# Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2018 calen	dar year, or tax yea	ar beginning			, 20	018, and	d endin	g		,		
В	Check i	f applicable:	С								D Employ	er identifi	cation numb	er
	Ad	ldress change	ADVENTURERS	AND SCIE	NTIS'	TS FOR					45-3	33453	38	
	Na	ame change	CONSERVATIO				ENTISTS	S			E Telepho			
		tial return	PO BOX 1834							(406) 624-3320				
	$\blacksquare$	al return/terminated	BOZEMAN, MT	59771							(10	0) 02	1 3320	<del>,</del>
	$\blacksquare$										<b>G</b> Gross re	خ	1 7	22 207
	$\blacksquare$	nended return	E Name and address	-fii1 -ffi						H(a) Is this a				23,287.
	Ap	plication pending		or principal officer:	GREC	GG TREI	NISH			` '				Yes X No
			Same As C A				1.0			H(b) Are all If "No,"	attach a list.	(see inst	ructions)	Yes No
<u> </u>		exempt status:		( ) (	) <b>▼</b> (ins		4947(a)(1	l) or	527					
J	Wel	bsite: ► WW	W.ADVENTURE:	SCIENTISTS	S.ORG	3				H(c) Group	exemption nu	ımber 🟲		
K		of organization:	X Corporation T	rust Associa	ation	Other ►		L Year	of format	ion: 2014	4 M s	tate of leg	gal domicile:	MT
Pa	ırt I	Summar												
	1	Briefly descri	be the organization	's mission or n	most si	gnificant a	ctivities:	See	Sche	dule 0				
a														
2														
Ĕ														
Activities & Governance		Check this bo		anization disco								et asse	ts.	
<u>ت</u>			ting members of the									3		6
တ္သ			dependent voting n									4		5
i≌			of individuals emp									5		15
듷			of volunteers (esti									6		417
⋖			ed business revenu I business taxable									7a 7b		0.
	D	net unrelated	i business taxable	income from Fo	OHH 99	0-1, III e 3	0			1		/D		0.
		Contributions	and grants (Part \	/III lina 1h)							rior Year	1.4		nt Year
e			rice revenue (Part \								844,3			33,387.
Revenue			nce revenue (Part ncome (Part VIII, co								76,6	87.		187,900.
ş			e (Part VIII, columi											2,000.
			e – add lines 8 thro								921,0	0.1	1 7	723,287.
			imilar amounts paid								921,0	01.	±, /	23,201.
			to or for members									-		-
											F00 0	20		701 070
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)								-	500,9	30.		791,070.
Expenses														
×	b	Total fundrais	sing expenses (Par	t IX, column (D	D), line	25) ►		179,	288.					
ш	17	Other expens	ses (Part IX, colum	n (A), lines 11a	a-11d,	11f-24e)					412,8	74.	2	272,640.
	18	Total expense	es. Add lines 13-17	(must equal F	Part IX,	column (A	A), line 25	)			913,8	12.	1,0	063,710.
	19	Revenue less	expenses. Subtra	ct line 18 from	line 12	2					7,1	89.		559,577.
i e										Beginnin	g of Curren			of Year
a je	20	Total assets	(Part X, line 16)								917,2		1,6	554,576.
Ass	21	Total liabilitie	s (Part X, line 26)									83.		99,549.
Net Assets Fund Balanc	22	Net assets or	fund balances. Su	btract line 21 f	from lin	ne 20					795,4	50	1 4	155,027.
	rt II	Signatur	e Block							I				100/02/1
			eclare that I have examin	ed this return inclu	ıdina acco	omnanving sc	hedules and s	statement	ts and to	the hest of m	v knowledae	and helie	f it is true o	correct and
com	olete. De	eclaration of prepa	arer (other than officer) is	based on all inform	nation of	which prepare	er has any kn	owledge.	10, 4114 10		y illiomougo	and bono	.,	orroot, and
Sig	ın	Signatu	re of officer							Da	te			
He	re	GRE	GG TREINISH							Exect	ıtive I	Dir.		
			print name and title									,		
		Print/Type p	oreparer's name	Prepar	er's signa	ature		Da	ate		Check	if P	TIN	
Pa	id	MORGAN	N SCARR	MOR	CAN 9	SCARR					self-employe		2007473	394
	ia epare					00111/11/				self-employed P00747394				
	e On	ls e									Firm's FINI	<b>►</b> 1.6	205760	1
-3	J J 11	Firm's addre		•		: 3-A							305768	
Max	, tho I	DS discuss th	Bozeman,	·		2 (soo ins	tructions)				Phone no.	406-	404-19	25 No

