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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**AMAZON CONSERVATION TEAM**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

4211 NORTH FAIRFAX DRIVE

Room/suite

City or town, state or country, and ZIP + 4

ARLINGTON, VA 22203**F Name and address of principal officer** **MARK J. PLOTKIN**
SAME AS C ABOVE**D Employer identification number****54-1915987****E Telephone number****703-522-4684****G Gross receipts \$****2,805,758.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.AMAZONTEAM.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1998** **M State of legal domicile:** **VA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ACT PARTNERS WITH INDIGENOUS PEOPLES TO PROTECT BIODIVERSITY, HEALTH AND CULTURE IN AMAZONIA.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,871,744.	Current Year 2,787,334.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,607.	10,142.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,163.	8,282.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,898,514.	2,805,758.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,709,390.	2,640,854.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	977,913.	1,129,390.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,735.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	411,102.	594,223.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,098,405.	4,364,467.
	19	Revenue less expenses. Subtract line 18 from line 12	<1,199,891.>	<1,558,709.>
	20	Total assets (Part X, line 16)	Beginning of Current Year 3,939,784.	End of Year 2,546,575.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	113,131.	278,631.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,826,653.	2,267,944.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	MARK J. PLOTKIN	08/04/2011			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANK H. SMITH	Frank H. Smith	8/4/2011		
Firm's Name	Firm's name ▶ RAFFA, PC	Firm's EIN ▶			
	Firm's address ▶ 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036	Phone no. 202-822-5000			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)516
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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

THE MISSION OF THE AMAZON CONSERVATION TEAM (ACT) IS TO WORK IN PARTNERSHIP WITH INDIGENOUS PEOPLES TO CONSERVE BIODIVERSITY, IMPROVE HUMAN AND ECOLOGICAL HEALTH AND FORTIFY TRADITIONAL CULTURE IN AMAZONIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,195,680. including grants of \$ 1,708,679.) (Revenue \$)
 BIODIVERSITY PROTECTION: WORKING HAND-IN-HAND WITH THE WAI-WAI, KAXUYANA, TXIKIYANA, TUNAYANA AND KAHYANA PEOPLES OF THE NORTHERN BRAZILIAN AMAZON, ACT HELPED THE TRIBES COMPLETE LAND USE MAPPING OF SOME 25 MILLION ACRES OF THEIR AMAZONIAN LANDS. IN THE MULTI-MONTH DATA COLLECTION PHASES, OVER 20 ACT-TRAINED INDIGENOUS RESEARCHERS MET WITH ELDERS, SHAMANS, HUNTERS AND OTHER TRIBAL MEMBERS ACROSS MUCH OF THIS VAST EXTENT. AREAS INCLUDED IN THE MAPPING WERE THE TROMBETAS MAPUERA AND NHAMUNDA MAPUERA INDIGENOUS RESERVES, THE TROMBETAS STATE FOREST AND BIOLOGICAL RESERVES, AND THE GRAO PARA STATE PARK. THE LARGER PROJECT GOAL HAS BEEN TO PROVIDE THE INDIGENOUS GROUPS WITH THE BASIS FOR THE EVENTUAL AUTONOMOUS PROTECTION OF THEIR LANDS AND NATURAL RESOURCES AND FOR THE STRENGTHENING OF THEIR COMMUNITIES AND

4b (Code:) (Expenses \$ 736,772. including grants of \$ 584,403.) (Revenue \$)
 PRESERVATION AND PROMOTION OF INDIGENOUS CULTURE: IN BRAZIL, ACT SUPPORTED THE CONSTRUCTION OF THREE STRUCTURES FOR THE BENEFIT OF THE TULUKAI INDIGENOUS ASSOCIATION OF THE WAURA PEOPLE OF THE XINGU INDIGENOUS RESERVE: AN OFFICE TO HOUSE THE ASSOCIATION'S ADMINISTRATIVE WORK AND MEETINGS; GUEST QUARTERS TO RECEIVE VISITORS, ESPECIALLY FROM THE GOVERNMENT AND NGOS, AND TO PROVIDE A WORKSPACE FOR VISITORS; AND A KITCHEN TO PROVIDE FOR THOSE VISITORS AND ASSOCIATED MEETINGS. WITH THIS CONSTRUCTION, THE WAURA WILL NOW BE ABLE TO CONDUCT THE MAJORITY OF THEIR ASSOCIATION BUSINESS WITHIN THEIR OWN COMMUNITY, AND NOW HAVE A SIGNIFICANTLY UPGRADED CAPACITY TO NETWORK AND NEGOTIATE EFFECTIVELY WITH THE OUTSIDE WORLD AND TO MANAGE THEIR ADMINISTRATIVE AFFAIRS ON-SITE.

