

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	AMAZON CONSERVATION ASSOCIATION 1012 14TH STREET, NW 625 WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

	000	
Form	220	

** 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)

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

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



Department of the Treasury Internal Revenue Service		
~	For the 2021 colored	-

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AF	or th	e 2021 calendar year, or tax year beginning and o	ending	-	
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang	e Doing business as		52-22113	05
	Initial	, , , , , , , , , , , , , , , , , , , ,	Room/suite		
	Final		625	(202)234	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,028,782.
	Amer	WASHINGION, DC 20005		H(a) Is this a group re	
	Appli tion			for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		te: 🕨 WWW.AMAZONCONSERVATION.ORG		H(c) Group exemption	n number 🕨
KF	orm o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1999 N	State of legal domicile: DC
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: SEE I	PART I	III, LINE 1.	
Governance					
sr n a	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
٥ ٨	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) _			9
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	14
viti	6	Total number of volunteers (estimate if necessary)		6	13
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
~		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		4,331,473.	2,969,763.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,561.	2,655.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,172.	56,364.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,342,206.	3,028,782.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,225,598.	2,398,287.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		1,051,401.	1,124,095.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 341,45		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	52.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		368,082.	365,332.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,645,081.	3,887,714.
	19	Revenue less expenses. Subtract line 18 from line 12		697,125.	-858,932.
s or			Be	eginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		4,036,886.	3,109,071.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		419,075.	350,192.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		3,617,811.	2,758,879.
Pa	art II	Signature Block			
Und	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ients, and to the best of my	y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
			Darf 1	08/10/2	2022

		For Seven	0	08/10/2022
Sign	Signature of officer		Date	
Here	JOHN P. BEAVERS, EXECUTIVE	DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name Preparer	'ş signature /	Date Che	eck PTIN
Paid	RICHARD J. LOCASTRO, CPA	and J. Locastro		f-employed P00288314
Preparer	Firm's name 🕞 GELMAN, ROSENBERG & 1	FREEDMAN	Firm's El	N 5 2-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE	SUITE 800N		
	BETHESDA, MD 20814-2	930	Phone no	_{0.} (301) 951-9090
May the I	RS discuss this return with the preparer shown above? See	instructions		X Yes No
132001 12-0	D9-21 LHA For Paperwork Reduction Act Notice, see t	ne separate instructions.		Form 990 (2021)

	Check if Schedule O contains a response or note to any line in this Part III
	<pre>riefly describe the organization's mission: O PROTECT THE WORLD'S MOST DIVERSE LANDSCAPES, TRAIN THE NEXT EENERATION OF AMAZONIAN CONSERVATIONISTS, AND PARTNER WITH COMMUNITY O SUPPORT LIVELIHOODS THAT SUSTAIN BIODIVERSITY. WE CONSERVE THE MAZON BY PROTECTING STATE, COMMUNITY, AND PRIVATE LANDS, BY WORKING id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-E2?</pre>
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Did of the second secon	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? Yes "Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program services? Yes "Yes," describe these changes on Schedule O. lescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a evenue, if any, for each program service reported. Code:) (Expenses \$ 1,324,799. including grants of \$ 836,693.) (Revenue \$ PUT SCIENCE AND TECHNOLOGY TO WORK - AMAZON CONSERVATION DEVELOPS INNOVATIVE CONSERVATION SOLUTIONS THROUGH SCIENCE AND TECHNOLOGY BY EMPLOYING OUR NETWORK OF CONSERVATION HUBS IN PERU AND BOLIVIA AS IVING LABORATORIES WHERE WE CARRY OUT AND HOST ROBUST SCIENTIFIC RESEARCH, DEVELOP AND TEST CUTTING-EDGE TECHNOLOGIES TO BE USED TO ADVANCE UNDERSTANDING AND PROTECTION OF THE AMAZON, AND FACILITATE DEVELOPS OF THE NEXT GENERATION OF SCIENTISTS AND CONSERVATIONISTS. FURTHERMORE, OUR REAL-TIME REMOTE SENSING PROGRAM
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UUZ 12-	ESOURCES; AND EDUCATING AND INSPIRING CITIZENS OF ALL COUNTRIES ON MPORTANCE, NEEDS, AND THREATS TO THE AMAZON. EXAMPLES OF THIS WORK INCLUDE PROVIDING ENVIRONMENTAL PROSECUTORS TRAINING AND TECHNOLOGY COLS TO COMBAT FOREST CRIMES, GIVING LOCAL PRODUCER GROUPS TOOLS TO SUSTAINABLY MARKET FOREST PRODUCTS LIKE ACAI BERRIES AND BRAZIL NUTS IN ALTERNATIVE TO DESTRUCTIVE LIVELIHOODS LIKE LOGGING, AND DEVELOP: NORKSHOPS AND TRAINING FOR LOCAL COMMUNITIES ON A WIDE VARIETY OF CONSERVATION-RELATED TOPICS, SUCH AS FIRE PREVENTION, HUMAN-WILDLIFI Wher program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$) otal program service expenses ▶ 3,374,689. Form 99
081	RESOURCES; AND EDUCATING AND INSPIRING CITIZENS OF ALL COUNTRIES ON MPORTANCE, NEEDS, AND THREATS TO THE AMAZON. EXAMPLES OF THIS WORK ENCLUDE PROVIDING ENVIRONMENTAL PROSECUTORS TRAINING AND TECHNOLOGY COOLS TO COMBAT FOREST CRIMES, GIVING LOCAL PRODUCER GROUPS TOOLS TO SUSTAINABLY MARKET FOREST PRODUCTS LIKE ACAI BERRIES AND BRAZIL NUTS AN ALTERNATIVE TO DESTRUCTIVE LIVELIHOODS LIKE LOGGING, AND DEVELOP: FORKSHOPS AND TRAINING FOR LOCAL COMMUNITIES ON A WIDE VARIETY OF CONSERVATION-RELATED TOPICS, SUCH AS FIRE PREVENTION, HUMAN-WILDLIF Wher program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$) otal program service expenses \$ 3,374,689.

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 Form 990 (2021)
 AMAZON
 CONSERVATION
 ASSOCIATION

 Part IV
 Checklist of Required Schedules
 Conservation
 Conservation</

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			
u	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
N N	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
• -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
132003	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(2021)
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Form	990	(2021)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		_ <u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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2021)	AMAZON CONSERVATION ASSOCIATION	
Statemer	s Regarding Other IRS Filings and Tax Compliance (continue	d)

Form 990 (2021)

Part V

				Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 /			
	filed for the calendar year ending with or within the year covered by this return	14		Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Δ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		0.		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		30		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
	If "Yes," enter the name of the foreign country \blacktriangleright		4 d		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	\D\			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		50		
	any contributions that were not tax deductible as charitable contributions?		6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ua		
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders N/A 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.		-		
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
				-	
	If "Yes," complete Form 6069.				