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 841,447.

# Form 990 (2018) ADVENTURERS AND SCIENTISTS FOR Part IV Checklist of Required Schedules

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

# Form 990 (2018) ADVENTURERS AND SCIENTISTS FOR 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o 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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V.			
1.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096. 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?	1с	X	
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Form 990 (2018) ADVENTURERS AND SCIENTISTS FOR

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 15	0.1	Χ	
r	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
3 :	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	• If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> .	3 b		
	· · · · · · · · · · · · · · · · · · ·			
	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)?	4 a		X
t	of 'Yes,' enter the name of the foreign country:			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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 as charitable contributions?	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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			V
ı	services provided to the payor?	7 a		Х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
	Form 8282?	7с		Χ
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			,,,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
-	as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a 9 b		
	Section 501(c)(7) organizations. Enter:	90		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ł	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			37
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	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		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. •	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) ADVENTURERS AND SCIENTISTS FOR Page 6 45-3345338 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee?..... Χ 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . 5 X Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10 a Did the organization have local chapters, branches, or affiliates?...... 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 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 .. See. Schedule . 0 . . . . . . . . 15 a Χ 15b Χ 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 Χ taxable entity during the year?.... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure 17 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 only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records 20

530-305-5918

BOZEMAN MT 59771

JEN SHOEMAKER PO BOX 1834

# 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

- 1 a 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

employees; and former such persons.		o,					Ο, ο	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	, o oa . oa
Check this box if neither the organization nor any re	elated org	aniza	ation	or cor	mpe	nsate	ed a	any current officer	, director, or trustee	ı.
(A) Name and Title	(B) Average	Pos thar	ition (	(do no box, an o	ot che	eck mo	ore on	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below dotted line)		dire	ector/	truste/	ee)		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) GREGG TREINISH	40				1				_	
Executive Dir.	0	Х		Χ	<u> </u>			100,000.	0.	7,431.
(2) GIB MYERS Director	2	Х						0.	0.	0.
_(3) CHRISTY CHIN	2	Х						0.	0.	0.
	2	Х						0.	0.	0.
(5) KATE WING President	2	Х		Х				0.	0.	0.
(6) PAGE DABNEY Director	<u>2</u> _ 0	X						0.	0.	0.
(7) MIKE HERRING Treasurer	2	X		Х				0.	0.	0.
(8)		- 11		71				<u> </u>	<u> </u>	0.
(9)		-								
(10)		-								
(11)		-								
(12)		-								
(13)		-								
(14)		-								

Page 8

Part VII   Section A. Officers, Directors, Tr	(B)			((		,			<b></b>	,-	(*****	
(A) Name and title	Average hours per week (list any hours	offic	, unle cer ar	ess pe	erson direct	than is both or/trus emp	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am co	(F) Estimated ount of ot mpensati from the rganization	ther
	for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner			a	nd relate ganizatio	d
(15)												
(16)												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							<b>&gt;</b>	100,000.	0.		7,4	431.
c Total from continuation sheets to Part VII, Section							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							rec	100,000. eived more than \$	0. 3100,000 of reportab	ole cor	npensa	431. ition
non the organization 0											Yes	No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	tor, or trus h individua	stee, al	key	em	ploy	ee, c	r hi	ghest compensate	ed employee	. 3		Х
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1!	50,00	0?	If 'Y	es,'	com	plete	er compensation fr e Schedule J for	rom	4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i>	e compen	satior	n fro	om a	anv i	unrel	ated	d organization or i	ndividual			X
Section B. Independent Contractors											_L	
1 Complete this table for your five highest compensation from the organization. Report com	sated inde pensation	pend for t	lent he c	con caler	trac ndar	tors t year	that r en	received more that ding with or within	an \$100,000 of the organization's	tax ye	ar.	
(A) Name and business add	ress							(B) Description o	of services		(C) ensatio	n
2 Total number of independent contractors (including	-	limit	ted t	to th	ose	liste	d at	ove) who receive	d more than			
\$100,000 of compensation from the organization	0											

