** 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection ► Information about Form 990 and its instructions is at www irs gov/form990 and ending

Α	For the	2013 calendar year, or tax year beginning and	d ending	<u> </u>							
В	Check if applicable	C Name of organization		D Employer identifi	cation number						
Г	Addres change	AMAZON CONSERVATION ASSOCIATION									
	Name change	Doing Business As		52-2211305							
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	— · · · · · - · · · · · · · · · · · · ·							
L	Termin- ated	1022 K SIKEEI NW, 4III FLOOK		202-	234-2356						
L	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,116,340.						
L	Applica tion pending	WASHINGTON, DC 20009		H(a) Is this a group re							
	perioni	F Name and address of principal officer: ADRIAN FORSITH		for subordinates	·····						
_		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No						
		mpt status: X 501(c)(3) 501(c) ()) or 527	1,	list. (see instructions)						
		e: ► WWW.AMAZONCONSERVATION.ORG	- I	H(c) Group exemptio							
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	M State of legal domicile: DC						
Р		Summary	ODCANI	TAMTONIC MT	CCTON TC MO						
Activities & Governance	1 (Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	E AMAZO	N BASIN.	2210N 12 10						
rne	2	Check this box F if the organization discontinued its operations or disposit	e than 25% of its net as	ssets.							
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	13						
<u>ت</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	13						
es	5 7	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			10						
Ϋ́	6	Fotal number of volunteers (estimate if necessary)			8						
\cti	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.						
_	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
				Prior Year	Current Year						
e	8 (Contributions and grants (Part VIII, line 1h)		2,231,408.	3,838,876.						
en		Program service revenue (Part VIII, line 2g)		221,270.	259,949.						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,376.	2,171.						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,014.	15,344.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,510,068.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,528,045.	2,498,273.						
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0. 480,997.	390,768.						
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)) <u> </u>	460,997.	390,700.						
ens	16a H	Professional fundraising fees (Part IX, column (A), line 11e)	770	0.	0.						
Ä	17 /	Fotal fundraising expenses (Part IX, column (D), line 25) 53,7	' ' ' ' '	208,622.	183,794.						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,217,664.	3,072,835.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-707,596.	1,043,505.						
<u></u>		nevertue less experises. Subtract line 10 Horr line 12	Be	eginning of Current Year	End of Year						
Net Assets or Fund Balances	20 T	Fotal assets (Part X, line 16)		2,053,730.	3,028,485.						
ASS	21	Fotal liabilities (Part X, line 26)		115,699.	56,776.						
Jet Jet	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,938,031.	2,971,709.						
	art II	Signature Block									
		ties of perjury, I declare that I have examined this return, including accompanying schedul	les and statem	ents, and to the best of m	y knowledge and belief, it is						
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparei	has any knowledge.							
		\									
Sig	jn	Signature of officer		Date							
He	re	ADRIAN FORSYTH, PRESIDENT									
		Type or print name and title		D-1-	I DTIN						
_		Print/Type preparer's name Preparer's signature		Date Check L	PTIN						
Pai		DAVID JONES TOWNS & MARRIED B.A.		self-employ							
		Firm's name RIBIS, JONES & MARESCA, P.A.	CIITEE	Firm's EIN	52-1853933						
US	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY,	SUITE		0 004 0000						
_		COLUMBIA, MD 21044		Phone no. 4 1	0-884-0220						
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CONSERVE THE BIOLOGICAL DIVERSITY OF THE AMAZON BASIN AND TO FOSTER
	SUSTAINABLE USE OF NATURAL RESOURCES, HEALTHY LOCAL COMMUNITIES,
	ECOLOGICAL UNDERSTANDING, AND HABITAT PROTECTION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ü	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 931,134. including grants of \$ 819,644.) (Revenue \$ 259,949.)
	RESEARCH - ACA BELIEVES THE WORLD'S MOST DIVERSE FORESTS SHOULD ALSO BE
	ITS BEST-STUDIED FORESTS. SINCE 2004, ACA'S LOS AMIGOS BIOLOGICAL
	STATION, COMMONLY KNOWN AS CICRA, HAS BEEN ONE OF THE MOST ACTIVE
	RESEARCH STATIONS IN THE AMAZON BASIN. IN 2005, ACA ALSO CREATED THE
	WAYQECHA CLOUD FOREST BIOLOGICAL STATION, PERU'S ONLY PERMANENT RESEARCH CENTER FOCUSED ON ANDEAN CLOUD FOREST ECOLOGY AND MANAGEMENT.
	IN 2010, ACA CREATED THE VILLA CARMEN RESEARCH STATION FOCUSED ON
	TROPICAL SUSTAINABLE AGRICULTURE RESEARCH AND EXTENSION PROGRAMS FOR
	SURROUNDING COMMUNITIES. TO DATE, ACA HAS GRANTED MORE THAN 150
	RESEARCH SCHOLARSHIPS, AND OVERALL, MORE THAN 1,000 RESEARCHERS HAVE
	CONDUCTED SCIENTIFIC STUDIES AT ACA'S STATIONS IN PERU.
4b	(Code:) (Expenses \$ 738,782 • including grants of \$ 642,675 •) (Revenue \$)
	CONSERVATION - AMAZON CONSERVATION ASSOCIATION (ACA) PROTECTS VITAL
	ECOSYSTEMS BY CREATING AND MANAGING ALTERNATIVE CONSERVATION AREAS
	(SUCH AS COMMUNITY OR CIVIL SOCIETY-MANAGED CONSERVATION CONCESSIONS
	AND REGIONAL CONSERVATION AREAS), PROMOTING ECOSYSTEM-BASED LAND-USE PLANNING, AND DEVELOPING AND SUPPORTING THE CREATION OF CONSERVATION
	CORRIDORS. ACA CURRENTLY PROTECTS NEARLY ONE MILLION ACRES OF AMAZONIAN
	RAINFOREST THROUGH THESE MECHANISMS.
	FOR EXAMPLE, IN 2001, ACA ESTABLISHED LOS AMIGOS, THE WORLD'S FIRST
	PRIVATE CONSERVATION CONCESSION, WHICH PROTECTS 360,000 ACRES OF
	OLD-GROWTH AMAZONIAN FOREST AT THE BASE OF THE ANDES IN SOUTHEASTERN
	PERU. THEN, IN 2008, ACA, IN COLLABORATION WITH THE AMAZONIAN HARAMBA
	QUEROS NATIVE COMMUNITY, ESTABLISHED THE FIRST CONSERVATION CONCESSION
4c	(Code:) (Expenses \$ 667,885. including grants of \$ 576,309.) (Revenue \$)
	SUSTAINABLE LIVELIHOODS - ACA WORKS TO SUPPORT COMMUNITIES' ABILITIES
	TO EARN A LIVING WHILE PROTECTING THEIR NATURAL RESOURCES. FOR EXAMPLE, SINCE 1997, ACA'S BRAZIL NUT PROGRAM HAS AIDED MORE THAN 500 BRAZIL NUT
	HARVESTERS, INCLUDING MANY INDIGENOUS FAMILIES, IN GAINING SUSTAINABLE
	LIVELIHOODS WHILE PROTECTING OVER 1.8 MILLION ACRES OF RAINFOREST
	THROUGH TECHNICAL SUPPORT, TRAINING, AND CERTIFICATION. ACA ALSO
	SUPPORTS CONSERVATION-APPROPRIATE REFORESTATION AND AGROFORESTRY,
	MICROENTERPRISES SUCH AS NATIVE FISH FARMING, CARBON PROJECTS, AND
	COMMUNITY-BASED ECOTOURISM. ACA IS WORKING TO MITIGATE THE IMPACTS OF
	INFRASTRUCTURE DEVELOPMENT IN THE SOUTHWEST AMAZON THROUGH THE CREATION
	OF THE MANU-TAMBOPATA CONSERVATION CORRIDOR, COMPOSED OF A MOSAIC OF
	CONSERVATION AREAS AND SUSTAINABLE USE ZONES IN THE MADRE DE DIOS
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 558,887 • including grants of \$ 459,645 •) (Revenue \$) Total program service expenses ▶ 2,896,688 •
4e	Iotal program service expenses ► 4,070,000.