Form 990	(2021)
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AMAZON CONSERVATION ASSOCIATION

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

X

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

 2	Enter the number of voting members of the governing body at the end of the tax year 1a	9	'		
b 2	If there are material differences in voting rights among members of the governing body, or if the governing				
b 2	If there are material differences in voting rights among members of the governing body, or if the governing				
2	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	0			
	Enter the number of voting members included on line 1a, above, who are independent 1b	9	4		
(Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an			v	ł
	officer, director, trustee, or key employee?		2	Х	╞
	Did the organization delegate control over management duties customarily performed by or under the direct s				l
	of officers, directors, trustees, or key employees to a management company or other person?		3		╀
	Did the organization make any significant changes to its governing documents since the prior Form 990 was f		4		╀
	Did the organization become aware during the year of a significant diversion of the organization's assets?		5 6		╀
	Did the organization have members or stockholders?		6		╀
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint on		70		l
	more members of the governing body?		7a		ł
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold		76		l
	persons other than the governing body?		7b		ł
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo	-	0-	х	l
	The governing body?		8a 0h	x X	╀
	Each committee with authority to act on behalf of the governing body?		8b	Λ	ł
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at t organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	ne	9		l
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	rada)	9		L
COL	ION D. I ONCIES (This Section B requests information about policies not required by the internal nevenue of	oue.)		Yes	Г
0-	Did the organization have local chapters, branches, or affiliates?		10a	103	ł
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a		IUa		ł
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	ł
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		11a		ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	ľ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict		12a	X	ł
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc		120		ł
			12c	Х	l
	on Schedule O how this was done		13	X	ł
	Did the organization have a written document retention and destruction policy?		14	X	ł
	Did the process for determining compensation of the following persons include a review and approval by inde		17		ł
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	pendent			l
	The organization's CEO, Executive Director, or top management official		150	Х	ľ
	Other officers or key employees of the organization		15a 15b		ł
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		100		ł
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	1a			
	taxable entity during the year?		16a		f
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part		104		ł
	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		f
	ion C. Disclosure				-
	List the states with which a copy of this Form 990 is required to be filed NONE				-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(section 501(c)(3)s onlv) avail	a
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Sche		, - <i>-</i> y	,	
۰ n			nd fine-		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	merest policy, ar	ia tinar	icial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and in VANESSA GUTIERREZ – (202)234–2356	recoras 🕨			-
	1012 14TH STREET, NW, 625, WASHINGTON, DC 20005			990	_

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			luau	reciu	i/uus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former			
(1) JOHN P. BEAVERS	40.00									
EXECUTIVE DIRECTOR	0.00			Х				158,000.	0.	25,598.
(2) VANESSA GUTIERREZ	40.00									
FINANCE DIRECTOR	0.00			Х				122,200.	0.	12,512.
(3) VALERIE PETERSON	40.00									
DEPUTY DIRECTOR	0.00			Х				96,458.	0.	19,360.
(4) ADRIAN FORSYTH	1.00									
CO-FOUNDER (UNTIL 06/2021)	0.00	Х		Х				0.	0.	0.
(5) ENRIQUE ORTIZ	1.00									
CO-FOUNDER (UNTIL 09/2021)	0.00	Х		Х				0.	0.	0.
(6) JAMES BRUMM	10.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(7) STEVE VOORHEES	2.00									
TREASURER	0.00	Х		х				0.	0.	0.
(8) EDUARDO FORNO	2.00									_
VICE-CHAIR	0.00	Х		X				0.	0.	0.
(9) JEFF WOODMAN	2.00									
DIRECTOR (UNTIL 11/2021)	0.00	Х						0.	0.	0.
(10) AMY ROSENTHAL	1.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(11) CAROLYN HENDRICKS	1.00									
DIRECTOR (FROM 12/2021)	0.00	Х						0.	0.	0.
(12) BRUCE BABBITT	1.00									•
DIRECTOR	0.00	х						0.	0.	0.
(13) PEDRO SOLANO	1.00									
DIRECTOR (UNTIL 11/2021)	0.00	Х						0.	0.	0.
(14) DOUG SARNO	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(15) MILES SILMAN	1.00									•
DIRECTOR	0.00	X						0.	0.	0.
(16) MANUEL PULGAR-VIDAL	1.00									^
DIRECTOR	0.00	X						0.	0.	0.

132007 12-09-21

Form **990** (2021)

14400810 745960 00490

2021.04012 AMAZON CONSERVATION ASSOCIA 00490__1

	990 (2021) AMAZON C	ONSERVA	ΓIC	ON	AS	SSC	C	[A'	TION	52-2	211	305	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	box offi	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	on amount o d other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	fr org and	pensa om th anizat d relat anizati	e ion ed
			-											
			-											
1h	Subtotal								376,658.		0.	5	7.4	70.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A							0. 376,658.		0. 0.		7,4	0.
2	Total number of individuals (including but compensation from the organization	not limited to tr	iose	liste	ed al	DOVe	e) wr	no r	eceived more than \$100	1,000 of reportab	le			2
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for					-		-		•		3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	sum of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	х	
5 Sec	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> tion B. Independent Contractors	•				-			-			5		X
1	Complete this table for your five highest c	•	•								npens	ation f	rom	
	the organization. Report compensation fo (A) Name and busines					vitri			(B) Description of s		с	(C omper		n
. <u> </u>														
2	Total number of independent contractors		iot li	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	nization 🕨				(0					Form	990 (2	2021)