	Check if Schedule O contains a response or note to any	line in this Part VII	II		
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in lines 1a-1f: \$ 26,900   h Total. Add lines 1a-1f	1,533,387.			
Program Service Revenue	Business Code  2 a PROJECT MANAGEMENT FEES  b  c	187,900.	187,900.		
Program Se	f All other program service revenue  g Total. Add lines 2a-2f	187,900.			
	Investment income (including dividends, interest and other similar amounts)				
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	2,000.			2,000.
ð	c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19				
	10 a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue				
	e Total. Add lines 11a-11d	1 723 287	187 900	0	2 000

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re not include amounts reported on lines 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 domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	ехрепѕеѕ
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	107,431.	55,724.	7,334.	44,373.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	565,193.	480,960.	11,670.	72,563.
	Pension plan accruals and contributions	303,193.	400, 900.	11,070.	12,303.
8	(include section 401(k) and 403(b) employer contributions)	8,024.	6,402.	227.	1,395.
9	Other employee benefits	57,925.	46,218.	1,637.	10,070.
10	Payroll taxes	52,497.	41,887.	1,483.	9,127.
11	Fees for services (non-employees):	32,431.	41,007.	1,403.	5,121.
	Management				
	b Legal				
	Accounting.				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
y	(A) amount, list line 11g expenses on Schedule 0.)	34,423.	14,991.	16,291.	3,141.
12	Advertising and promotion	13,519.	11,498.	248.	1,773.
13	Office expenses	1,809.	1,459.	49.	301.
14	Information technology	32,640.	27,654.	423.	4,563.
15	Royalties	,	,		,
16	Occupancy	25,619.	20,558.	687.	4,374.
17	Travel	58,359.	42,216.	423.	15,720.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,200.	956.	34.	210.
23	Insurance	15,827.	13,240.	364.	2,223.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	·			,
a	Printing and Publications	32,420.	30,214.	1,257.	949.
	PREGISTRATION/DUES	27,019.	20,493.	289.	6,237.
	MEETINGS	13,682.	11,325.	522.	1,835.
	SUPPLIES	7,014.	6,992.		22.
	All other expenses	9,109.	8,660.	37.	412.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,063,710.	841,447.	42,975.	179,288.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	, , , , , ,		,	.,

## Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
			(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing			612,211.	1	871,258.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			241,063.	3	741,513.
	4	Accounts receivable, net			60,850.	4	21,947.
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated en Part II of Schedule L	nplovees.	Complete		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	rsons (as (c)(3)(B), 1(c)(9) vo	defined under and contributing		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		<del> -</del>		8	
As	9	Prepaid expenses and deferred charges	<u></u>	3,109.	9	9,058.	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ĺ	12,000.	37233.		3,000.
		Less: accumulated depreciation		1,200.		10 c	10,800.
	11	Investments – publicly traded securities				11	10,000.
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	
	14	Intangible assets.			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3			917,233.	16	1,654,576.
	17	Accounts payable and accrued expenses			55,867.	17	20,223.
	18	Grants payable	,	18	,		
	19	Deferred revenue	59,313.	19			
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	rs, directo disqualifi	ors, trustees, led persons.		22	
	23	Secured mortgages and notes payable to unrelated thi				23	
	24	Unsecured notes and loans payable to unrelated third	•	<u></u>		24	150,000.
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to relate blete Part	ed third parties, X of Schedule D.	6,603.	25	29,326.
	26	Total liabilities. Add lines 17 through 25			121,783.	26	199,549.
ses		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ► >	and complete			
aŭ	27	Unrestricted net assets			302,473.	27	413,543.
3al	28	Temporarily restricted net assets			492,977.	28	1,041,484.
힏	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34.	, check h	ere ►			
9	30	Capital stock or trust principal, or current funds				30	
Set	31	Paid-in or capital surplus, or land, building, or equipment	ent fund.			31	
As	32	Retained earnings, endowment, accumulated income,	or other f	unds		32	
et	33	Total net assets or fund balances			795,450.	33	1,455,027.
_	34	Total liabilities and net assets/fund balances			917,233.	34	1,654,576.