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		х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	9 1		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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,			
_	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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on 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		Х
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) and 501(c)(4) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	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		22
32	Cohodulo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	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			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 10 2b. X 2c. Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b. If at least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 2b. X Note. If the sum of lines 1 and 42 is greater than 250, you may be required to -6ft eige instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization in the analyses of the organization in this organization in soft and year of the authority over, a financial account or fort financial account or diversification and the properties of the organization in the same account, securities account, or other financial account? 3c. Did the organization and party to a prohibited tax shelter fransaction at any time during the tax year? 3c. Did any examination a party to a prohibited tax shelter fransaction at any time during the tax year? 3c. Did any examination and party to a prohibited tax was or is a party to a prohibited tax shelter fransaction and the organization solicity any contributions that were not tax deductible as charitable contributions? 3c. Did the organization and party to a prohibited tax shelter fransaction or gifts were not tax deductible as charitable contributions. 3c. Did the organization has payment in excess of \$5 make pay to a contribution or gifts were not tax deductible? 3c. Did the organization network application in an express statement that such contributions or gifts were not tax deductible as charitable contributions. 3c. Did the organization selection and payment in exc						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 10 2b. X 2c. Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b. If at least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 2b. X Note. If the sum of lines 1 and 42 is greater than 250, you may be required to -6ft eige instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization in the analyses of the organization in this organization in soft and year of the authority over, a financial account or fort financial account or diversification and the properties of the organization in the same account, securities account, or other financial account? 3c. Did the organization and party to a prohibited tax shelter fransaction at any time during the tax year? 3c. Did any examination a party to a prohibited tax shelter fransaction at any time during the tax year? 3c. Did any examination and party to a prohibited tax was or is a party to a prohibited tax shelter fransaction and the organization solicity any contributions that were not tax deductible as charitable contributions? 3c. Did the organization and party to a prohibited tax shelter fransaction or gifts were not tax deductible as charitable contributions. 3c. Did the organization has payment in excess of \$5 make pay to a contribution or gifts were not tax deductible? 3c. Did the organization network application in an express statement that such contributions or gifts were not tax deductible as charitable contributions. 3c. Did the organization selection and payment in exc	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to prize withorises. 2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c In Wage and Tax Statements. 3c In Wage and Tax	b		1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this results. 10 If all teast on is reported on line 2a, did the organization field is equired federal employment tax retures? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fee (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 3b A All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Performing the search of the programation from the search of the programation from the search of the programation from the programation have an interest in, or a signature or other authority over, a financial account in a foreign country. Performing the search of the programation from the programation from the programation from the foreign country. Performing the search of the programation from the p	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3b If the organization have unrelated business gross income of \$7,000 or more during the year? 3a At any time during the celandary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, 'to line 5a or 5b, did the organization file Form 88861? 6c If Yes, 'to line 5a or 5b, did the organization file Form 88861? 6d Does the organization shall were not tax deductible as charitable contributions? 6d If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6d If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7b If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If Wes, 'did the organization received a contribution of year pay premiums, directly or indirectly, on a pessonal benefit contract? 7d If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in large organizatio	2a			Î			
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	(0040)