132008 12-09-21

			/			ER	VATION A	SSOCIATION	[52-2211	305 Pag	ge 9
Pa	rt \	/11									Г	
			Check if Schedule O co	ontair	ns a respo	nse	or note to any lir	ne in this Part VIII (A)	(B)	(C)	L	
								Total revenue	Related or exempt		Revenuè exclu	ided
									function revenue		from tax und sections 512 -	ler 514
0 0	<u> </u>				<u> </u>		120 600				Sections 512 -	514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns				130,690.					
ΰğ			Membership dues									
Ęţ			Fundraising events									
ia Gi			Related organizations									
Sin's,			Government grants (contrib				500,025.					
e Ei		f	All other contributions, gifts, g	grants,		_						
ġĘ			similar amounts not included a	above			339,048.					
ti p		-	Noncash contributions included in li									
<u>ភ ក</u>		h	Total. Add lines 1a-1f				🕨	2,969,763.				
							Business Code					
e	2	а										
e Szi		b										
Su		с										
lev a		d										
Program Service Revenue		е										
۲,		f	All other program service re	revenu	ie							
		g	Total. Add lines 2a-2f				►					
	3		Investment income (includi	ing di	vidends, i	ntere	est, and					
			other similar amounts)				►	2,655.			2,65	5.
	4		Income from investment of									
	5		Royalties				►					
		6 a Gross rents					(ii) Personal					
	6											
		b Less: rental expenses 6b 0.										
		с	Rental income or (loss)	6c	30	0.						
		d	Net rental income or (loss)				►	300.			30)0.
	7	а	Gross amount from sales of		(i) Securit	es	(ii) Other					
			assets other than inventory	7a								
		b	Less: cost or other basis									
ne			and sales expenses	7b								
venue		с	Gain or (loss)	7c								
۵ ۵			Net gain or (loss)				>					
Other R	8		Gross income from fundraising									
ŧ			including \$									
			contributions reported on li									
			Part IV, line 18		-	8a						
		b	Less: direct expenses			8b						
			Net income or (loss) from fu			nts	>					_
	9		Gross income from gaming		-							
			Part IV, line 19	-		9a						
		b	Less: direct expenses			9b						
			Net income or (loss) from g			<u> </u>	▶					
	10		Gross sales of inventory, le									
		-	and allowances			10a						
		b	Less: cost of goods sold			10b						
			Net income or (loss) from s									
<i>(</i>)			· · · · · · · · ·				Business Code					
ño e	11	а	REIMBURSEMENT				900099	46,578.			46,57	8.
ane		b	MISCELLANEOUS				900099	9,486.			9,48	
eve eve		č				_						
Miscellaneous Revenue			All other revenue									
2			Total. Add lines 11a-11d					56,064.				
	12		Total revenue. See instruction					3,028,782.	0.	0.	59,01	9.
13200										•	Form 990 (2	

9

AMAZON CONSERVATION ASSOCIATION

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).

Do not inc	Check if Schedule O contains a response lude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants	and other assistance to domestic organizations		ľ	<u> </u>	·
and do	omestic governments. See Part IV, line 21	362,650.	362,650.		
2 Grant	s and other assistance to domestic				
indivi	duals. See Part IV, line 22				
3 Grant	s and other assistance to foreign				
orgar	izations, foreign governments, and foreign				
	duals. See Part IV, lines 15 and 16	2,035,637.	2,035,637.		
4 Bene	fits paid to or for members				
5 Comp	pensation of current officers, directors,				
	es, and key employees	434,128.	244,546.	64,147.	125,435
-	ensation not included above to disqualified				
	ns (as defined under section $4958(f)(1)$) and				
	ns described in section 4958(c)(3)(B)		404 150		
	salaries and wages	545,783.	421,150.	20,579.	104,054
	on plan accruals and contributions (include	10 000	10 600		0 0 0 0
	n 401(k) and 403(b) employer contributions)	16,682.	12,673.	1,054.	2,955 9,101
	employee benefits	46,726.	35,149.	2,476.	9,101
	ll taxes	80,776.	57,031.	5,044.	18,701
	for services (nonemployees):				
	gement				
	·····	35,203.		35,203.	
		55,205.		55,205.	
	ssional fundraising services. See Part IV, line 17				
	tment management fees				
-	r. (If line 11g amount exceeds 10% of line 25, n (A), amount, list line 11g expenses on Sch 0.)	34,784.	23,846.	2,884.	8,054
		51,701.	25,040.	2,004.	0,054
	rtising and promotion	143,714.	98,514.	11,929.	33,271
	expenses	110 / / 110	50,5110	11,5251	337272
	nation technology Ities				
		76,369.	52,350.	6,338.	17,681
10 0000 17 Trave	pancy	21,113.	3,730.		17,383
	lents of travel or entertainment expenses	,			_ , ,
	y federal, state, or local public officials				
	erences, conventions, and meetings	14,834.	10,169.	1,231.	3,434
20 Intere		,			
	ents to affiliates				
	eciation, depletion, and amortization	20,192.		20,192.	
23 Insura		5,975.	4,096.	496.	1,383
24 Other	expenses. Itemize expenses not covered		-		
above	. (List miscellaneous expenses on line 24e. If				
	te amount exceeds 10% of line 25, column (A), nt, list line 24e expenses on Schedule O.)				
	LD SUPPLIES	13,148.	13,148.		
b					
с					
d					
e All ot	ner expenses				
	functional expenses. Add lines 1 through 24e	3,887,714.	3,374,689.	171,573.	341,452
26 Joint	costs. Complete this line only if the organization				
report	ed in column (B) joint costs from a combined				
educa	tional campaign and fundraising solicitation.				
Check	here b if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

14400810 745960 00490

10 2021.04012 AMAZON CONSERVATION ASSOCIA 00490_1

Form **990** (2021)

14400810 745960 00490

	1	Cash - non-interest-bearing			126,726.	1	89,682.
	2	Savings and temporary cash investments			2,914,641.	2	2,106,142.
	3	Pledges and grants receivable, net			462,519.	3	304,712.
	4	Accounts receivable, net				4	264.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ontributor, or 35%				
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net	150,000.	7	230,000.		
Assets	8	Inventories for sale or use			-	8	
As	9	Prepaid expenses and deferred charges			324,368.	9	16,564.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	76,488.			
	b	Less: accumulated depreciation		41,339.	52,074.	10c	35,149.
	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	320,000.	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,558.	15	6,558.
	16	Total assets. Add lines 1 through 15 (must equa			4,036,886.	16	3,109,071.
	17	Accounts payable and accrued expenses			89,453.	17	103,980.
	18	Grants payable			165,785.	18	0.
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
ŝ	22	Loans and other payables to any current or form	er, director,				
Liabilities		trustee, key employee, creator or founder, subst	ontributor, or 35%				
abi		controlled entity or family member of any of thes	ons		22		
ב	23	Secured mortgages and notes payable to unrela	ted thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties	111,547.	24	0.
	25	Other liabilities (including federal income tax, page	to related third				
		parties, and other liabilities not included on lines	. Complete Part X				
		of Schedule D		52,290.	25	246,212.	
	26	Total liabilities. Add lines 17 through 25			419,075.	26	350,192.
ß		Organizations that follow FASB ASC 958, che	ck here				
ances		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		2,172,182.	27	1,988,316.	
Ä	28	Net assets with donor restrictions	<u></u>	1,445,629.	28	770,563.	
ŭ		Organizations that do not follow FASB ASC 9	eck here 🕨 🛄				
Net Assets or Fund Bal		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or eq	uipmen	nt fund		30	
ţ	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			3,617,811.	32	2,758,879.
	33	Total liabilities and net assets/fund balances			4,036,886.	33	3,109,071.

