#### Form **990**

(Rev. January 2020)

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 private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Α	For t	he 2019 calen	dar year, or ta	x year begir	nning		, 2019	, and endin	g		,		
В	Check	if applicable:	С							D Employ	er identifi	cation number	
	A	ddress change	ADVENTURI	ERS AND	SCIENTIS			45-3	33453	38			
		ame change			A ADVENTU		ENTISTS			E Telepho			
		nitial return	PO BOX 18							(40)	5) 62	4-3320	
		nal return/terminated	BOZEMAN,	MT 597	71					(10)	J) 02	3320	
	$\blacksquare$	mended return								<b>G</b> Gross re	ceinte S	1,392,	/10
	$\blacksquare$	pplication pending	F Name and ad	dress of princip	al officer: GRE	CC EDET			H(a) Is this a	a group return			1371
	^	pplication pending	Same As (	T Aborro	GRE	GG TREI	NISH		• •				No
$\overline{}$	Tav	-exempt status:	X 501(c)(3)	501(c) (	) <b> </b>	isert no.)	4947(a)(1) o	r 527	If "No,"	subordinates attach a list.	(see inst	ructions)	
<u>'</u>			W.ADVENTU				4347(a)(1) 0	327					
_			X Corporation		T I	Other ►	l i	\		exemption nu		Mm	
K		n of organization:		Trust	Association	Other -	L	Year of formati	on: ZUI4	4   WIS	tate of leg	gal domicile: MT	
Pa	rt I	Summar	bo the ergenia	otion's miss	ion or most s	ianificant o	otivition						
	1	Briefly descri	be the organiz	ation's miss	sion or most si	ignilicant a	ctivities: S	<u>ee Sched</u>	<u>lule 0</u>				
9													
Governance													
Je.	2	Check this bo	ov <b>b</b> lif the	organizatio	on discontinue	nd its opera	tions or disr	osod of mor	o than 25	% of its n	ot acco		
<u> </u>	3		oting members								3		6
	4		dependent voti								4		5
<u>ie</u> .	5		of individuals								5		16
Activities &	6		of volunteers								6		377
Act	7a	Total unrelate	ed business re	venue from	Part VIII, colu	ımn (C), lir	ne 12				7a		0.
	b	Net unrelated	d business taxa	able income	from Form 99	90-T, line 3	9				7b		0.
										rior Year		Current Ye	ear
a)	8	Contributions	and grants (P	art VIII, line	e 1h)				1	,533,3	87.	1,170	,011.
ž	9		vice revenue (F							187,9	00.	212	,895.
Revenue	10		ncome (Part VI							2,0	00.	9	,513.
ď	11		ie (Part VIII, co										
	12		e — add lines 8							,723,2	87.	1,392	<u>,419.</u>
	13		imilar amounts										
	14		I to or for mem										
S	15	Salaries, other	er compensatio	on, employe	e benefits (Pa	art IX, colu	mn (A), lines	5 5-10)		791,0	70.	803	,121.
Expenses	16 a	Professional	fundraising fee	es (Part IX,	column (A), li	ne 11e)							
je De	b	Total fundrais	sing expenses	(Part IX, co	lumn (D), line	25) ▶	2	40,768.					
ŭ			ses (Part IX, co							272,6	40	398	,395.
	18		es. Add lines 1							,063,7	10.	1,201	
	19		s expenses. Su							659,5			,903.
- 8 8 8		1.0101140 1000	<del>у охроносо. Са</del>	ibtract into	10 110111 11110 11					g of Current		End of Ye	
anc a	20	Total assets	(Part X, line 16	5)						,654,5		1,818	
Assets o	21		es (Part X, line	,						199,5			,005.
Pet.	22	Net assets or	r fund balances	Subtract I	ine 21 from lii	na 20			1	,455,0		1,645	<u> </u>
_	rt II	Signatur		5. Oubtract i	1110 21 110111 111	nc 2u				,433,0	21.	1,045	, 930.
				vensioned H-:-	tura inalization		hadulaa	omente	the best of	u den nud - de	and t-1	f it is tour	t and
com	er pena olete. D	eclaration of preparation	eclare that I have earer (other than office	cer) is based or	turn, including acc	f which prepare	nedules and stat er has any knowl	ements, and to ledge.	the best of m	iy кпоwieage	апа вене	r, it is true, correct	i, and
Siç	ın	Signatu	ure of officer						Da	te			
He	re	CDF	GG TREINI	СП					Fvaci	ıtive I	)ir		
	. •		r print name and titl						LACCI	ICIVE I	<u> </u>		
_		31	preparer's name		Preparer's sign	nature		Date	I	Check	if P	TIN	
D.	: al		•		1						ן יי ∟		
Pa			N SCARR ○ ► Ama+i	aa CD7	MORGAN	JUMIN				self-employe	u   F	00747394	
	epare e On	.	n's name Amatics CPA Group							Cirmle CIN:	- 10	2057601	
US	U UI	Firm's addr	Firm's address 45 Discovery Drive						Firm's EIN • 46-3057681				
N 4	. 41.	IDC -1:- ''	Bozen		59718	2 /	L			Phone no.	406-	404-1925	<del></del>
ivlay	tne I	iks discuss th	nis return with t	ne preparer	snown above	er (see inst	tructions)					X Yes	No