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

	Check if Schedule O contains a response 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 13			110
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
3	of officers, directors, or 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	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		- 21
b		7b		Х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		21
8		8a	Х	
	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
<u> </u>	tion B. Folicies (This Section B requests information about policies not required by the internal nevertice Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
12a		12a	Х	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
 15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
h	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.0		
17	List the states with which a copy of this Form 990 is required to be filed ▶DC			
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	40	-	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion:	•	
	THE ORGANIZATION - 202-234-2356			
	1822 R STREET NW 4TH FLOOR WASHINGTON DC 20009			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ADRIAN FORSYTH	10.00	х		х				0.	0.	
PRESIDENT (2) ENRIQUE ORTIZ	8.00	_		Λ				0.	0.	0.
(2) ENRIQUE ORTIZ VICE PRESIDENT	0.00	X		х				0.	0.	0.
(3) AMY ROSENTHAL	4.00	^		Δ				0.	0.	<u></u>
TREASURER	4.00	X		х				0.	0.	0.
(4) STEVE VOORHEES	2.00									
SECRETARY		x		Х				0.	0.	0.
(5) DOROTHY BATTEN	1.00									
DIRECTOR		X						0.	0.	0.
(6) BRUCE BABBITT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SARAH DUPONT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) WADE DAVIS	1.00								_	_
DIRECTOR		Х				<u> </u>		0.	0.	0.
(9) THOMAS LOVEJOY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(10) KATHY RUTTENBERG	1.00	١								_
DIRECTOR	1 00	Х				_		0.	0.	0.
(11) MILES SILMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(12) PEDRO SOLANO	1.00	Į.,						0.	0.	0.
DIRECTOR	37.50	Х						0.	0.	0.
(13) LUIS F. DUCHICELA	37.50	ł		х				3,900.	0.	0.
EXECUTIVE DIRECTOR UNTIL 1/11/13 (14) JEFF WOODMAN	37.50			Δ		-		3,900.	0.	<u> </u>
EXEC. DIR. BEGINNING 1/14/13	37.30	1		х				0.	0.	0.
									_	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		from the organization organization organization organization companization organization organiza	he ation ated
	,	=	=	0	32	工品	Ē					
										_		
										+		
1b Sub-total c Total from continuation sheets to Part V							>	3,900.		0.		0.
d Total (add lines 1b and 1c)							no r	3,900. eceived more than \$100		0.		0.
compensation from the organization										_	Yes	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual										3	Х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J t	for such individual			4	х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				•			ed organization or indiv			5	Х
Section B. Independent Contractors Complete this table for your five highest contractors. Papert companyation for										ensa	tion from	
the organization. Report compensation for (A) Name and business			ONI		VILII	OI W		(B) Description of s		Со	(C)	on
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organ	zation >				(0				F	orm 990	(2013)