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	23,2	287.
2	Total expenses (must equal Part IX, column (A), line 25)	2		63,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			577.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			150.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10		10			
<b>D</b> -	column (B))	10	1,4	55,0	127.
ra	rt 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:				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	d on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				l
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both:	е			
	X Separate basis 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	o audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single	3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
	or address, explaint with in Scriedule O and describe any steps taken to dindergo such address		30		

BAA TEEA0112L 08/03/18 Form **990** (2018)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ADVENTURERS AND SCIENTISTS FOR CONSERVATION DBA ADVENTURE SCIENTISTS 45-3345338 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must** complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support			<u> </u>	•		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						_
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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, or	fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support F	Percentage				
14	Public support percentage for 20	18 (line 6, column	n (f) divided by lin	ne 11, column (f))		14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14			15	%
16a	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pub	d not check the b blicly supported or	oox on line 13, and	I line 14 is 33-1/3	% or more, check t	his box
b	<b>33-1/3% support test—2017.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pub	I not check a box plicly supported o	on line 13 or 16a, rganization	, and line 15 is 33	3-1/3% or more, ch	eck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this I	box and stop here	e. Explain in Part V	'I how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization rorganization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this I	box and stop here	e. Explain in Part V	'I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check this	s box and see instr	uctions

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	tion A. Public Support	<u> </u>	iodeo compicto i	<u></u>			
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.')		446 257	1,299,921.	844 314	1,533,387.	4,123,879.
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.		175,032.	128,735.	76,687.		568,354.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		173,032.	120,733.	70,007.	187,900.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	621,289.	1,428,656.	921,001.	1,721,287.	4,692,233.
<b>7</b> a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	266,305.	1,006,998.	557,000.	1,234,984.	3,065,287.
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.		157 570	105 (40	117 500	152 474	F24 272
_	Add lines 7a and 7b	0.	157,570.	105,649. 1,112,647.	117,580.	153,474. 1,388,458.	534,273. 3,599,560.
-	Public support. (Subtract line	0.	423,875.	1,112,647.	674,580.	1,388,458.	
Sec	7c from line 6.)tion B. Total Support						1,092,673.
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6	0.	621,289.	1,428,656.		1,721,287.	4,692,233.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		021/203.	17 1207 000.	321,001.	1,121,201.	0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI		242.	6,472.			6,714.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0.	621,531.	1,435,128.	921,001.	1,721,287.	4,698,947.
14	First five years. If the Form 990 i organization, check this box and		ion's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	)
Sec	tion C. Computation of Pul						<u></u> _
	Public support percentage for 20			ne 13, column (f)).		15	%
16	Public support percentage from 2	2017 Schedule A, F	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incon	ne Percentag	е			_
17	Investment income percentage for	or <b>2018</b> (line 10c, c	column (f), divide	d by line 13, colu	mn (f))	17	%
18	Investment income percentage from	· ·		-			%
	<b>33-1/3% support tests—2018.</b> If this not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies as	s a publicly suppo	rted organization.	
b	<b>33-1/3% support tests—2017.</b> If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz	ation did not chec	k a box on line 1	4, 19a, or 19b, ch	neck this box and	see instructions	▶ 🗍