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

4e Total program service expenses > 841,614.

# Form 990 (2019) ADVENTURERS AND SCIENTISTS FOR Part IV Checklist of Required Schedules

	•		V	NI.
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	Yes	No
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? If 'Yes,' complete Schedule D, Part II	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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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	
t	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		X
C	bid 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	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	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	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	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2019) 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 a	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 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
ŀ	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
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> 'Yes,' <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If 'Yes,' complete Schedule R, Part I.</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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	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?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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.			<u>.      </u>
_	Follow the growth of growth dis Day 2 of Form 1000 Follow 0.10 J. J. J. J.		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	no Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA				(2019)

Form 990 (2019) 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 Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
k	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule Q</i>	3 b		
4 a	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		Х
Ł	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a 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		
6 a	a 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
	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	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?	7 a		X
ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
	Form 8282?	7с		Х
	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		X
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	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?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	n 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			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	p If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
٥	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
ŀ	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Χ
	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		Х
	If 'Yes,' complete Form 4720, Schedule O.			

JEN SHOEMAKER PO BOX 1834

Form 990 (2019) ADVENTURERS AND SCIENTISTS FOR 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 on 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 6 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 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: 8 a X a The governing body?..... 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 organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?............ Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a 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 Schedule O how this was done See Schedule O 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 . . . . . . . . X 15 a 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 X 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. Own website Another's website X Upon request Other (explain on Schedule O) Describe on 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

## 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.

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

Check this box if neither the organization nor any re	elated org	aniza	atior	n coi	mpe	nsate	ed a	any current officer	, director, or trustee	ı.
				(C)	)					
(A) Name and title	(B) Average hours	Pos thar is	both	an c	ot che unles officer /truste	eck moss pers and a ee)	ore on	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREGG TREINISH	40									
Executive Dir.	0	Χ		Χ				100,000.	0.	7,800.
(2) HEANA CHUNG	2									
Director	0	Х						0.	0.	0.
(3) JIM YOUNG	2									
Director	0	Χ						0.	0.	0.
(4) KATE WING	2									
President	0	Χ		Χ				0.	0.	0.
(5) PAGE DABNEY	2									
Director	0	Χ						0.	0.	0.
(6) MIKE HERRING	2									
Treasurer	0	Χ		Χ				0.	0.	0.
_(7)		-								
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tru	(B)	ney		ipi		es,	an	a nignest con	npensated Emp	loyee	S (cont	inuea)
(A) Name and title	Average hours per week	box	, unle cer ar	Pos check ess pe	sition more erson directe	than is both or/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations		(F) ated amo	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	rganizat d related anization	ion d
<u>(15)</u>												
(16)												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							<b>&gt;</b>	100,000.	0.	<u> </u>	7,8	300.
c Total from continuation sheets to Part VII, Section	on A						<b>&gt;</b>	0.	0.		,	0.
d Total (add lines 1b and 1c)							<u> </u>	100,000.	0.			300.
2 Total number of individuals (including but not lim from the organization ▶ 0	ited to tho	se lis	sted	abo	ove)	who	rec	eived more than \$	6100,000 of reportal	ole com	pensa	tion
3 Did the organization list any <b>former</b> officer, direct	or. truste	e. ke	v en	olan	vee.	or h	iiahe	est compensated	emplovee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of	n individua	al								3		X
the organization and related organizations greate such individual	r than \$15	50,00	0?	If 'Y	es,'	com	olet	e Schedule J for		4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i>	e compens ,' complet	sation te Sc	n fro hedi	m a ule s	any ι <i>I for</i>	ınrel such	ated 1 pe	d organization or i erson	ndividual	5		X
Section B. Independent Contractors  1 Complete this table for your five highest compens	sated inde	pend	lent	con	trac	tors t	that	received more that	an \$100.000 of			
compensation from the organization. Report com (A)	pensation	for t	he c	aler	ndar	year	en	ding with or withir	the organization's		r. C)	
Name and business addr	ess							Description of	of services	Compe		n
2 Total number of independent contractors (including \$100,000 of companyation from the organization	-	limit	ted t	o th	ose	liste	d at	oove) who receive	d more than			
\$100,000 of compensation from the organization	- 0											

### Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part VI	II		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Ø Ø	1 a	Federated campaigns 1 a				
ヸ゙゙゙゙゙゙゙゙゙						
<u>ي</u> 5		Membership dues				
γ, ξ	С	Fundraising events				
≝≧	d	Related organizations 1 d				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1 e				
ns is		All other contributions, gifts, grants, and				
\$ ₹						
ੜੋਂ		similar amounts not included above 1f 1,170,011.  Noncash contributions included in				
. ₹	y	lines 1a-1f				
P E	h	Total. Add lines 1a-1f. ▶	1,170,011.			
	-"	Business Code	1,170,011.			
ž	_					
ਙ	2 a	PROJECT MANAGEMENT FEES 541900	212,895.	212,895.		
æ	b					
ဒ္ဓ	С					
∑	4					
ശ്	u					
all	е					
Program Service Revenue	f	All other program service revenue				
Ĕ	g	Total. Add lines 2a-2f	212,895.			
	3	Investment income (including dividends, interest, and	,			
		other similar amounts)	9,513.			9,513.
	4	Income from investment of tax-exempt bond proceeds	370101			3,010.
	-	· · · · · ·				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
		Net rental income or (loss)				
	u					
	7 a	Gross amount from				
		sales of assets				
	h	other than inventory Less: cost or other basis				
	_	and sales expenses 7b				
	С	Gain or (loss) 7c				
		Net gain or (loss)				
		· · ·				
ě.	8 a	Gross income from fundraising events				
_		(not including \$				
Š		of contributions reported on line 1c).				
ď		See Part IV, line 18				
호	b	Less: direct expenses 8b				
Other Reven	c	Net income or (loss) from fundraising events ▶				
_		[				
	9 a	Gross income from gaming activities. See Part IV, line 19				
	١.	·				
		Less: direct expenses 9 b				
	С	Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b	•			
		Net income or (loss) from sales of inventory				
	·	Business Code				
S S	11 -	Dusiliess Code				
හි න්	11 a					
동류	b					
scellaneo Revenue	С					
Miscellaneous Revenue	d	All other revenue				
Ξ	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	1,392,419.	212,895.	0.	9,513.
		- Carrier Coo instructions	1,334,413.	<b>414,033.</b>	υ.	, JIJ.