Form 990 (2013) AMAZON
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
			·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats Its	1 a	Federated campaigns	1a					
og å		Membership dues						
S, G		Fundraising events						
를 실 기	d	Related organizations	1d					
in,	е	Government grants (contribut	ions) 1e	104,097.				
i si	f	All other contributions, gifts, grant						
혈취		similar amounts not included abov	ve 1f 3,	734,779.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ā č</u>	h	Total. Add lines 1a-1f			3,838,876.			
		DECEMBOU ENCIL	msz	Business Code		225 000		
je		RESEARCH FACILI		900099	235,880.	235,880.		
le S	b	OTHER PROGRAM S	ERVICE	900099	24,069.	24,069.		
Program Service Revenue	C							
gra Re	d							
Pro	e	All able as assessment a survival						
_		All other program service reve			259,949.			
\dashv	<u>9</u> 3	Total. Add lines 2a-2f			235,545.			
	3	other similar amounts)	•	•	2,171.			2,171.
	4	Income from investment of tax			2/1/10			2,1,1,1
	5	Royalties			133.			133.
	Ū	rioyanios	(i) Real	(ii) Personal				
	6 a	Gross rents	12 002					
		Less: rental expenses	_					
		Rental income or (loss)	13,083.					
		Net rental income or (loss)		•	13,083.			13,083.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		····· •				
e l	8 a	Gross income from fundraising	g events (not					
		including \$	of					
Other Reven		contributions reported on line	•					
ĕ		Part IV, line 18			-			
₹		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 u	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
1		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS S		900099	2,128.			2,128.
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			2,128.			
00000	12	Total revenue. See instructions.			4,116,340.	259,949.	0.	·
33200 10-29-) 13							Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 2,498,273. 2,498,273. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) 321,994. 66,057. 31,291. Other salaries and wages 224,646. 7 Pension plan accruals and contributions (include 9,335. 2,746. section 401(k) and 403(b) employer contributions) 13,381 1,300. 5,764. 2,731. Other employee benefits 28,099. 19,604. 9 27,294. 19,043. 5,599. 2,652. Payroll taxes 10 Fees for services (non-employees): Management 19,563. 19,563. Accounting С Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 16,167. 12,876. 247. 3,044. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,520. 26,003. 17,019. 6,464. 13 Office expenses Information technology 14 Royalties 15 42,202. 29,444. 8,657. 4,101. 16 Occupancy 34,767. 35,934. 377. 790. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 16,008. 158. 192. 15,658. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 49. 508. 354. 105. 22 Depreciation, depletion, and amortization 8,482.5,917. 1,741. 824. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 7,953. 7,953. BAD DEBT **OUTREACH SERVICES** 6,933. 6.933. 2,553. 1,782. SUBSCRIPTIONS 523. 248. DUES AND LICENSES AND PERMITS 952. 663. 196. 93. 536. 374. 162. All other expenses 3,072,835. 2,896,688. 122,368. 53,779. 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in th	is Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			699,732.	1	1,086,102.
	2	Savings and temporary cash investments			625,205.	2	1,321,125.
	3	Pledges and grants receivable, net			688,356.	3	580,989.
	4	Accounts receivable, net			28,611.	4	30,999.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employees. (Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), an	d contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) volu	ntary			
ţ		employees' beneficiary organizations (see instr).	Complete Part II	of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
Ä	8	Inventories for sale or use		8			
	9	D ::			5,207.	9	5,209.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,018.			
	b	Less: accumulated depreciation	10b	7,233.	4,891.	10c	1,785.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,728.	15	2,276.		
	16	Total assets. Add lines 1 through 15 (must equal			2,053,730.	16	3,028,485.
	17	Accounts payable and accrued expenses			35,783.	17	30,407.
	18	Grants payable		18			
	19	Deferred revenue			10,690.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedu	le D		21	
es	22	Loans and other payables to current and former					
#		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete	Part X of	60 006		26.260
		Schedule D			69,226.	25	26,369.
	26	Total liabilities. Add lines 17 through 25			115,699.	26	56,776.
		Organizations that follow SFAS 117 (ASC 958		L∆ and			
Sec		complete lines 27 through 29, and lines 33 an			389,502.		107 572
<u>a</u> n	27	Unrestricted net assets			1,548,529.	27	487,572. 2,484,137.
Ва	28	Temporarily restricted net assets			1,340,323.	28	2,404,137.
pur	29					29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), cneck n	iere 🟲 🗀 📗			
S S		and complete lines 30 through 34.				00	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			1,938,031.	32	2,971,709.
	33	Total link liking and not assets/fund balances			2,053,730.	33 34	3,028,485.
	34	Total liabilities and net assets/fund balances			4,033,130.	J4	5,020,403.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,11		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,07		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,04		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,93	8,0	31.
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9	- !	9,8	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,97	1,7	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 52-2211305 AMAZON CONSERVATION ASSOCIATION