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: 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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
h	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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	-		
8	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	7		
9a	complete Part I of Schedule L (Form 990 or 990-EZ).  Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	8		
Ju	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
	<b>a</b> A per gover	rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	<b>b</b> A fan	nily member of a person described in (a) above?	11b		
	<b>c</b> A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction E	3. Type I Supporting Organizations			
				Yes	No
1	or ele <b>Part</b> If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
•					
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Se		C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction [	D. All Type III Supporting Organizations			
				Yes	No
_					
1	Did the organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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		
	orgar	nization'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			
	orgar the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice all tin	in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
_		s regard.	3		
Se	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
	а ∏⊤	he organization satisfied the Activities Test. Complete line 2 below.			
	ь 🗖 т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	tructi	one)	
	с <u>П</u> ,	the organization supported a governmental entity. Describe in <b>Fait VI</b> now you supported a government entity (see ins	ucu	0113).	
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
	suppo <b>orga</b> i	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	orgar	nization's involvement.	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	TY 1 Type III Non-Functionally integrated 509(a)(3) Supporting Organiz	zauon	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov s must	v. 20, 1970 (explain in complete Sections A t	Part VI). <b>See</b> hrough E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	• <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions).	grated	Type III supporting org	anization

Schedule A (Form 990 or 990-EZ) 2018

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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
<b>d</b> Excess from 2017			
e Excess from 2018			
RAA		Cabadula A (Fa	rm 990 or 990 E7) 2019

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Schedule A (Form 990 or 990-EZ) 2018

A (Form 990 or 990-EZ) 2018 ADVENTURERS AND SCIENTISTS FOR 45-3345338 Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Part III, Line 12 - Other Income

Nature and Source	2018	2017	2016	2015	2014
INSURANCE PROCEEDS OTHER INCOME			\$ 6,472.	\$ 242.	
Total	\$ 0.	\$ 0.	\$ 6,472.	\$ 242.	\$ 0.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ADVENTURERS AND SCIENTISTS FOR CONSERVATION DBA ADVENTURE SCIENTISTS

Employer identification number

	CONSERVATION DBA ADVENTURE	SCIENTISTS	45-3345338	}
Par	t   Organizations Maintaining Dono	r Advised Funds or Other Simila	Funds or Accounts.	
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 6.	
		(a) Donor advised funds	(b) Funds and other a	accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don	or advisors in writing that the assets held	n donor advised funds	
	are the organization's property, subject to the			No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any o	ther purpose conferring	No
Par	t II Conservation Easements.			
•	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply).		
	Preservation of land for public use (e.g., re	ecreation or education) Preserva	ion of a historically important land	l area
	Protection of natural habitat	Preserva	ion of a certified historic structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation eas	sement on the
	last day of the tax year.		Hold at the Find a	f the Ten Veer
_	Total number of conservation easements		Held at the End o	Tithe Tax Tear
-				
	<ul> <li>Total acreage restricted by conservation easer</li> <li>Number of conservation easements on a certif</li> </ul>			
		` ,		
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a h	istoric 2 d	
3	Number of conservation easements modified, t			the
	tax year ►			
4	Number of states where property subject to co	nservation easement is located >		
5	Does the organization have a written policy reg			
	and enforcement of the conservation easemen			No
6	Staff and volunteer hours devoted to monitorin			
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, and enfor	ing conservation easements durin	g the year
	<b>▶</b> \$			
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue to the organization's financial statements the	and expense statement, and bala at describes the organization's acc	ince sheet, and counting for
Par		ctions of Art, Historical Treasure	s. or Other Similar Assets	
ı uı	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 8.	
1 2	If the organization elected, as permitted under	SEAS 116 (ASC 958), not to report in its	evenue statement and halance she	eet works of
10	art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	held for public exhibition, education, or re	search in furtherance of public ser	vice, provide,
Ł	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	d for public exhibition, education, or resea	ch in furtherance of public service	works of art, , provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		ollowing
a	Revenue included on Form 990, Part VIII, line	1		