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

(B) End of year

3,109,071. Form 990 (2021)

(A) Beginning of year

Form 990 (2021)

Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12)	<u>/14.</u> /32.
	<u>/14.</u> /32.
1 Total revenue (must equal Part VIII, column (A), line 12)	<u>/14.</u> /32.
1 Total revenue (must equal Part VIII, column (A), line 12)	<u>/14.</u> /32.
	32.
2 Total expenses (must equal Part IX, column (A), line 25)	
3 Revenue less expenses. Subtract line 2 from line 1	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,617,8	311.
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 on Schedule O)9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	879.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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 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?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

132012 12-09-21

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public

Department of Internal Reve	of the Treasury nue Service		► Go to www.irs.gov		Open to Public Inspection							
Name of	the organizati								identification number			
				ATION ASSOCI					2-2211305			
Part I	Reason	for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instructio	ns.				
The organ	nization is not a	ı private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).					
4												
	city, and stat	e:										
5	An organizati	on operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in			
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6	A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A))(v).					
7 X	An organizati	on that norma	ally receives a substa	antial part of its support	from a gov	rernmenta	l unit or from	the general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultura	al research org	ganization described	l in section 170(b)(1)(A)	(ix) operate	ed in conji	unction with a	a land-grant	college			
	or university	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	of the colleg	e or			
	university:											
10	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, ar	nd gross receipts from			
	activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment			
	income and ι	Inrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.			
	See section	509(a)(2). (Co	mplete Part III.)									
11 🔛	An organizati	on organized	and operated exclus	sively to test for public sa	afety. See	section 5	09(a)(4).					
12	An organizati	on organized	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or			
	more publicly	supported or	rganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	509(a)(3). (Check the box on			
	_lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, ar	ıd 12g.				
a	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving			
	the suppor	ted organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
	organizatio	n. You must c	complete Part IV, Se	ections A and B.								
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving			
	control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that c	ontrol or man	age the sup	ported			
	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.								
c 🗋	Type III fur	nctionally inte	egrated. A supportin	ng organization operated	in connec	tion with,	and functiona	ally integrate	ed with,			
	_ its support	ed organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
d	Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	nnection	with its suppo	orted organi	zation(s)			
	that is not t	unctionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	equirement ar	id an attent	iveness			
	requiremen	t (see instruct	tions). You must cor	mplete Part IV, Section	s A and D	, and Part	V .					
e	Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III				
		-	••	onally integrated support								
f Ente	er the number	of supported	organizations									
		<u> </u>	n about the supporte	· · ·	(iv) to the error	nization listed						
((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other			
	organizatior	1		above (see instructions))	Yes	No	support (see i	Instructions)	support (see instructions)			
				1								

Schedule A (Form 990) 2021

AMAZON CONSERVATION ASSOCIATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,798,945.	3,486,168.	4,727,440.	4,331,473.	2,969,763.	18,313,789.
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 \dots						
4	Total. Add lines 1 through 3	2,798,945.	3,486,168.	4,727,440.	4,331,473.	2,969,763.	18,313,789.
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)						3,316,365.
	Public support. Subtract line 5 from line 4.						14,997,424.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,798,945.	3,486,168.	4,727,440.	4,331,473.	2,969,763.	18,313,789.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	30,111.	29,798.	7,498.	9,336.	2,955.	79,698.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,442.	16,356.	-830.	1,397.	56,064.	
11	Total support. Add lines 7 through 10						18,478,916.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	343,355.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				01 1 6
	Public support percentage for 2021 (I		-			14	81.16 %
	Public support percentage from 2020					15	78.63 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances tes	•					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	Form 990) 2021

AMAZON CONSERVATION ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(,, , , , , , , , , , , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ ,	(-,	(-,	(7)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
-	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
F	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)				+		
	First 5 years. If the Form 990 is for the	o organization's f	I iret second third	fourth or fifth tax		501(c)(3) organ	aization
17	check this box and stop here	0					
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		15	%
16	Public support percentage from 2020					16	%
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	1 33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2020. If the	•					
	line 18 is not more than 33 1/3%, che						
20	0	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in		
1320:	23 01-04-22			15		Sched	ule A (Form 990) 2021

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AMAZON CONSERVATION ASSOCIATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 AMAZON CONSERVATION ASSOCIATION

	rt IV Supporting Organizations (continued)		- 10	ige o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a		110		
L.	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			

By reason or the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 (check the box next to the method that the	e organization used i	to satisfy the Integral Part	Test during the yea(see instruction	ns).
-----	---	-----------------------	------------------------------	-------------------------------------	------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** L The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization s	supported a governmen	tal entity. Describe in P	art VI how you supported	a governmental entity (see instructions).
-----	--------------------	-----------------------	----------------------------------	--------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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3

2a

2b

За

3b

No

Yes

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Schedule A (Form 990) 2021

AMAZON CONSERVATION ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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AMAZON CONSERVATION ASSOCIATION

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _{(continu}	Jed)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	9		
	(provide details in Part VI). See instructions.		-	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	10	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
0	0				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Form 990) 2021				ASSOCIAT		52-2211305 P
Part IV, Section A, li line 1; Part IV, Secti	ines 1, 2, 3b, 3c, 4b, ion D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b Part IV, Section I	o, 9c, 11a, 1 E, lines 1c, 2	1b, and 11c; Pa 2a, 2b, 3a, and	art IV, Section B, lii 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C Part V, Section B, line 1e; Part V
Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V, 9	Section E, lines :	2, 5, and 6.	Also complete	this part for any ac	Iditional information.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

52-22113	805
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	CONSERVATION	Δςςοσταπτον
AMALON	CONSERVATION	ASSOCIATION

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

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Schedule B (Form 990) (2021)
Name of organization

52-2211305

Employer identification number

AMAZON CONSERVATION ASSOCIATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 650,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 485,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 388,478. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 112,112. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 111,547. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 101,557. Noncash \$ (Complete Part II for noncash contributions.)