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	:.) See inst	tructions.					
he (organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	Ш	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).					
2	Ш	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the h	ospital	s nan	ne,
		city, and state	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in			
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(I)(A)(v).						
7	X			eives a substantial part					or from the	general	public	c desc	ribed	in
			b)(1)(A)(vi). (Comple								•			
8		-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9				eives: (1) more than 33 1			rom contri	butions. m	nembershii	o fees. a	nd ar	oss red	eipts	from
				nctions - subject to certa										
				axable income (less sect										
			509(a)(2). (Complete	•		,			, 3				,	
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).					
11				perated exclusively for th						v out the	e purp	oses c	f one	or
		•		ations described in section					•	•				
		describes the	type of supporting	organization and comple	ete lines 1	í 1e through	n 11h.	,	•	, ,				
		a Type I				nctionally		c	J Type	e III - No	n-fund	ctionall	y inte	grated
е			•	at the organization is not	controlled	directly o	r indirectly	by one o					-	-
		foundation m	anagers and other t	han one or more publicly	supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section	on 509	(a)(2).	
f				ten determination from t										
		•	rganization, check th			•								
g		Since August	t 17, 2006, has the c	organization accepted ar					owing pers	sons?				•
Ū		_		irectly controls, either al			•						Yes	No
												11g(i)		
		-		n described in (i) above?								11g(ii)		$\overline{}$
				person described in (i) o								l 1g(iii)		
h				about the supported org								<u> </u>		
			· ·			. ,								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) ls	the .	(vii) /	Amount	of mo	netary
(')		anization	(11) = 111	(described on lines 1-9		sted in your	organizat	ion in col.	Torganizatio	on in col. ed in the	(*,,	sup		notal y
					governing	document?	(i) of you	support?	(i) organize U.S.	.?		•		
				(see instructions))	Yes	No	Yes	No	Yes	No				
					<u> </u>	<u> </u>		<u> </u>	<u> </u>					
ota	ı													
		anerwork Re	duction Act Notice	see the Instructions for	or				Schedul	ο Λ (Eor	m 990	0 or 90	0-F7) 2013

Form 990 or 990-EZ.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2802396.	4168834.	1437321.	2231408.	3838876.	14478835.
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	2802396.	4168834.	1437321.	2231408.	3838876.	14478835.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4810039.
6	Public support. Subtract line 5 from line 4.						9668796.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2802396.	4168834.	1437321.	2231408.	3838876.	14478835.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	9,297.	24,253.	21,621.	22,207.	15,387.	92,765.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	3,991.	4,451.	1,304.	14,414.	2,128.	26,288.
11	Total support. Add lines 7 through 10						14597888.
	Gross receipts from related activities,	•	,			12	884,085.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2013 (I					14	66.23 %
	Public support percentage from 2012					15	59.56 %
16a	33 1/3% support test - 2013. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the		·		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S P

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-	
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-	
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-	
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-	
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-	
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-	
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-	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-	
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-	
iness under section 513 4 Tax revenues levied for the organ-	
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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(f) Total
9 Amounts from line 6	''
10a Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties and income from similar sources	
b Unrelated business taxable income	
(less section 511 taxes) from businesses	
aggired after June 20, 1075	
c Add lines 10a and 10b	
activities not included in line 10b,	
whether or not the business is	
regularly carried on	
or loss from the sale of capital	
assets (Explain in Part IV.)	
13 Total support. (Add lines 9, 10c, 11, and 12.)	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organ	nization,
check this box and stop here	>
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<u>%</u>
16 Public support percentage from 2012 Schedule A, Part III, line 15	%
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<u>%</u>
18 Investment income percentage from 2012 Schedule A, Part III, line 17	<u>%</u>
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶□
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%	, and
→	n ▶
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organizatio	

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

2013

AMAZON CONSERVATION ASSOCIATION 52-2211305 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

AMAZON CONSERVATION ASSOCIATION

52-2211305

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$06,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$160,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll

Name of organization

Employer identification number

AMAZON CONSERVATION ASSOCIATION

52-2211305

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222452 10 2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