### 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 remotinclude amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and general expenses	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
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	107,800.	64,680.	7,546.	35,574.
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	564,427.	426,921.	46,509.	90,997.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				•
•	· · · · · · · · · · · · · · · · · · ·	11,914.	8,776.	940.	2,198.
9	Other employee benefits	64,473.	45,143.	4,710.	14,620.
10	Payroll taxes	54,507.	40,045.	4,353.	10,109.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	28,360.	3,158.	24,500.	702.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	30,091.	16,534.	3,505.	10,052.
12	Advertising and promotion.	31,098.	20,645.	7,639.	2,814.
13	Office expenses	17,494.	12,619.	1,253.	3,622.
14	Information technology	35,423.	25,974.	6,359.	3,090.
15	Royalties.	33,423.	23,374.	0,333.	3,030.
16	Occupancy.	55,495.	40,189.	4,246.	11,060.
17	Travel	63,100.	39,449.	927.	22,724.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	03,100.	33,443.	321.	22,124.
19	Conferences, conventions, and meetings	10,540.	5,738.	1,640.	3,162.
20	Interest	·	,	·	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,633.	1,913.	218.	502.
23	Insurance	15,425.	11,769.	1,122.	2,534.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Printing and Publications	26,798.	25,062.	175.	1,561.
	REGISTRATION/DUES	24,079.	12,175.	1,138.	10,766.
	MEETINGS	22,341.	9,403.	1,955.	10,983.
	EQUIPMENT	12,659.	10,159.	, , , , , ,	2,500.
	All other expenses	22,859.	21,262.	399.	1,198.
25	Total functional expenses. Add lines 1 through 24e	1,201,516.	841,614.	119,134.	240,768.
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