4c (Code:) (Expenses \$ 498,723. including grants of \$ 347,772.) (Revenue \$)
 HEALTH IMPROVEMENT: IN COLOMBIA, ACT CONTINUED TO PROVIDE DIRECT SUPPORT FOR SIX INDIGENOUS HEALERS AND THREE HEALERS' APPRENTICES OF FIVE TRIBES OF THE EASTERN COLOMBIAN ANDES, ALLOWING THEM TO FOCUS THEIR ENERGIES ON THE RESTORATION OF TRADITIONAL MEDICINAL PRACTICES IN THEIR COMMUNITIES RATHER THAN ON PERSONAL INCOME-GENERATING ACTIVITIES. ACT ALSO PROVIDED INDIRECT SUPPORT TO 40 ADDITIONAL SHAMANS AND APPRENTICES AND 40 WOMEN HEALERS OF THESE TRIBES.

IN COLOMBIA, IN THE DEPARTMENT OF PUTUMAYO, ACT SPONSORED THE SIX-DAY 7TH GATHERING OF WOMEN HEALERS FOR THE ASSOCIATION OF WOMEN HEALERS OF THE EASTERN ANDEAN AMAZON; MORE THAN 60 WOMEN HEALERS AND THEIR APPRENTICES OF FOUR TRIBES MEET ANNUALLY TO REVIEW PROGRESS MADE IN

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,431,175.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16	
1b Enter the number of voting members included in line 1a, above, who are independent	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELIZABETH ERDAHL - 703-522-4684**
4211 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET BAKER CLARK CHAIR	1.00	X		X				0.	0.	0.
DAVID STOUP TREASURER	1.00	X		X				0.	0.	0.
STEPHEN ALTSCHUL, PH.D. SECRETARY	1.00	X		X				0.	0.	0.
ADAM ALBRIGHT DIRECTOR	1.00	X						0.	0.	0.
RACHEL ALBRIGHT DIRECTOR	1.00	X						0.	0.	0.
WADE BLACK DIRECTOR (THRU 04/10)	1.00	X						0.	0.	0.
ROBERT BOYKIN DIRECTOR (THRU 03/10)	1.00	X						0.	0.	0.
WILLIAM M. CAMERON DIRECTOR	1.00	X						0.	0.	0.
KEN COOK DIRECTOR	1.00	X						0.	0.	0.
STEPHANIE DODSON DIRECTOR	1.00	X						0.	0.	0.
MAX GOLDENSOHN DIRECTOR	1.00	X						0.	0.	0.
MARIA JOSE GONTIJO DIRECTOR	1.00	X						0.	0.	0.
THOMAS LOVEJOY DIRECTOR	1.00	X						0.	0.	0.
MELINDA MAXFIELD DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH MURRELL DIRECTOR	1.00	X						0.	0.	0.
NORA POUILLON DIRECTOR	1.00	X						0.	0.	0.
SUSAN SARANDON DIRECTOR (THRU 02/10)	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN SCHAUFELD DIRECTOR	1.00	X						0.	0.	0.
MARK J. PLOTKIN PRESIDENT	40.00	X		X				149,831.	0.	6,270.
TAMAR DATAN EXECUTIVE VICE PRESIDENT	30.00			X				95,167.	0.	9,162.
ELIZABETH ERDAHL CHIEF FINANCIAL OFFICER	30.00			X				76,372.	0.	3,082.
1b Sub-total								321,370.	0.	18,514.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								321,370.	0.	18,514.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 9,679.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,850.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,773,805.				
	g Noncash contributions included in lines 1a-1f \$	12,640.				
	h Total. Add lines 1a-1f		2,787,334.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,142.			10,142.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	8,282.			8,282.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		8,282.				
12 Total revenue. See instructions.		2,805,758.	0.	0.	18,424.	