Part III Organizations Maintaining Coll	ections of Art, Histo	oricai Treasures, or	Other Similar Ass	sets (continuea)
3 Using the organization's acquisition, accessio items (check all that apply):	n, and other records, che	eck any of the following the	hat are a significant us	e of its collection
a Public exhibition	<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's col Part XIII.	lections and explain how	they further the organization	ation's exempt purpose	e in
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	ganization's collection?		Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	<b>ments.</b> Complete if n Form 990, Part X,	the organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or other	assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:	l	
. ,	·			Amount
c Beginning balance			1c	
<b>d</b> Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on Fo				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.			_	
bit 163, explain the arrangement in rate XIII.	officer fiere if the explain	ation has been provided	on all Am	
Part V Endowment Funds. Complete if the	o organization answ	ared 'Vas' on Form 90	00 Part IV line 10	
(a) Curren			(d) Three years back	(e) Four years back
1 a Beginning of year balance	t year (D) Frior yea	(C) TWO YEARS DACK	(u) Tillee years back	(e) I out years back
<b>b</b> Contributions				
<b>b</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
<b>g</b> End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held as	:	
a Board designated or quasi-endowment ▶	%			
<b>b</b> Permanent endowment ►				
c Temporarily restricted endowment ►	%			
The percentages on lines 2a, 2b, and 2c shou	ild equal 100%.			
3a Are there endowment funds not in the posses	sion of the organization	that are held and adminis	stered for the	Yes No
organization by: (i) unrelated organizations				3a(i)
(ii) related organizations				<del>- ''</del>
<b>b</b> If 'Yes' on line 3a(ii), are the related organizations.				3a(ii)
	·			3b
4 Describe in Part XIII the intended uses of the		nt iunus.		
Part VI Land, Buildings, and Equipmen		000 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O F 222 -	
Complete if the organization answ	vered 'Yes' on Form	990, Part IV, line 11a	a. See Form 990, P	art X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		12,000.	1,200.	10,800.
<b>e</b> Other		12,000.	1,200.	10,000.
Total. Add lines 1a through 1e. (Column (d) must en		column (B), line 10c.)		10,800.
9 ( )		, ,:		=0,000.

Schedule D (Form 990) 2018

Part VII Investments – Other Securities.	Voc' on Form 990	N/A Part IV/ line 11b Sec	Form 990 Part V line 12
Complete if the organization answered '  (a) Description of security or category (including name of security)	<b>(b)</b> Book value		tion: Cost or end-of-year market value
(1) Financial derivatives	(B) Book value	(c) Method of Valuation	Harret value
(2) Closely-held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)		1	
(E)			
 (F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	•		
Part VIII Investments — Program Related. Complete if the organization answered '	Voc' on Form 990	N/A	Form 990 Part V Jino 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(b) Book value	(c) Welliou of Valuation	11. Cost of cha of year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(-)		<del> </del>	
(7)			
(7) (8)			
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.	N/A	art IV line 11d See F	Form 990 Part Y line 15
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets. Complete if the organization answered 'Y	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets. Complete if the organization answered 'Y	es' on Form 990, P	art IV, line 11d. See F	form 990, Part X, line 15.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered 'Y (a) De	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered 'Y  (a) De	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered 'Y  (a) De (1) (2) (3) (4) (5) (6)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered 'Y  (a) De (1) (2) (3) (4) (5) (6) (7)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered 'Y  (a) De (1) (2) (3) (4) (5) (6) (7)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .    Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'es' on Form 990, P	art IV, line 11d. See F	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	'es' on Form 990, P scription	art IV, line 11d. See F	(b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,725,687.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	2,400.
3 Subtract line 2e from line 1	3	1,723,287.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,723,287.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Date	
reconciliation of Expenses per Addited Financial Statements with Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	rn.
	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	1,066,110.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 2 2,400.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	1,066,110.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	1,066,110. 2,400.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1 2e	1,066,110.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	1 2e	1,066,110. 2,400.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	1 2e	1,066,110. 2,400.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2e 3	2,400. 1,063,710.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	2e 3	1,066,110. 2,400.