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

AMAZON CONSERVATION ASSOCIATION

Name of organization

52-2211305

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2021.04012 AMAZON CONSERVATION ASSOCIA 00490_1

Page 3

Schedule E	B (Form 990) (2021)			Page 4				
Name of or	rganization			Employer identification number				
AMAZOI	N CONSERVATION ASSOCIAT	ION		52-2211305				
Part III	from any one contributor. Complete columns (a) through (a) and the following line a	ntry For organiz	7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o	r less for the year	· (Enter this info. once.) • \$				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Faiti								
Ī		(e) Transfer of g	ift					
	Transferee's name, address, a	nd 7 ID ± 4	Relatio	nship of transferor to transferee				
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Part I	(b) Fulpose of gift	(c) use of gift						
ł		(e) Transfer of g						
		(0) Handler of g						
-	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee				
123454 11-11	1-21			Schedule B (Form 990) (2021)				
.20704 11-11		2.4		Schedule D (FUTH 390) (2021)				

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24 2021.04012 AMAZON CONSERVATION ASSOCIA 00490_1 SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

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



Employer identification number

52-2211305

Name of the organization

AMAZON CONSERVATION ASSOCIATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ___ Yes No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 📃 🕨 💲 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21 25

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2021.04012 AMAZON CONSERVATION ASSOCIA 00490__1

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets a Using the organization acquisition, accossion, and other records, check any of the following that make significant use of its a Poble exhibition d b Poble exhibition d b Poble exhibition d c Provide accomption of its organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the exercisition of its organization accollection? e 6 Provide accomption of the organization collection? e 7 reported an anount on Form 900, Part X, Ine 21. esplain the arrangement in Part XIII and complete the following table: 6 Briting balance e Arrount c Bognining balance esplain the organization answered "Yes" on Form 900, Part X, Ine 21. a Is the organization include an anount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes b H TYes, explain the arrangement in Part XIII check here the erganization answered "Yes" on Form 900, Part X, Ine 21. Yes b Che organization include an anount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes b H TYes, explain the arrangement in Part XIII check here the erganization answered "Yes" on Form 900, Part X, Ine 10. c Contributions (a) Current year			CONSERVATI								5 Page 2	
collection terms (check all that apply): Collection terms (check all that apply): Colection terms (check all that apply): Colectio	Pai					-				ts (contin	nued)	
a Public exhibition during the generations development of the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection's exempt development of the organization server d'res' on Form 90, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 15 Additions during the year 16 Earling balance 17 Earling balance 19 Obter comparisation include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? 19 Yes No 11 Yes, "explain the angeneent in Part XIII explanation has been provided on Part XII 20 Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? 21 Endowment Funds. Complete if the organization answered "Yes' on Form 900, Part X, line 21, for escrew or custodial account liability? 22 Endother organization angent in Part XIII explanation has been provided on Part XII 23 Did the organization angent in Part XIII explanation has been provided on Part XII 24 Endowment Funds. Complete if the organization answered "Yes' on Form 900, Part X, line 20. 25 Porticities 25 Porticities 26 Porticities 27 Porticities 27 Porticities 28 Porticities 28 Porticities 28 Porticities 29	3		on, and other record	ls, chec	k any of the	following tha	ıt make sig	gnificant u	ise of its			
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Dering the year, did the organization solect or receive donations of art, historical treasures, or other similar assets 1 Dering the year, did the organization answered 'Yes' on Form 990, Part K, line 21, line 10, line line line line line line line line	а		d									
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S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X? Is the organization an agent. It usate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance Ic Additions during the year Ic Id Additions during the year It I If and I I I I I I I I I I I I I I I I I I I	С	-										
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment the possession of the organization that are held and administered for the organization by: (i) (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other b Buildings c Leaasehold improvements at Land b b b b b c Land, b b b b b b c Land, b b b b b												
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 0 Conter (b) Cost or 0, 25, 000, 25, 000, 20, 000,	20		•	ation the	at are hold a	nd administa	rad for th	o organiza	otion			
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment d 31,488. 16,339. 15,149. e Other 45,000. 25,000. 20,000.	Ja		ssion of the organiz		at are neiu a			e organiza		Г	Yes No	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		•										
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	h	If "Yes" on line 3a(ii) are the related organizations	ations listed as requi	red on S	chedule R2							
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land), Part IV	/, line 11a. S	See Form 990), Part X, I	ine 10.				
1a Land			(a) Cost or o	ther	(b) Cost	or other	(c) Aco	cumulated	Ł	(d) Bool	k value	
b Buildings	1a	Land										
c Leasehold improvements 31,488. 16,339. 15,149. e Other 45,000. 25,000. 20,000.												
d Equipment 31,488. 16,339. 15,149. e Other 45,000. 25,000. 20,000.												
e Other 45,000. 25,000. 20,000.					3	1,488.		16,33	9.	1!	5,149.	
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				X, colur	nn (B), <u>l</u> ine 1	0c.)	<u></u>	<u></u>				

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 AMAZON CONS	ERVATION ASSO	CIATION	52-2211305 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line -	11b Soo Form 990 Part V line	
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
	(b) Book 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		ost or end-of-year market value
(1)	320,000.	END-OF-YEAR MA	RKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	200 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	320,000.		
Part IX Other Assets.			4.5
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, 10.,		
Complete if the organization answered "Yes"	on Form 990 Part IV line -	11e or 11f See Form 990 Part	X line 25
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			45,773.
(3) REFUNDABLE ADVANCES			200,439.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		▶ 246,212.
 Liability for uncertain tax positions. In Part XIII, provide 			,
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 AMAZON CONSERVATION ASSOC	IATION	52-2	2211305 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			3,028,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,028,782.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,028,782.	
Ра	rt XII Reconciliation of Expenses per Audited Financial Stater	•	nses per Retu	rn.
Ра	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.	·	
1 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	а.	·	rn. 3,887,714.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	·	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 	·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d		3,887,714.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	1	3,887,714.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 2a 2b 2c 2d	1	3,887,714.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 	1	3,887,714.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 4a	1	3,887,714.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 4a	1	3,887,714.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2c 2d 2d 4a 4b	1 2e 3 4c	3,887,714. 0. 3,887,714. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d 2d 4a 4b	1 2e 3 4c	3,887,714.