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,640,854.	2,640,854.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,745.	97,156.	18,737.	29,852.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	722,615.	362,391.	319,051.	41,173.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,931.	12,540.	12,456.	2,935.
9 Other employee benefits	165,331.	55,495.	103,199.	6,637.
10 Payroll taxes	67,768.	28,640.	32,620.	6,508.
11 Fees for services (non-employees)				
a Management	99,389.	73,559.	16,970.	8,860.
b Legal	1,929.		1,929.	
c Accounting	16,919.		16,919.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	8,088.			8,088.
13 Office expenses	54,830.	5,787.	45,719.	3,324.
14 Information technology	55,698.	8,566.	46,632.	500.
15 Royalties				
16 Occupancy	76,038.	4,838.	71,200.	
17 Travel	90,024.	35,518.	37,493.	17,013.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,980.	6,750.	54,720.	2,510.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,043.		1,043.	
23 Insurance	9,893.		9,893.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROJECT/FIELD RELATED	93,853.	93,853.		
b LICENSES & MISC. EXP.	22,539.	5,228.	8,976.	8,335.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,364,467.	3,431,175.	797,557.	135,735.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	233,802.	1	354,751.
	2 Savings and temporary cash investments	2,290,599.	2	1,541,518.
	3 Pledges and grants receivable, net	1,181,280.	3	317,469.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,523.	9	26,299.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 170,104.		
	b Less: accumulated depreciation	10b 41,556.	10c 1,091.	128,548.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	204,489.	15	177,990.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,939,784.	16	2,546,575.	
Liabilities	17 Accounts payable and accrued expenses	113,131.	17	128,743.
	18 Grants payable		18	
	19 Deferred revenue		19	21,288.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	0.	25	128,600.
	26 Total liabilities. Add lines 17 through 25	113,131.	26	278,631.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,283,174.	27	999,739.
	28 Temporarily restricted net assets	2,543,479.	28	1,268,205.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,826,653.	33	2,267,944.
34 Total liabilities and net assets/fund balances	3,939,784.	34	2,546,575.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,805,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,364,467.
3	Revenue less expenses Subtract line 2 from line 1	3	<1,558,709.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,826,653.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,267,944.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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 in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4568158.	4526691.	7020748.	2871744.	2787334.	21774675.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4568158.	4526691.	7020748.	2871744.	2787334.	21774675.
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)						6554946.
6 Public support. Subtract line 5 from line 4						15219729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4568158.	4526691.	7020748.	2871744.	2787334.	21774675.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,286.	47,150.	21,577.	6,607.	10,142.	119,762.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,856.	6,789.	9,093.	8,868.	8,282.	41,888.
11 Total support. Add lines 7 through 10						21936325.
12 Gross receipts from related activities, etc. (see instructions)					12	91,483.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	69.38	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.30	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number

54-1915987

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

- | | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 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 impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 day of the tax year.
- | | Held at the End 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 |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		128,500.		128,500.
d Equipment		41,604.	41,556.	48.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				128,548.

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: ACT PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS

FOR THE YEAR ENDED DECEMBER 31, 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

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Inspection

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AMAZON CONSERVATION TEAM

54-1915987

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA	3	0	PROGRAM SERVICES	ACTIVITIES IN BRAZIL, COLOMBIA AND SURINAME.	2,640,854.
3 a Sub-total	3	0			2,640,854.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	0			2,640,854.

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

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 2: MONTHLY REPORTING OF EXPENSES TO ACT-HQ IN
THE US IS REQUIRED AND SCHEDULED SITE VISITS AND INTERNAL AUDIT REVIEWS
ARE UNDERTAKEN BY A US TEAM. ADDITIONALLY WE AT ACT-HQ HAVE ONLINE ACCESS
TO THE ACCOUNTING SOFTWARE (QUICKBOOKS) BEING USED BY ACT-BRAZIL,
ACT-COLOMBIA AND ACT-SURINAME.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK J. PLOTKIN	(i) 148,893.	0.	938.	5,584.	685.	156,100.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number

54-1915987

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRADITIONAL CULTURE.

IN BRAZIL, INVITED BY THE BRAZILIAN STATE OF PARA'S ENVIRONMENT
SECRETARY, AND WITH THE SUPPORT OF THE BRAZILIAN NATIONAL INDIGENOUS
AFFAIRS AGENCY, ACT AND THE INDIGENOUS CULTURAL ASSISTANCE NGO KANINDE
ARE IMPLEMENTING A DIAGNOSTIC SURVEY AND DEVELOPING THE ETHNO-ZONING
METHODOLOGY FOR THE TROMBETAS MAPUERA RESERVE OF THE WAI WAI INDIGENOUS
PEOPLE, HAND-IN-HAND WITH THE WAI-WAI INDIGENOUS ASSOCIATION APIM. THE
PROJECT'S OBJECTIVE IS TO COLLECT ESSENTIAL INFORMATION REGARDING
NATURAL RESOURCES, RESOURCE USE, THE SUSTAINABILITY OF INDIGENOUS
COMMUNITIES AND SOCIAL AND TRADITIONAL FEATURES OF THE RESERVE. THE
ETHNO-ZONING PROCESS IS NECESSARY TO ACHIEVE INFORMED COLLABORATIVE
REGIONAL PLANNING FOR LAND USE POLICIES, AND WILL SERVE AS THE BASIS
FOR A PAYMENT FOR ECOSYSTEM SERVICES AND REDUCED EMISSIONS FROM
DEFORESTATION AND FOREST DEGRADATION (REDD) PROPOSAL FOR THE REGION.