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

BAA Schedule D (Form 990) 2018

### SCHEDULE M (Form 990)

### **Noncash Contributions**

In/ I = 000 B . H/ II 00 00

► Attach to Form 990.

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

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ADVENTURERS AND SCIENTISTS FOR CONSERVATION DBA ADVENTURE SCIENTISTS

Employer identification number

45-3345338 Types of Property Part I (a) (c) Chèck if Number of Noncash contribution Method of determining noncash contribution amounts applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art - Fractional interests..... 3 4 Books and publications..... Clothing and household goods..... 5 6 7 Boats and planes..... Intellectual property..... 8 9 Securities - Closely held stock..... 10 Securities - Partnership, LLC, or trust interests. . 11 12 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 16 17 Real estate – Other..... 18 Collectibles 19 Food inventory..... 20 21 Taxidermy..... 22 23 Scientific specimens..... Archeological artifacts..... 25 (PROMOTIONAL 15,945. **FMV** 26 10,955. Other ► 27 Other ► 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part IV, Donee Acknowledgement..... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used 30 a Χ **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.. 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

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

**b** If 'Yes,' describe in Part II.

describe in Part II.

noncash contributions?....

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

32 a

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ADVENTURERS AND SCIENTISTS FOR CONSERVATION DBA ADVENTURE SCIENTISTS

Employer identification number

45-3345338

### FEE-FOR-SERVICE CONTRACTS

ADVENTURE SCIENTISTS HAS SIGNED FEE-FOR-SERVICE CONTRACTS TOTALING \$628,005, WHICH WILL BE RECORDED AS REVENUE AS IT IS EARNED.

### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

ADVENTURERS AND SCIENTISTS FOR CONSERVATION (ASC) IS A 501(C)3 NONPROFIT ORGANIZATION BASED IN BOZEMAN, MT THAT EQUIPS PARTNERS WITH DATA COLLECTED FROM THE OUTDOORS THAT ARE CRUCIAL TO UNLOCKING SOLUTIONS TO THE WORLD'S ENVIRONMENTAL CHALLENGES. BY LEVERAGING THE SKILLS OF THE OUTDOOR ADVENTURE COMMUNITY WE ARE UNIQUELY ABLE TO GATHER DIFFICULT-TO-OBTAIN DATA AT ANY SCALE, IN ANY ENVIRONMENT.

### Form 990, Part III, Line 1 - Organization Mission

ADVENTURERS AND SCIENTISTS FOR CONSERVATION (ASC) IS A 501(C)3 NONPROFIT

ORGANIZATION BASED IN BOZEMAN, MT THAT EQUIPS PARTNERS WITH DATA COLLECTED FROM THE

OUTDOORS THAT ARE CRUCIAL TO UNLOCKING SOLUTIONS TO THE WORLD'S ENVIRONMENTAL

CHALLENGES. BY LEVERAGING THE SKILLS OF THE OUTDOOR ADVENTURE COMMUNITY WE ARE

UNIQUELY ABLE TO GATHER DIFFICULT-TO-OBTAIN DATA AT ANY SCALE, IN ANY ENVIRONMENT.

### Form 990, Part VI, Line 11b - Form 990 Review Process

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

BOARD OF DIRECTORS ANNUALLY REVIEWS POSSIBLE CONFLICTS OF INTEREST

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

EXECUTIVE DIRECTOR COMPENSATION IS OVERSEEN AND APPROVED BY THE BOARD OF DIRECTORS.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION'S ANNUAL FINANCIAL STATEMENTS ARE PUBLISHED ON THEIR WEBSITE.