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

PART X, LINE 2:

FOR	\mathbf{THE}	YEAR	ENDED	DECEMBER	31,	2021,	\mathbf{THE}	ORGANIZATIONS	HAVE	DOCUMENTED
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THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES

GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED

THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

132054 10-28-21

Department of the Treasury Attach to Form 990.						
Internal Revenue Service	► Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Open to Public Inspection
Name of the organization					Employer	identification number
AMAZON CONSER					52-223	
	nformation on A art IV, line 14b.	Activities Ou	tside the United States. Comple	ete if the organ	nization answ	ered "Yes" on
1 For grantmakers.	Does the organization		ds to substantiate the amount of its gra			
the grantees' eligibi	lity for the grants or	assistance, and	the selection criteria used to award the	grants or ass	istance?	X Yes No
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistan	ce outside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service e specific typ (s) in the regi	e expenditures for and investments
			GRANTS TO RECIPIENTS			
SOUTH AMERICA	C	0	LOCATED IN REGION			2,035,637.
3 a Subtotal		C				2,035,637.
b Total from continua sheets to Part I) 0				0.
c Totals (add lines 3a						
and 3b)	r	0				2 035 637

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

2021

132071 12-20-21

SCHEDULE F (Form 990) Schedule F (Form 990) 2021

AMAZON CONSERVATION ASSOCIATION

52-2211305

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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	VARIOUS CONSERVATION PROJECTS IN BOLIVIA.	340,133.	WIRE	0.		
			VARIOUS CONSERVATION PROJECTS IN PERU.	1,520,200.	WIRE	0.		
				1,520,200				
			VARIOUS CONSERVATION					
		SOUTH AMERICA	PROJECTS IN PERU.	75,000.	WIRE	0.		
		SOUTH AMERICA	SUB-GRANT FOR NORAD	48,000.	WIRE	Ο.		
		SOUTH AMERICA	SUB-GRANT FOR NORAD	52,304.	WIRE	0.		
			I recognized as charities by the					
			or counsel has provided a sec			🕨 .		4

Schedule F (Form 990) 2021

Page 2

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
	Schedule F (Form 990) 2021										

AMAZON CONSERVATION ASSOCIATION Schedule F (Form 990) 2021

Part III can be duplicated if additional space is needed.

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.

52-2211305

Page 3

Schedule F (Form 990) 2021 AMAZON CONSERVATION ASSOCIATION 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)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021	AMAZON	CONSERVATION	ASSOCIATION
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Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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.

132075 12-20-21

SCHEDU (Form 990		Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	ls in the Ŭn i ' on Form 990, Pa	ited States		OMB No. 1545-0047 2021 Open to Public
Internal Reve			► Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of t	he organization AMAZON CC	NSERVATIO	N ASSOCIATI	ON				Employer identification number 52-2211305
Part I	General Information on Grants a						I	
crite	s the organization maintain records eria used to award the grants or assi cribe in Part IV the organization's pr	stance?	toring the use of grant	funds in the Unite	d States.			X Yes No
Part II	Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Par	TV, line 21, for any
1 (a) I	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ONE BROO	TON UNIVERSITY IN ST. LOUIS DKINGS DRIVE IS, MO 63130	43-0653611	501(C)(3)	81,000.	0.			ESTABLISH A LABORATORY FOR WILDLIFE POPULATION SURVEILLANCE AND PATHOGEN SCREENING.
	5 PERU IRVIEW AVE IS. MO 63116	46-3614876	501(C)(3)	281,650.	0.			ESTABLISH A LABORATORY FOR WILDLIFE POPULATION SURVEILLANCE AND PATHOGEN SCREENING.
	er total number of section 501(c)(3) a er total number of other organization		1 toblo	ne line 1 table				2.

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

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

AMAZON CONSERVATION ASSOCIATION

52-2211305

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (b) Number of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance Image: Second secon	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other 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.

(Form 990) For cretain Officers, Drectors, Trustes, Key Employees, and Highest Composed Employees. The Attach to Form 990. Den to Public Impection Internet of the Treation of the Organization Answered Yee? on Form 990, Part IV, line 23. Den to Public Impection Name of the organization AMAZON CONSERVATION ASSOCIATION Employer identification number 52–2211305 Part I Questions Regarding Compensation Impection Yes Impection Travel for organization Impection Yes No Impection Travel for complete Part III to provide any relevant information regarding these items. Impection Yes No Impection Travel for complete Part III to provide any relevant information regarding these items. Impection Impection Yes No Impection and gross-up payments Impection and gross-up payments Impection Impection <th>SCHEDULE J</th> <th>Compensation Information</th> <th>1</th> <th>OMB No.</th> <th>1545-00</th> <th>47</th>	SCHEDULE J	Compensation Information	1	OMB No.	1545-00	47
	(Form 990)	-	-	20	21	[
Department Department <thdepartment< th=""> Department Departme</thdepartment<>		Compensated Employees		ΖU		l
Image of the organization Image of the organization Image of the organization AMAZON CONSERVATION ASSOCIATION Employeer identification number 52–2211305 Part II Questions Regarding Compensation 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980. Part VII, Section A, line 1a, complete Part II to rovide any relevant information regarding these items. 1 a Track of companies Payments for business use of personal residence for personal the organization of all of the expanses described above? If "No," complete Part II to explan 10 b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explan 10 c Discretionary spending the CEO-Executive Director, regarding the lens to exclusion is to a personal residence for the organization or areitablic the organization	Department of the Treasury			Open to	Publ	ic
AMAZON CONSERVATION ASSOCIATION 52-2211305 Part I Questions Regarding Compensation Image: Construction of the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a, Complete Part III to provide any prevent information regarding these terms. Image: Construction of the organization provide any prevent information regarding these terms. Image: Construction of the organization provide any prevent information regarding these terms. Image: Construction of the organization provide any prevent information regarding the series. Image: Construction of the organization provide any prevents or business use of personal residuce of the personal services (such as maid, chauffeur, chel) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above 17 (%). Complete Part III to explain. 10 10 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CRD/Executive Director, but explain in Part III. 10 2 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract 2 2 10 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X				-		
Part 1 Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding the items charted any and information regarding the items charted any complete Part III to explain . Image: Complete Part III to provide any relevant information regarding the items charted any complete Part III to explain . Image: Complete Part III to provide any relevant information regarding the items charted any complete Part III to provide any relevant information relevant any complete Part III to explain any complete Part III. Image: Complete Part III to explain any complete Part III. Image: Complete Part IIII to provide any relevant any complensation complete II	Name of the organization					mber
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No B Check the appropriate box(es) if the organization provide any relevant information regarding these items. Housing allowance or residence for personal use of personal residence for personal residence for personal residence or personal residence for personal residence or personal residence for personal residence or personal residence o			52-2	221130	5	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Import items of the information and grossup payments Housing allowance or residence of personal use Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,'' complete Part III to explain 1b 2 Did the organization requires ubstantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III. 2 Imdicate which, if any, of the following the organization Written employment contract 2 Imdependent compensation or the CEO/Executive Director, but explain in Part III. Compensation committee 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year on y o	Part I Question	is Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison					Yes	No
 First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			n 990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Travel for companions Image: Travel for the companication requires substantiation prior to reimbursing or allowing expenses incurred by all directors, trust sets the compensation of the organization to establish the compensation for the companization to establish the compensation or the compensation or the companization to the compensation committee Image: Travel for the organization to establish the compensation arrow or the companization to establish the compensation arrow or the companization committee Image: Travel for the organization to establish the compensation arrow or the companization committee Image: Travel for the organization Image: Travel for the organization Image: Tra						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses desoribed above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the Organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant X Compensation survey or study 4a Participate in or receive payment from an equity based compensation arrangement? 4a X 4 Participate in or receive payment from an equity based compensation pay or accrue any compensation contigent on the revenese of: 5a X Participate in or receive payment from an equity based compensation pay or accrue any compensation contigent on the revenese of: 5a X Participate in or receive payment from an equity based compensation pay or accrue any compensation contingent on the revenese of: 5a X						
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not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			s			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 				7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		Х
Regulations section 53.4958-6(c)?						
				9		
					n 990)	2021