AMAZON CONSERVATION ASSOCIATION

52-2211305

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - - \$					
		- ^Ψ					
(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)		(2)					
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				
		-					
		- - - \$					
202452 10 0	440		990-F7 or 990-PF\ (2013)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number AMAZON CONSERVATION ASSOCIATION 52-2211305 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMAZON CONSERVATION ASSOCIATION 52-2211305

ı al	organizations wantaining bonor Advised		is of AC	Jou	ins.Complete if the
	organization answered 165 to FUIII 950, Part IV, IIII 6	(a) Donor advised funds	(b)	Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor adv	ised fund:	s	
	are the organization's property, subject to the organization's ex				Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
				•	
Pai	rt II Conservation Easements. Complete if the orga				
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or ed	·	istorically	impo	ortant land area
	Protection of natural habitat	Preservation of a ce			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a con	serva	ation easement on the last
_	day of the tax year.		0. 4 00	00, 10	ation oddomonic on the last
	day of the tax your.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
				2b	
	Number of conservation easements on a certified historic structure.			2c	
	Number of conservation easements included in (c) acquired af				
u				2d	
3	Number of conservation easements modified, transferred, releasements				during the tax
•	year >	asea, extinguished, or terrimated by the	ne organiz	ation	during the tax
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		- f		
3	violations, and enforcement of the conservation easements it h				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a				
7	Amount of expenses incurred in monitoring, inspecting, and er				
8	Does each conservation easement reported on line 2(d) above				<u> </u>
•		satisfy the requirements of section 17			Yes No
9	In Part XIII, describe how the organization reports conservation				
9	include, if applicable, the text of the footnote to the organization	·		-	·
	conservation easements.	on's illiancial statements that describe	s ine orga	ıııızaı	ion's accounting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or 0	Other S	imila	ar Assets
<u> </u>	Complete if the organization answered "Yes" to Form 9				ai 71000101
1a	If the organization elected, as permitted under SFAS 116 (ASC		ement and	l hala	ince sheet works of art
	historical treasures, or other similar assets held for public exhib	,, ,			,
	the text of the footnote to its financial statements that describe	,	rance or p	abilo	sorvice, provide, irr are xiii,
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and hal	lance	sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, edu				
	relating to these items:	doadon, or research in future ance of p	141110 SE(V	ιο υ , μ	novide the following amounts
	•			> \$	2
	(i) Revenues included in Form 990, Part VIII, line 1				
2		ourse, or other similar assets for finance			
2	If the organization received or held works of art, historical treas		ıaı yaırı, p	ovide	₽
_	the following amounts required to be reported under SFAS 116				
	Revenues included in Form 990, Part VIII, line 1				P
D	Assets included in Form 990, Part X			•	P

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tr	easures, o	r Oth	er Simi	lar Asse	ts (continu	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explair	n how th	ey further t	he organizatio	n's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be main								Yes	☐ No
Pa	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part			· ·						
1a	Is the organization an agent, trustee, custodial	n or other intermed	liary for	contribution	ns or other ass	sets not	tincluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar									
	•	·							Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C									
	t V Endowment Funds. Complete if t									
		(a) Current year		rior year	(c) Two years			years back	(e) Four	years back
1a	Beginning of year balance	,	•							
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt vear end balanc	e (line 1	a column (a	a)) held as:					
– a	Board designated or quasi-endowment		%	g, colaiiii (c	a)) 1101a ao.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
Ū	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	ation tha	it are held a	ınd administer	red for t	he organ	ization		
-	by:	order or the organiza	2017 1110	it are mora a	ara darriiriiotor	00 101 1	ino organ	Lation	Γ.	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations I	listed as required o	n Sched	lule R?						
4	Describe in Part XIII the intended uses of the o								0.0	
	t VI Land, Buildings, and Equipme		, will of it i	undo.						
	Complete if the organization answered		. Part IV	. line 11a. S	See Form 990.	Part X.	line 10.			
	Description of property	(a) Cost or of			or other		ccumulat	ed	(d) Book	value
	Becomplian or property	basis (investr			(other)		preciation		(a) Book	value
10	Land	`			. /					
b	Buildings		-							
	Leasehold improvements									
d								 		
	Equipment Other				9,018.		7,2	33.	1	,785.
	Add lines 1a through 1e (Column (d) must ear		X colun	nn (R) line 1			, , 2		1	785