Pedgus and grants receivable, net.			Check if Schedule O contains a response or note to	any lin	e in this Part X			
Pedges and grants receivable, net						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
3 Pledges and grants receivable, net.		1	Cash – non-interest-bearing			871,258.	1	1,122,764.
A Accounts receivable, net		2	Savings and temporary cash investments				2	
A Accounts receivable, net		3	Pledges and grants receivable, net			741,513.	3	457,600.
1		4	Accounts receivable, net				4	189,011.
1		5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib sons	er, director, utor, or 35%		5	
section 4958(f)(1)), and persons described in section 4958(c)(3)(B).  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  110a		6			-			
8   Inventories for sale or use.   9   70,58.   9   8,07			·	,	•		6	
8   Inventories for sale or use.   9   70,58.   9   8,07		7					7	
10a   19,000   10c   15,16   10s	2	8			<u> </u>		8	26 320
10a   19,000   10c   15,16   10s	Set	9			<u> </u>	9 058	9	8,073.
b Less: accumulated depreciation.   10b   3,833.   10,800.   10c   15,16     11	As		•	1 1		3,000.		0,013.
11   Investments − publicly traded securities.   11   12   Investments − other securities. See Part IV, line 11.   12   13   Investments − other securities. See Part IV, line 11.   13   Investments − other securities. See Part IV, line 11.   13   Investments − other securities. See Part IV, line 11.   13   Investments − program-related. See Part IV, line 11.   15   15   15   16   Total assets. See Part IV, line 11.   15   15   17   Accounts payable and accrued expenses.   20, 223.   17   21, 30   18   Grants payable and accrued expenses.   20, 223.   17   21, 30   18   19   Deferred revenue.   19   20   21   22   Escrow or custodial account liability. Complete Part IV of Schedule D.   21   22   22   22   22   23   24   24   24					. ,	10 000	10.0	15 167
12   Investments — other securities. See Part IV, line 11.			•			10,800.		15,167.
13   Investments - program-related. See Part IV, line 11.			· · ·					
14   Intangible assets   14     15   15   15   16   16   Total assets. See Part IV, line 11.   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   1,654,576.   16   1,818,93   17   Accounts payable and accrued expenses   20,223.   17   21,30   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   controlled entity or family member of any of these persons.   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities on tincluded on lines 17-24). Complete Part X of Schedule D   29, 326.   25   1,70   27,300   27   Net assets without donor restrictions   29, 326.   27   37,300   37   38,41,81   38   39   Paid-in or capital surplus, or land, building, or equipment fund   30   30   31   Retained earnings, endowment, accumulated income, or other funds   1,455,027, 32   1,645,93   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   Total net assets or fund balances   1,455,027, 32   1,645,93   30   31   32   32   34   34   34   34   34   34				<u>-</u>				
15 Other assets. See Part IV, line 11.			· <del>-</del>					
17			-					
17   Accounts payable and accrued expenses   20,223. 17   21,30					<u>-</u>	1 (54 576		1 010 025
18   Grants payable   18   18   19   Deferred revenue   19   20   20   21   22   20   20   21   20   20		16	Total assets. Add lines I through 15 (must equal line	33)		1,654,576.	10	1,818,935.
19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   22   22   22   22   22		17		20,223.	17	21,300.		
Tax-exempt bond liabilities 20  21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22  23 Secured mortgages and notes payable to unrelated third parties. 23  24 Unsecured notes and loans payable to unrelated third parties. 23  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D. 29, 326. 25 1,70  26 Total liabilities. Add lines 17 through 25. 29, 326. 25 1,70  Organizations that follow FASB ASC 958, check here ▶ xand complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions. 29  Net assets with donor restrictions. 29  Capital stock or trust principal, or current funds. 29  29 Capital stock or trust principal, or current funds. 30  30 Paid-in or capital surplus, or land, building, or equipment fund. 30  31 Retained earnings, endowment, accumulated income, or other funds. 31  32 Total net assets or fund balances. 1, 455, 027. 32 1, 645, 93								
21   Escrow or custodial account liability. Complete Part IV of Schedule D.   21		19						
Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions.  28 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Paid-in or capital surplus, or land, building, or equipment fund.  30 Retained earnings, endowment, accumulated income, or other funds.  31 Total net assets or fund balances.  23 150,000.  24 150,000.  29 150,000.  29 29,326.  25 1,70  29,326.  2		20	·		-			
Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions.  28 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Paid-in or capital surplus, or land, building, or equipment fund.  30 Retained earnings, endowment, accumulated income, or other funds.  31 Total net assets or fund balances.  23 150,000.  24 150,000.  29 150,000.  29 29,326.  25 1,70  29,326.  2	es	21					21	
Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions.  28 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Paid-in or capital surplus, or land, building, or equipment fund.  30 Retained earnings, endowment, accumulated income, or other funds.  31 Total net assets or fund balances.  23 150,000.  24 150,000.  29 150,000.  29 29,326.  25 1,70  29,326.  2	abilit	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribution controlled entity or family member of any of these per	icer, dir itor, or 3 sons	ector, trustee, 35%		22	
24 Unsecured notes and loans payable to unrelated third parties	_	23	Secured mortgages and notes payable to unrelated th	ird parti	ies		23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions.  28 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here ▶ 1,041,484.  28 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here ▶ 1,041,484.  29 Capital stock or trust principal, or current funds.  29 Capital stock or trust principal, or current funds.  30 Paid-in or capital surplus, or land, building, or equipment fund.  31 Retained earnings, endowment, accumulated income, or other funds.  32 Total net assets or fund balances.  29 1, 70  29 29 29 29 29 29 29 29 29 29 29 29 29 2		24			_	150,000.	24	150,000.
Organizations that follow FASB ASC 958, check here		25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela plete Pa	ated third parties, art X of Schedule D .	,	25	1,705.
Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions 413,543. 27 874,18  Net assets with donor restrictions 1,041,484. 28 771,74  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds 29  Paid-in or capital surplus, or land, building, or equipment fund 30  Retained earnings, endowment, accumulated income, or other funds 31  Total net assets or fund balances 1,455,027. 32 1,645,93		26	Total liabilities. Add lines 17 through 25				26	173,005.
and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  1,654,576. 33  1,818,93	es			<b>&gt;</b>	X	,		,
Net assets without donor restrictions 413,543. 27 874,18  28 Net assets with donor restrictions 1,041,484. 28 771,74  Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 29  Paid-in or capital surplus, or land, building, or equipment fund 30  Retained earnings, endowment, accumulated income, or other funds 31  Total net assets or fund balances 1,455,027. 32 1,645,93  Total liabilities and net assets/fund balances 1,654,576. 33 1,818,93	Š							
Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 3771,74 39 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances	<u>a</u>							874,187.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  1,455,027. 32 1,645,93  Total liabilities and net assets/fund balances.  1,654,576. 33 1,818,93	2	28				1,041,484.	28	771,743.
Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  29  30  31  Total liabilities and net assets/fund balances.  1,455,027. 32  1,645,93  1,654,576. 33  1,818,93	Fun			ck here				
Paid-in or capital surplus, or land, building, or equipment fund.  30 Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances.  31 Total liabilities and net assets/fund balances.  1,455,027. 32 1,645,93 1,818,93	ō	29	Capital stock or trust principal, or current funds				29	
31   Retained earnings, endowment, accumulated income, or other funds   31	ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fun	d		30	
32   Total net assets or fund balances   1,455,027.   32   1,645,93	80	31	Retained earnings, endowment, accumulated income,	or othe	r funds		31	
<b>2</b> 33 Total liabilities and net assets/fund balances. 1,654,576. 33 1,818,93	t A	32	Total net assets or fund balances			1,455,027.	32	1,645,930.
	ž	33	Total liabilities and net assets/fund balances		<u></u>	1,654,576.	33	1,818,935.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				🔲				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	92,4	419.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	01,5	516.				
3	Revenue less expenses. Subtract line 2 from line 1.	3			903.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,4	55,0	)27.				
5	Net unrealized gains (losses) on investments	5	•						
6	Donated services and use of facilities	6							
7									
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10							
	column (B))	10	1,6	45,9	930.				
Pa	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: Cash X Accrual Other								
	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	Х					
	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:  X Separate basis Consolidated basis Both consolidated and separate basis			V					
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	9							
	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 th review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2 c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?	ingle	3 a		Х				
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b						
BAA				990	(2019)				