Schedule J (Form 990) 2021

52-2211305

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN P. BEAVERS	(i)	158,000.	0.	0.	7,500.	18,098.	183,598.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

EX 2021 Open to Public Inspection Employer identification number

52-2211305

OMB No. 1545-0047

AMAZON CONSERVATION ASSOCIATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH GOVERNMENTS, BY SUPPORTING LOCAL PEOPLE TO IMPROVE THEIR

MANAGEMENT OF NATURAL RESOURCES, AND BY DEVELOPING CONSERVATION

SOLUTIONS. SCIENTIFIC RESEARCH GUIDES OUR APPROACH, AND IS ROOTED IN

OUR BIOLOGICAL STATIONS AND FIELD PROGRAMS IN THE ANDES-AMAZON.

AMAZON CONSERVATION UNITES SCIENCE, PEOPLE, AND INNOVATION TO PROTECT

THE AMAZON - THE GREATEST WILD FOREST ON EARTH. AS GUARDIANS OF THE

MOST ICONIC FOREST ON THE PLANET THAT IS VITAL FOR THE HEALTH OF OUR

PLANET AND OUR SURVIVAL AS A SPECIES, WE BRING TOGETHER THE POWER OF

THE LATEST TECHNOLOGY, TRADITIONAL KNOWLEDGE OF LOCAL PEOPLES, AND THE

SUPPORT OF EVERYDAY PEOPLE LIKE YOU TO CREATE INNOVATIVE CONSERVATION

SOLUTIONS THAT BALANCE THE NEEDS OF PEOPLE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND NATURE. OUR HOLISTIC APPROACH FOCUSES ON PROTECTING SOME OF THE LAST WILD PLACES LEFT ON OUR PLANET, EMPOWERING PEOPLE TO BECOME CHAMPIONS FOR NATURE, AND PUTTING SCIENCE AND TECHNOLOGY TO WORK TO MOVE THE FIELD OF CONSERVATION FORWARD. THROUGH OUR WORK, WE HOPE TO ACHIEVE A THRIVING AMAZON THAT SUSTAINS THE FULL DIVERSITY OF LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CONDUCT STUDIES ON THE IMPACTS OF CLIMATE CHANGE IN THE ANDEAN AMAZON AT OUR PREMIER BIOLOGICAL STATIONS, AND DEVELOPING A FIRE MONITORING APP THAT CAN BE USED BY THE PUBLIC AND MEDIA TO TRACK FIRES HAPPENING IN ANY AMAZONIAN NATION IN REAL-TIME. IN 2020 ALONE, OUR MONITORING OF THE ANDEAN AMAZON PROJECT (MAAP) EXPOSED OVER 2,500 MAJOR FIRES IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 39

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Schedule O (Form 990) 2021	Page 2
Name of the organization AMAZON CONSERVATION ASSOCIATION	Employer identification number 52-2211305
REAL-TIME ACROSS OVER 5 MILLION ACRES IN THE AMAZON WITH	DATA FROM OUR
NOVEL FIRE TRACKING APP, AS WELL AS HELPED THE PERUVIAN G	OVERNMENT AND
LOCAL COMMUNITIES STOP 2 NEW FRONTS OF ILLEGAL GOLD MININ	G
DEFORESTATION USING OUR REMOTE SATELLITE MONITORING TECHN	OLOGY BEFORE
THEY GOT TO A POINT OF NO RETURN. THIS YEAR ALSO MARKED T	HE LAUNCH OF
OUR IN-SITU GENOMICS LAB AT OUR LOS AMIGOS CONSERVATION H	UB IN PERU.
THE LAB WILL CONDUCT BIODIVERSITY MONITORING AND ANALYSIS	USING
CUTTING-EDGE TECHNOLOGY LIKE GENOMICS, EDNA, AND MORE TO	HELP IDENTIFY
THE RISK OF ZOONOTIC DISEASES AND POTENTIALLY STOP FUTURE	PANDEMICS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: GOVERNMENTS DEVELOP "LIFE PLANS" TO ENSURE ENDURING CONSERVATION EFFORTS AND CONTINUED PROTECTION IN PROTECTED AREAS. IN 2020, DESPITE THE GLOBAL COVID-19 PANDEMIC, AMAZON CONSERVATION HELPED ESTABLISH 4 NEW CONSERVATION AREAS PROTECTING OVER 630,000 NEW ACRES OF WILD PLACES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CONFLICT MITIGATION, CLIMATE CHANGE ADAPTATION, AND MORE. IN 2020 WE ADAPTED TO THE COVID-19 GLOBAL PANDEMIC BY CONVERTING MANY OF OUR IN-PERSON TRAINING WORKSHOPS TO VIRTUAL SESSIONS, HOSTING A TOTAL OF 80 EVENTS THROUGHOUT THE YEAR (MORE THAN 1 A WEEK). IN PARTICULAR, OUR AMAZONTEC 2020 EVENT BROUGHT TOGETHER EXPERTS FROM ACROSS THE WORLD, REACHING OVER 250,000 PEOPLE ACROSS 20 COUNTRIES AND EDUCATING THEM HOW TECHNOLOGY, PUBLIC POLICY, AND FOREST GOVERNANCE CAN COME TOGETHER TO PROTECT THE RAINFOREST.