IN BRAZIL, IN A PARTNERSHIP BETWEEN ACT, THE NORTHERN AMAZONIAN
INDIGENOUS ASSOCIATION APITIKATXI, THE STATE ENVIRONMENT SECRETARY, THE
INSTITUTO ESTADUAL DE FLORESTA, AND THE GOVERNMENT OF THE BRAZILIAN
STATE OF AMAPA, A REDD PROJECT DEVELOPMENT TRAINING COURSE FOR
INDIGENOUS REPRESENTATIVES- FOCUSING ON PARTICIPANTS IN PREVIOUS PARK
GUARD TRAINING COURSES-WAS HELD IN AMAPA. TWENTY PARTICIPANTS FROM THE
APALAI, WAIANA, TIRIYO, KAXUYANA, WAIAPI, KARIPUNAS AND GALIBI
COMMUNITIES STUDIED THE BASIC GUIDELINES OF A REDUCED EMISSIONS FROM
DEFORESTATION AND FOREST DEGRADATION (REDD) PROJECT, INCLUDING

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

AMAZON CONSERVATION TEAM

Employer identification number

54-1915987

ASSESSMENT OF AREA CARBON STOCKS; GAINED AN UNDERSTANDING OF THE
COMPLEXITY AND VARIABILITY OF SUCH A PROJECT; AND LEARNED THE
RESPONSIBILITIES OF PARTICIPATING COMMUNITIES AFTER IMPLEMENTATION.

IN BRAZIL, IN PORTO VELHO, RONDONIA, INDIGENOUS PEOPLES OF THE
MONDE-KWAHIBA ETHNO-ENVIRONMENTAL CORRIDOR-A TERRITORY THAT SPANS THE
EAST OF RONDONIA, THE WEST OF MATO GROSSO AND THE SOUTH OF AMAZONAS
STATES-RECEIVED OVER TWO WEEKS OF THEORETICAL AND PRACTICAL TRAINING IN
ENVIRONMENTAL SURVEILLANCE AND CONSERVATION ACTIVITIES THROUGH A FIRST
TRAINING COURSE FOR INDIGENOUS ENVIRONMENTAL AGENTS, ORGANIZED AND
COORDINATED BY ACT AND THE BRAZILIAN CULTURAL ASSISTANCE NGO KANINDE.
WITH A DURATION OF 180 HOURS, AND PARTICIPATION OF 32 REPRESENTATIVES
OF THE SURUI, CINTA LARGA, JIAHUI AND ZORO INDIGENOUS PEOPLES, THE
COURSE INCLUDED MODULES IN ENVIRONMENTAL AND INDIGENOUS RIGHTS;
CARTOGRAPHY; GPS USE; ECOTOURISM; INDIGENOUS LAND PROTECTION (LAND AND
WATER-BASED MONITORING); RADIO COMMUNICATION; AND FIREFIGHTING AND
FIRE-MANAGEMENT TECHNIQUES.

IN BRAZIL, ACT HAS WORKED TOGETHER WITH THE SURUI PEOPLE TO DEVELOP THE
VERY FIRST REDUCTION IN EMISSIONS FROM DEFORESTATION AND FOREST
DEGRADATION (REDD) PROJECT WITH AN INDIGENOUS COMMUNITY IN THE
BRAZILIAN AMAZON. THE SURUI CARBON PROJECT, WHICH SEEKS TO HELP THE
SURUI FINANCE THE PROTECTION AND MANAGEMENT OF THEIR FORESTS BY
CONNECTING THEM TO THE GLOBAL CARBON MARKET, IS BEING IMPLEMENTED IN
COLLABORATION WITH THE NGOS FOREST TRENDS, IDESAM, FUNBIO AND KANINDE,
WHILE THE SURUIS' METAREILA ASSOCIATION COORDINATES THE PROCESS. THE
SURUI INITIALLY ARE WORKING TO REFOREST 7,000 ACRES AND ACCESS THE
INTERNATIONAL CARBON MARKET THROUGH REDD, CONDUCTING DETAILED FOREST