#### 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.** С **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.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
<u>(E)</u>						
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.)

Section A. Public Support										
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(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.	1,170,011.	5,293,890.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,		·			0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 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	446,257.	1,299,921.	844,314.	1,533,387.	1,170,011.	5,293,890.			
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5						2,438,679.			
Sec	from line 4tion B. Total Support						2,855,211.			
Cale	ndar year (or fiscal year	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total			
7	Amounts from line 4	446,257.	1,299,921.	844,314.	1,533,387.	1,170,011.	5,293,890.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	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.			
	Total support. Add lines 7 through 10						5,300,604.			
12	Gross receipts from related activi	ities, etc. (see ins	tructions)			12	0.			
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(	3) ▶ □			
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support F	Percentage	11 (0)						
	Public support percentage for 20 Public support percentage from 2						53.87 %			
	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization di	d not check the bo	ox on line 13, and	I line 14 is 33-1/39	or more, check	this box			
b	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	I not check a box oblicly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, o	heck this box			
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization rethe organization meets the 'facts'	neets the 'facts-a	nd-circumstances	' test, check this l	box and <b>stop here</b>	e. Explain in Part	VI how			
	<b>10%-facts-and-circumstances te</b> or more, and if the organization rorganization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organizat	test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Parted organization	VI how the ►			
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions ►			

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.)

	fails to qualify under the te	sts listed below, p	please complete r	art II.)				
Sec	tion A. Public Support							
Calend	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019		(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.')			.,,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the 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							
	Total. Add lines 1 through 5 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.							
С	Add lines 7a and 7b							,
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019		(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.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
-	Net income from unrelated business activities not included 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 VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1						
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, o	r 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	૪
	Public support percentage from 2	•	• • •				16	%
	tion D. Computation of Inv						-	
	Investment income percentage for				ımn (f))		17	%
	Investment income percentage for	•		-		<u> </u>	18	
	33-1/3% support tests-2019. If the	he organization d	id not check the b	ox on line 14, an	d line 15 is more	ــ than 33-1/3%	, and lin	e 17
b	is not more than 33-1/3%, check 33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%	he organization di	id not check a box	on line 14 or lin	e 19a, and line 16	is more than	33-1/39	%, and
20	<b>Private foundation.</b> If the organiz		•				-	——————————————————————————————————————

#### 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		
За	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		
D	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 regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <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		

