal or Perceiging owne | k) entage ership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|----------------------|----------|-------------------------------|-------------------------|------------------------|
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