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INVENTORIES TO DEVELOP BASELINES AND ATTAIN "GOLD" STATUS UNDER CCB STANDARDS; IN A PARALLEL EFFORT, THEY WILL MEASURE AND SELL CREDITS FOR AVOIDING DEFORESTATION ON THEIR 600,000-ACRE RESERVE. ACT BROUGHT THE SURUI REFORESTATION PROJECT TO SEVEN VILLAGES (LAPETANHA, TIKA, IRATANA, LINHA 09, LINHA 10, ATAMOIA, AND APOENA MEIRELLES) WITH THE DISTRIBUTION OF 24,750 TREE SEEDLINGS.

IN BRAZIL, RESEARCH FOR A COLLABORATIVE AND EXHAUSTIVE ETHNO-ENVIRONMENTAL DIAGNOSTIC (SURVEY) OF THE 612,000-ACRE SETE DE SETEMBRO INDIGENOUS RESERVE OF BRAZIL'S SURUI PEOPLE WAS COMPLETED; RESEARCH HAD BEGUN IN JULY 2009. THE PROJECT PARTNERS-ACT, THE SURUI ASSOCIATION METAREILA, AND THE BRAZILIAN NGO KANINDE-VALIDATED THE DIAGNOSTIC WITHIN THE SURUI COMMUNITIES. THE ANALYSIS WAS CONDUCTED IN TWO PHASES AND GATHERS INFORMATION AS TO THE RESERVE'S MASTOFAUNA (MAMMALS OF MEDIUM AND LARGE SIZE), HERPETOFAUNA (AMPHIBIANS AND REPTILES), FISH, BIRDS, VEGETATION AND MYCOLOGY (FUNGI). WHEN FULLY VALIDATED, THE STUDY WILL BE PUBLISHED AND CIRCULATED TO THE COMMUNITY, AND IS A NECESSARY SUPPORTING DOCUMENT TO THE MANAGEMENT PLAN OF THE SURUI PEOPLE, GREATLY STRENGTHENING THEIR ARGUMENT FOR THE CONSERVATION OF THEIR FORESTS IN THE FACE OF SEVERE LOGGING PRESSURES.

IN BRAZIL, IN THE TUMUCUMAQUE INDIGENOUS PARK, ACT PROVIDED A FIVE-DAY TRAINING COURSE TO 12 GRADUATES OF ITS INDIGENOUS PARK GUARD TRAINING COURSE TO CARRY OUT SMALL REPAIRS TO OUTBOARD MOTORS, WHICH WILL IMPROVE THE LIVES OF THEIR SEVEN COMMUNITIES AND ALLOW THOSE COMMUNITIES TO AVOID HAVING TO BRING MOTORS WITH SMALL DEFECTS TO THE DISTANT CITIES. ALL PARTICIPANTS WERE TRAINED TO IDENTIFY THE PARTS OF AN OUTBOARD MOTOR (INCLUDING CARBURETOR, ELECTRICAL SYSTEM, ENGINE,

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HOUSING, GEARBOX, WATER INTAKE AND PROPELLER), THEIR FUNCTION, AND THE MOST COMMON PROBLEMS AND THEIR RESOLUTION, AND WERE SHOWN HOW THE INDIVIDUAL PARTS MAY BE ACCESSED. DURING THEIR EVALUATION, THE PARTICIPANTS WERE ABLE TO DISMANTLE A MALFUNCTIONING MOTOR AND LOCATE AND EVALUATE THE DAMAGED PART.

IN BRAZIL, ACT AND THE REGIONAL INDIGENOUS ASSOCIATION APITIKATXI CONDUCTED A FIRST PARK GUARD TRAINING COURSE IN THE STATE OF PARA, EFFECTIVELY THE SIXTH ANNUAL EDITION OF A COURSE THAT BEGAN IN 2005. THE COURSE TRAINED 30 INDIGENOUS REPRESENTATIVES OF TEN ETHNIC GROUPS TO ACT IN PROTECTED AREAS, TEACHING CONCEPTS OF INDIGENOUS AND ENVIRONMENTAL LEGISLATION, WASTE MANAGEMENT, FIRST AID, AQUATIC AND TERRESTRIAL RESCUE, AND FIREFIGHTING, AMONG OTHERS. IN THE PREVIOUS COURSES, HELD IN THE NEIGHBORING STATE OF AMAPA, ACT HAD ALREADY TRAINED 112 INDIGENOUS BRAZILIANS TO ACT AS PARK GUARDS.