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 AMAZON CONS	2211305	Page 3			
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11b. See Form 990, F	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market v	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(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"					
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		e 11d. See Form 990, F	art X, line 15.	(b) Deeless	-1
	Description			(b) Book va	alue
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)	- 15\				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		>		
	to Form 000 Dest 11/ 15-	0 110 or 11f Occ F	000 Dart V 15-2 05		
Complete if the organization answered "Yes" 1. (a) Description of liability	to Form 990, Part IV, line	(b) Book value	990, Part X, line 25.		
		(b) DOOK VAIUE			
(1) Federal income taxes (2) DUE TO AFFILIATES		26,369.			
		20,303.			
(3)					

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO AFFILIATES	26,369.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,369.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

	edule D (Form 990) 2013 AMAZON CONSERVATION ASSOCI	IATION	52-2211305 Pag	ge 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenu	e per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1.		
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:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2 b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	•	es per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		rt V, line 4; Part X, line 2; Part XI,	
PAI	RT X, LINE 2:			
THI	E ASSOCIATION BELIEVES THAT IT HAS APPROPE	RIATE SUPPORT	r for	
AN	Y TAX POSITIONS TAKEN, AND AS SUCH, DOES 1	NOT HAVE ANY	UNCERTAIN TAX	
POS	SITIONS THAT ARE MATERIAL TO THE FINANCIAL	L STATEMENTS	,	

SCHEDULE F (Form 990)

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. ► See separate instructions.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization **Employer identification number** AMAZON CONSERVATION ASSOCIATION 52-2211305 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region GRANTS TO RECIPIENTS LOCATED IN REGION & GRANTS AND ADMINISTRATIVE EXPENSES ADMINISTRATIVE EXPENSES SOUTH AMERICA 2,498,273. 3 a Sub-total 0 2,498,273. **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

n

Schedule F (Form 990) 2013

2,498,273.

and 3b)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			VARIOUS PROJECTS					
			INCLUDING					
			STRENGTHENING					
			INDIGENOUS GROUPS,	53 445	WIRE TRANSFER	0.		
			VARIOUS PROJECTS	33,113.	WIND THUMBIEN	· .		
			ESTABLISHED TO ASSIST					
			ACA IN THE					
		SOUTH AMERICA	CONSERVATION OF THE	2368197	WIRE TRANSFER	0.		
				2330137.	WIND THUMBIEN	· .		
			recognized as charities by the					
			n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or antitiae						

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (d) Amount of (g) Description of (c) Number of (e) Manner of (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region valuation (book, FMV, appraisal, other) recipients cash grant cash disbursement non-cash non-cash assistance assistance TECHNICAL SUPPORT FOR THE PROGRAM ACTIVITES CARRIED OUT IN THIS REGION. SOUTH AMERICA 12 64,441. 0.

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes 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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes 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 🗓 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 file Form 5713, International Boycott Report. (see Instructions	□v v

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

AMAZON CONSERVATION ASSOCIATION (ACA) MONITORS THE USE OF

GRANT FUNDS BY REQUIRING THE GRANTEE TO SUBMIT WRITTEN PROGRAM UPDATES

DESCRIBING THE PROJECT ADVANCES AS WELL AS A FINAL GRANT REPORT INCLUDING

AN IMPLEMENTATION SUMMARY AND A FULL ACCOUNTING OF ALL GRANT EXPENDITURES

AND FUNDS. THE REPORT SHOULD BE DELIVERED TO ACA NO LATER THAN 60 DAYS

AFTER THE END OF THE GRANT PERIOD.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: VARIOUS PROJECTS INCLUDING STRENGTHENING

INDIGENOUS GROUPS, IMPROVING INCOME FROM NUT HARVESTING, AND GENERAL

SUPPORT.

REGION: SOUTH AMERICA

(ע)	PURPUS	ᅩ	OF	GRAN	L: V	ARIO	202	PRC)U E(.TO 1	POIAE)TT	опер	10	ASSIST	ACA	TIA	TUL	
CONS	SERVAT]	CON	OF	THE	BIO	DIVE	RSI	YT	OF	THE	AMA Z	CON	BASI	IN.					