FORM	990,	PART	III,	LINE	4D,	OTHER	PROGRA	M SE	ERVICES:			
132212 11	-11-21									Schedule O	(Form 990)	2021
1440081	0 745	960 0	0490		2	021.04	40 012 AMA		CONSERVATION	ASSOCIA	00490_	_1

Schedule O (Form 990) 2021	Page 2
Name of the organization AMAZON CONSERVATION ASSOCIATION	Employer identification number 52-2211305
SUSTAINABLE LIVELIHOODS - AMAZON CONSERVATION EMPOWERS LO	CAL
COMMUNITIES TO BUILD SUSTAINABLE AND RESILIENT LIVELIHOOD	S THAT PROTECT
STANDING FORESTS AND GROW LOCAL AND NATIONAL ECONOMIES, A	S WELL AS TO
STRENGTHEN ENVIRONMENTAL GOVERNANCE THAT IMPROVES PROTECT	ION AND
MANAGEMENT OF NATURAL RESOURCES. SINCE 1997, AMAZON CONSE	RVATION'S
SUSTAINABLE LIVELIHOODS PROGRAMS HAVE EMPOWERED THOUSANDS	OF FOREST
USERS AND INDIGENOUS COMMUNITIES IN PERU AND BOLIVIA IN D	EVELOPING AND
IMPROVING THE SUSTAINABLE PRODUCTION OF FOREST PRODUCTS I	NCLUDING
BRAZIL NUTS, ACAI BERRIES AND PRECIOUS TROPICAL HARDWOODS	, WHICH
IMPROVED THEIR INCOME AND QUALITY OF LIFE. AMAZON CONSERV	ATION ALSO
SUPPORTS CONSERVATION-APPROPRIATE AGROFORESTRY INITIATIVE	S AND
MICROENTERPRISES SUCH AS NATIVE FISH FARMING AND COMMUNIT	Y-BASED
ECOTOURISM, ALL WHILE WORKING TO MITIGATE THE IMPACTS OF	INFRASTRUCTURE
DEVELOPMENT ON THE ENVIRONMENT. SINCE 2015 THE ORGANIZATI	ON HAS MADE
STRIDES IN STRENGTHENING ENVIRONMENTAL GOVERNANCE BY PROV	IDING
TECHNOLOGY TOOLS AND BUILDING CAPACITIES OF GOVERNMENTS A	ND COMMUNITIES
TO WORK TOGETHER TO REDUCE THREATS, IMPROVE THE CONTEXT F	OR
CONSERVATION, AND APPLY THE LAW AGAINST ENVIRONMENTAL CRI	MES.
FORM 990, PART VI, SECTION A, LINE 2:	
A. FORSYTH AND E. ORTIZ SHARE A BUSINESS RELATIONSHIP.	

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

THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

AUDIT COMMITTEE AND MANAGEMENT. A COPY IS THEN SENT TO THE FULL BOARD PRIOR

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TO FILING WITH THE IRS.

FORM 990,	PART VI,	SECTION B,	LINE 12C:	
132212 11-11-21				Schedule O

Schedule O (Form 990) 2021	Page 2
Name of the organization AMAZON CONSERVATION ASSOCIATION	Employer identification number 52-2211305
BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTE	REST FORM
ANNUALLY. IN ADDITION, AT EACH BOARD MEETING, BOARD MEMBE	RS 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 MO	NITORING IS
INTRINSIC TO ACA OPERATIONS IN THAT ACA STAFF WOULD BE IM	MEDIATELY AWARE OF
ANY POSSIBLE CONFLICTS, SINCE FINANCIAL AND/OR PROGRAM ST	AFF ARE INVOLVED
IN ALL ACA OPERATIONS. ALL BOARD MEMBERS SIGN A CONFLICT	OF INTEREST
POLILCY DOCUMENT ANNUALLY. STAFF ARE REQUIRED TO SIGN WHE	N THEY ARE
INITIALLY HIRED.	

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

THE EXECUTIVE DIRECTOR REVIEW COMMITTEE, COMPOSED OF INDEPENDENT BOARD MEMBERS, REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE, AND BASED ON THE PERFORMANCE, THE ORGANIZATION'S FINANCIAL CONDITION, AND DATA OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, RECOMMENDS TO THE INDEPENDENT MEMBERS OF THE BOARD THE EXECUTIVE DIRECTOR'S COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTS THE DELIBERATIONS AND DECISION. THE LAST COMPENSATION REVIEW TOOK PLACE MARCH 2021.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND OTHER INFORMATION ARE AVAILABLE BY REQUEST TO THE ORGANIZATION; THE MOST RECENT FINANCIAL INFORMATION CAN BE FOUND ON ITS WEBSITE.

132212 11-11-21

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

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMAZON CONSERVATION ASSOCIATION

Employer identification number 52 - 2211305

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 AMAZON CONSERVATION ASSOCIATION

52-2211305 Page 2

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)	(9	a)	ł) (ł	ו)	(i)		(j)		(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fro	ant income unrelated, om tax under	Share inco	of total ome		re of f-year æts	Disprop alloca	tions?	Code V-UE amount in b 20 of Sched	ox ^{ma} ule ^{pa}	eneral o anaging artner?	owr			
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y e	es No				
	_																	
	_																	
	_																	
														_				
	_																	
	_																	
	4																	
														_				
	-																	
	-																	
	-																	
			+									+						
	-																	
	-																	
	-																	
V Identification of Related C organizations treated as a c	rganizations Taxable corporation or trust duri	as a Corpo ing the tax	pration or Trust. Co year.	omplete if th	ne organizati	ion answ	vered "Yes	" on For	m 990, Pa	art IV,	line 34	4, because it h	ad one	e or m	nore r	elat		
(a)			(b)	(c)	(d)		(e)		(f)			(g)	۱)	h)		(i) ectio		
Name, address, and of related organizat		Prim		egal domicile (state or foreign	Direct cont entity		Type of (C corp, S or tru	entity S corp,	Share o inco	f total			Perce		512 cor	2(b)(ntroll ntity		
				country)			51 11 61	/					1		Yes			

		country)		0. 1. 0.01)				Yes	No
TURISMO Y CONSERVACION SAC	DEVELOP ECOTOURIST		AMAZON						
AV. 28 DE JULIO N 571	ACTIVITIES IN THE		CONSERVATION						
TAMBOPATA, PERU	AMAZON AREA	PERU	ASSOCIATION	C CORP	16,760.	62,894.	51.00%	Х	

Schedule R (Form 990) 2021 AMAZON CONSERVATION ASSOCIATION

	Part V	$\label{eq:constraint} \textbf{Transactions With Related Organizations.} \ \textbf{Complete if the organization answered}$	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--	--------	--	--

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No	
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		Х	
	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		Х	
h	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
о	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TURISMO Y CONSERVACION SAC	В	75,000.	CASH
(2)			
(3)			
_(4)			
(5)			
_(6)			
132163 11-17-21	45		Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 AMAZON CONSERVATION ASSOCIATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	II sec. (3) ?	(f) Share of total income	(H Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or F ging er?	(k) Percentage ownership
		oodinity)	Sections 312-314)	Yes I	No		Yes	No	(101111003)	Yes I	NO	

Schedule R (Form 990) 2021