IN COLOMBIA, IN MARCH 2010, ACT PROVIDED A TEN-DAY TRAINING WORKSHOP ON GEOGRAPHIC INFORMATION SYSTEMS TO 25 LEADERS OF THE TANDACHIRIDU INGANOKUNA ASSOCIATION OF THE INGA INDIGENOUS PEOPLE OF THE DEPARTMENT OF CAQUETA. TOPICS PRESENTED INCLUDED AN INTRODUCTION TO GIS AND ARCGIS; CONFIGURATION OF A GPS HANDHELD AND MODIFICATION OF THE COORDINATE SYSTEM; DIGITIZATION AND REVISION OF POSITIONING INFORMATION; AND USES OF CARTOGRAPHY AS AN INSTRUMENT TO REPRESENT THE REAL WORLD. PRACTICAL EXERCISES INCLUDED THE GEO-REFERENCING OF LOCAL LANDMARKS. THE SKILLS AND KNOWLEDGE GAINED WILL BE OF GREAT USE TO THE ASSOCIATION IN ESTABLISHING THE TECHNICAL BASIS FOR IMPROVED MONITORING AND CONSERVATION OF INGA LANDS.

Name of the organization

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WITH THE FULL SUPPORT OF THE GOVERNMENT, ACT GUIDED SURINAME'S INDIGENOUS AND MAROON COMMUNITIES IN THE ETHNOGRAPHIC AND LAND USE MAPPING OF 90% OF ALL INDIGENOUS AND NATIVE LANDS IN SURINAME, OR ABOUT 64% OF SURINAME'S LAND AREA. IN THE PROCESS, ACT COLLABORATED CLOSELY WITH THE FOLLOWING GROUPS: MAROON COMMUNITIES OF CENTRAL SURINAME, SPECIFICALLY THE SARAMAKA & MATAWAI (SOUTH-CENTRAL) AND KWINTI (NORTH-CENTRAL); MAROON COMMUNITIES OF EASTERN SURINAME, SPECIFICALLY THE AUCAN (NDYUKA), PARAMAKA, AND ALUKU (BONIS); AND THE TRIO AND WAYANA INDIGENOUS COMMUNITIES. ACT MADE VISITS TO ALL MAJOR MAROON VILLAGES-MOST EXTENSIVELY IN THE THE MAROWIJNE, LAW A AND TAPANAHONY RIVER REGIONS-TO INTRODUCE THE PROJECT, BUILD COMMUNITY RELATIONSHIPS, CONDUCT SCOUTING, BUILD ENVIRONMENTAL AWARENESS AND CONDUCT ETHNOLOGICAL RESEARCH BEFORE CARRYING OUT THE MAPPING PROCESS WITH LOCAL MAPPING TEAMS. DEMARCATION WORKSHOPS WERE HELD FOR THE TRIO AND WAYANA, AND ACT COORDINATED THEIR MEETING WITH GOVERNMENT MINISTRIES TO FACILITATE THE LAND RIGHTS DIALOGUE.

IN SURINAME, ACT PROVIDED CONTINUOUS ASSISTANCE AND GUIDANCE TO THE WORK OF INDIGENOUS PARK GUARDS ACTIVE IN THE VILLAGES OF KWAMALASAMUTU, TEPU, SIPALIWINI, AND APETINA, PROVIDING SUPPLIES, COORDINATING ENCOUNTERS BETWEEN THE GUARDS AND WARDENS FROM SURINAME'S NATURE CONSERVATION DIVISION AND LEADING THE GUARDS IN ENVIRONMENTAL MONITORING EXERCISES. ACT ALSO COMMENCED CONSTRUCTION OF GUARD POSTS FOR THE INDIGENOUS PARK GUARDS OF THE INTERIOR VILLAGES OF TEPU AND SIPALIWINI.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization

AMAZON CONSERVATION TEAM

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IN COLOMBIA, IN THE DEPARTMENT OF CAQUETA, ACT CONTINUED TO FUND THE YEAR-LONG OPERATIONS OF AN ETHNOEDUCATION SCHOOL INSTRUCTING 90 INGA INDIGENOUS YOUTHS WHO ATTEND CLASSES IN THE CONTEXT OF THEIR TRADITIONAL CULTURES AND WHO CULTIVATE A TRADITIONAL AGRICULTURE FARM WHERE THE STUDENTS LEARN FIRST-HAND THE SUSTAINABLE FARMING TECHNIQUES THAT ALLOW THEM TO GROW THEIR OWN FOOD, CONTRIBUTE TO THE FOOD RESOURCES OF THE SURROUNDING COMMUNITIES, AND PROVIDE AN ECONOMIC BASE FOR THEIR INSTITUTION. ACT ALSO PROVIDED STIPENDS TO THE SCHOOL'S 12 TEACHERS. IN 2010, THE INFRASTRUCTURE OF THE SCHOOL'S PLANT NURSERY WAS IMPROVED AND EQUIPPED WITH THE NECESSARY MATERIALS FOR THE PRODUCTION OF ORGANIC FERTILIZERS FOR PLANT AND SOIL NUTRITION. THE NURSERY NOW HAS THE CAPACITY TO PROVIDE SHELTER TO MORE THAN 17,000 YOUNG PLANTS ANNUALLY, AND HAS PROVIDED MORE THAN 7,000 TREES FOR THE ESTABLISHMENT OF A 10-HECTARE AGROFORESTRY SYSTEM THAT COMBINED AGRICULTURAL AND FORESTRY TECHNOLOGIES TO CREATE MORE SUSTAINABLE LAND-USE PRACTICES IN THE SCHOOL. ALSO IN 2010, FOLLOWING PETITIONING BY ACT STAFF, THE SCHOOL JOINED THE RANKS OF ACCREDITED SCHOOLS ELIGIBLE FOR COLOMBIAN STATE SUPPORT.

IN COLOMBIA, FOR THE INGA AND COREGUAJE INDIGENOUS COMMUNITIES OF THE DEPARTMENT OF CAQUETA, ACT CONTINUED TO FULLY FUND THE OPERATIONS OF TWO INDIGENOUS-RUN RADIO STATIONS THAT BROADCAST 40 HOURS OF COMMUNITY PROGRAMMING WEEKLY.

IN SURINAME, ACT FUNDED THE OPERATIONS OF THE TRADITIONAL SCHOOLS IT ESTABLISHED IN THE INDIGENOUS VILLAGES OF KWAMALASAMUTU, TEPU AND SIPALIWINI AND PAID TEACHER STIPENDS.

IN SURINAME, ACT PROVIDED A FIVE-DAY TRAINING SESSION ON LEADERSHIP

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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SKILLS, COMMUNICATION BUILDING, AND MANAGEMENT OF SAVINGS AS A
COMMUNITY TO 60 VILLAGE LEADERS AND CLINIC STAFF OF THE REMOTE INTERIOR
VILLAGES OF KWAMALASAMUTU, TEPU, APETINA, AND PALUMEU.

IN SURINAME, WITH SPONSORSHIP FROM THE IUCN, ACT BEGAN ASSISTING THE
RAINFOREST COMMUNITY OF KWAMALASAMUTU IN THE DEVELOPMENT OF AN
IMMUNITY-BOOSTING TEA PRODUCT FOR SUSTAINABLE INCOME GENERATION. ACT
HAD PROVIDED TRAINING TO THE COMMUNITY TEAM IN PLANT PROPAGATION AND
CULTIVATION, PACKAGING, FOOD SAFETY, MARKETING, BUSINESS PLANNING,
BOOKKEEPING, AND PROJECT ADMINISTRATION. PRODUCTION FACILITIES ARE
BEING CONSTRUCTED, AND A MANAGEMENT PLAN IS UNDER DEVELOPMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PRESERVING ASPECTS OF THEIR MEDICAL AND CULTURAL KNOWLEDGE, IN
ADVANCING THEIR HANDICRAFT PRODUCTION AND SUSTAINABLE AGRICULTURAL
PROJECTS, AND IN PROVIDING SUPPORT TO THOSE OF THEIR MEMBERSHIP IN
GREAT POVERTY. ADDITIONALLY, ACT CONTINUED TO FUND THE MAINTENANCE OF
THE WOMEN'S MEETING CENTER AND ITS ADJOINING SUSTAINABLE ANIMAL FARMS
(AQUACULTURE AND POULTRY) AND TRADITIONAL GARDENS. ANNUAL STIPENDS
ALSO WERE PROVIDED FOR FIVE MEMBERS OF THE ASSOCIATION. THIS SUPPORT
STRENGTHENS THE HEALTH AND TRADITIONAL CULTURAL BASIS OF AT LEAST 350
FAMILIES OF FIVE INDIGENOUS COMMUNITIES FROM THE EASTERN ANDEAN
PIEDMONT REGION OF COLOMBIA.