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

AMAZON CONSERVATION ASSOCIATION

Employer identification number 52-2211305

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN PERU RUN BY AN INDIGENOUS COMMUNITY. IN 2012, ACA SUPPORTED THE CREATION OF FOUR NEW COMMUNITY-RUN PRIVATE CONSERVATION AREAS COVERING MORE THAN 46,700 ACRES, AND IS HELPING TO TRAIN THESE COMMUNITIES TO PATROL AND MONITOR THEIR RESERVES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: REGION OF PERU.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION AND TRAINING - ACA AIMS TO BUILD THE TECHNICAL CAPACITY OF LOCAL CITIZENS FOR CONSERVATION AND SUSTAINABLE MANAGEMENT OF NATURAL TO STRENGTHEN THE REGIONAL CAPACITY FOR ENVIRONMENTAL GOVERNANCE, AND TO ENSURE THAT THE SCIENTIFIC RESULTS GENERATED IN ITS RESEARCH STATIONS REACH DECISION-MAKERS AND THE PUBLIC. ACA'S THREE BIOLOGICAL STATIONS HAVE BECOME CENTERS FOR EDUCATIONAL TRIPS BY LOCAL SCHOOL CHILDREN AS WELL AS LEADING TRAINING SITES FOR LOCAL AND INTERNATIONAL UNIVERSITY GROUPS. ADDITIONALLY, ACA HAS TRAINED TEACHERS AND MORE THAN 1,000 STUDENTS IN 13 SCHOOLS WITHIN THE MANU-TAMBOPATA CONSERVATION CORRIDOR. ACA'S FOCUS ON TRAINING REFLECTS ITS CONVICTION THAT SAVING THE GREATEST FORESTS ON EARTH REQUIRES SUPERCHARGING A NEW GENERATION OF SOUTH AMERICAN SCIENTISTS AND CONSERVATIONISTS. EXPENSES \$ 558,887. INCLUDING GRANTS OF \$ 459,645. REVENUE \$ 0.

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

ACA DELEGATES THE RESPONSIBILITY OF REVIEWING THE FORM 990 TO

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Employer identification number 52-2211305

ITS FINANCE COMMITTEE. MEMBERS OF THE FINANCE COMMITTEE RECEIVE A COPY OF
THE COMPLETED FORM 990 DRAFT FOR REVIEW AND CORRECTIONS; THE FULL BOARD
RECEIVES THE FINAL VERSION BEFORE IT IS SUBMITTED TO THE U.S. INTERNAL
REVENUE SERVICE. THE FINANCE COMMITTEE MEMBERS APPROVE THE FORM 990 ONCE
ALL QUESTIONS HAVE BEEN SATISFIED BY ACA'S AUDITORS AND/OR FINANCIAL STAFF.
THE FORM 990 MAY BE SIGNED BY ACA'S BOARD PRESIDENT OR TREASURER.

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

AT EACH BOARD MEETING, BOARD MEMBERS ARE ASKED IF THEY HAVE

HAD ANY NEW ACTIVITIES THAT MIGHT CONSTITUTE A CONFLICT OF INTEREST THAT

NEEDS TO BE DISCUSSED BY THE BOARD. SUCH MONITORING IS INTRINSIC TO ACA

OPERATIONS IN THAT ACA STAFF WOULD BE IMMEDIATELY AWARE OF ANY POSSIBLE

CONFLICTS, SINCE FINANCIAL AND/OR PROGRAM STAFF ARE INVOLVED IN ALL ACA

OPERATIONS.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE

ORGANIZATION'S EXECUTIVE DIRECTOR INCLUDES COMPARABILITY DATA OF OTHER NONPROFIT PROFESSIONALS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND OTHER INFORMATION

ARE AVAILABLE BY REQUEST TO THE ORGANIZATION; ITS MOST RECENT FINANCIAL

INFORMATION CAN BE FOUND ON OUR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DISCONTINUED PROGRAM ACA-BOLIVIA

-9,827.

AMAZON CONSERVATION ASSOCIATION	52-2211305
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT	
PROCESS OR PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNT	ANT DURING THE
TAX YEAR.	

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.

➤ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMAZON CONSERV	ATION ASSOCIATION					52-22113	305	
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct o	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
ASOCIACION PARA LA CONSERVACION DE LA CUENCA								
AMAZONICA, JIRON DOS DE MAYO 237, BARRANCO, LIMA, PERU	SEE PART VII	PERU	N/A	N/A	ACA		x	
,								
For Paperwork Reduction Act Notice, see the Instruction	 ns for Form 990.			<u> </u>		Schedule R ((Form 99	0) 201:

Schedule R (Form 990) 2013

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentago ownership
		country)		sections 512-514)		255015	Yes	No	K-1 (Form 1065)	Yes N	o

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	(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	Sec 512(t contr ent	tion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>
									<u> </u>
	-								
									l

Schedule R (Form 990) 2013

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	related organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	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		Х
f	Dividends from related organization(s)				1f		Х
g	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
I	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related orga				1m		X
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
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
	ASOCIACION PARA LA CONSERVACION DE LA						
(1)	CUENCA AMAZONICA	В	0.				
(2)							
(3)							
(4)							
<u>(4)</u>							
(5)							
<u>(6)</u>							
33216	3 09-12-13	36		Schedule F	የ (Forn	n 990)	2013

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 section 512-514)	Are a partners 501(c orgs Yes) all s sec.)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti Yes	(k) al or Percentag ging ownership

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