IN COLOMBIA, ACT PROVIDED ONGOING TECHNICAL ASSISTANCE, ONSITE
OVERSIGHT AND TRAINING IN SUSTAINABLE AGRICULTURE FOR INDIGENOUS AND
PEASANT COMMUNITIES LOCATED IN THE BORDERLANDS OF THE ALTO FRAGUA INDI
WASI NATIONAL PARK, WITH A FOCUS ON THE INSTALLATION AND MAINTENANCE OF

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CACAO AGROFORESTRY PLOTS AND PLANT NURSERIES. WITH ACT SUPPORT, INGA STUDENTS AND INDIGENOUS LEADERS ASSOCIATED IN THE TANDACHIRIDU INGANOKUNA ASSOCIATION INITIATED THE ESTABLISHMENT OF 123 HA IN AGRO-FORESTRY SYSTEMS IN THE CONNECTIVITY BETWEEN TWO INDIGENOUS RESERVES AND THE PROTECTED AREA. ADDITIONALLY, FOR SIONA COMMUNITIES, ACT HELPED THE SIONA INSTALL 90 NUTRITIONAL AND MEDICINAL PLANT GARDENS.

IN SURINAME, ACT PROVIDED ALL NECESSARY OPERATIONAL SUPPLIES FOR ACT-CONSTRUCTED TRADITIONAL MEDICINE CLINICS IN THE INDIGENOUS VILLAGES OF KWAMALASAMUTU, TEPU, AND APETINA AND THE AUCANER MAROON VILLAGE OF GONINI MOFO AS WELL AS A HOSPITAL FACILITY IN KWAMALASAMUTU FOR LONGER STAYS AND INTERGENERATIONAL TEACHING OPPORTUNITIES.

IN SURINAME, THE TRADITIONAL MEDICINE CLINICS THAT ACT HAS HELPED ESTABLISH IN THE COUNTRY'S REMOTE INTERIOR CURRENTLY HOST THOUSANDS OF PATIENT VISITS ANNUALLY. HOWEVER, THEIR REMOTE LOCATION POSES CHALLENGES FOR CENTRALIZED WATER DISTRIBUTION. TO ADDRESS THIS NEED, A WATER COLLECTION AND DISTRIBUTION SYSTEM WAS DEvised AND INSTALLED TO PROVIDE WATER FOR THE LARGEST OF THE FOUR CLINICS IN SURINAME IN THE VILLAGE OF KWAMALASAMUTU IN ORDER TO BRING THIS ESSENTIAL RESOURCE TO THE HEALTH CARE PRACTITIONERS IN THE CLINIC.

FORM 990, PART VI, SECTION A, LINE 2: ADAM ALBRIGHT, DIRECTOR, HAS A FAMILY RELATIONSHIP WITH RACHEL ALBRIGHT, DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY MANAGEMENT FIRST THEN IT IS SENT TO THE BOARD VIA EMAIL FOR A FINAL REVIEW

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PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12: OUR BOARD OF DIRECTORS ANNUALLY
REVIEWS AND SUBMITS COMPLETED CONFLICT OF INTEREST FORMS. SENIOR MANAGEMENT
ALSO REVIEWS AND SUBMITS THESE FORMS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF ACT OFFICERS AND
KEY EMPLOYEES AS WELL AS THE REST OF THE EMPLOYEES ARE NEAR MEDIAN FOR
SIMILAR POSITIONS AT COMPARABLE NONPROFIT ORGANIZATIONS. COMPENSATION
ADJUSTMENTS (BUDGET PERMITTING) ARE BASED ON MERIT PER ANNUAL PERFORMANCE
REVIEW. THE FINAL COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION
COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, SUCH AS
BYLAWS, ARTICLES OF INCORPORATION, AND BOARD ADOPTED POLICIES ARE AVAILABLE
TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE PUBLISHED ON OUR
WEBSITE AND ALSO AVAILABLE THROUGH OUR INTERNET SITES SUCH AS GUIDESTAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

2010
Open to Public Inspection

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

[illegible]

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

[illegible]

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

Schedule R (Form 990) 2010

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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 other organization		(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ACT-COLOMBIA		B	885,076.FMV	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.