Par	t IV	Supporting Organizations (continued)			
11	l laa H	he averagination accorded a nift as contribution from any of the fallowing payment?		Yes	No
		he organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
а		ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			1
1	Did th	and directors, tructoes, or membership of one or more supported organizations have the newer to regularly appoint		Yes	No
'	or ele <b>Part V</b> If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in organization's activities. If we have the supported 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,	1		
•		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 porting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		<u> </u>		Yes	No
1	of eac	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	1		
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations		\ <u>'</u>	
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how				
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant 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		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructi</b>	ons).		
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	. 🔲 т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
c	П	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ons).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> inizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the			
		ization's involvement.	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did th each	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		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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zation	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> through 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		
ı	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
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		3		
4	3	4		
5	, , , ,	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 integer (see instructions).	grated <sup>-</sup>	Type III supporting org	anization
BAA			Schedule A (F	orm 990 or 990-EZ) 20 <sup>-</sup>

Schedule A (Form 990 or 990-EZ) 2019

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
RAA		Sahadula A (Fa	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

A (Form 990 or 990-EZ) 2019 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 II, Line 10 - Other Income

Nature and Source	2019	2018	2017	2016	2015
INSURANCE PROCEEDS OTHER INCOME				\$ 6,472.	\$ 242.
Total	<u>\$</u> 0	<u>\$</u>	\$ 0	\$ 6.472	\$ 242.

#### **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

Employer identification number

	CONSERVATION DBA ADVENTURE SCIEN			45-3345338	
Pai	t   Organizations Maintaining Donor Advi	sed Funds or Other	Similar Funds or Ad	ccounts.	
	Complete if the organization answered '	Yes' on Form 990, F	Part IV, line 6.		
		(a) Donor advised fund	ls <b>(b)</b>	Funds and other account	ts
1					
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 donor advisorare the organization's property, subject to the organization	ors in writing that the assetion's exclusive legal cont	ets held in donor advised rol?	funds <b>Yes</b>	No
6	Did the organization inform all grantees, donors, and do for charitable purposes and not for the benefit of the do	onor advisors in writing thonor or donor advisor, or f	nat grant funds can be us for any other purpose cor	ed only  Iferring	
	impermissible private benefit?			·····Yes	No
Par		N/			
	Complete if the organization answered				
1	Purpose(s) of conservation easements held by the orga	•			
	Preservation of land for public use (for example, re	ecreation or education)		orically important land a	rea
	Protection of natural habitat		Preservation of a cert	ified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a last day of the tax year.	qualified conservation co			
				Held at the End of the T	ax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
(	: Number of conservation easements on a certified histor	ric structure included in (a	a) 2 c		
(	Number of conservation easements included in (c) acquistructure listed in the National Register				
3	Number of conservation easements modified, transferred tax year ►	ed, released, extinguished	I, or terminated by the or	ganization during the	
4	Number of states where property subject to conservation	on easement is located >			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold				No
6	Staff and volunteer hours devoted to monitoring, inspec				the year
7	Amount of expenses incurred in monitoring, inspecting ►\$	, handling of violations, a	nd enforcing conservation	n easements during the y	/ear
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	) above satisfy the require	ements of section 170(h)	(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports consinclude, if applicable, the text of the footnote to the org conservation easements.				
Pai	Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Tro 'Yes' on Form 990, F	easures, or Other Si Part IV, line 8.	imilar Assets.	
1 8	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pub Part XIII the text of the footnote to its financial stateme	olic exhibition, education,	or research in furtheranc		
I	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pub following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶\$	
	(ii) Assets included in Form 990, Part X			▶\$	
2	If the organization received or held works of art, historicamounts required to be reported under FASB ASC 958	cal treasures, or other sin relating to these items:	nilar assets for financial o	gain, provide the followin	ng
á	Revenue included on Form 990, Part VIII, line 1			▶\$	
ı	Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintai	ning Colle	ctions of Ar	t, Historic	ai ireasures, or	Other Similar Ass	sets (co	ntinu	lea)		
3 Using the organization's acquisition items (check all that apply):	on, accession	, and other reco	ords, check a	any of the following t	hat make significant us	se of its c	ollection	on		
a Public exhibition										
<b>b</b> Scholarly research		е	Other							
c Preservation for future genera	ations		_							
4 Provide a description of the organ Part XIII.	- 1 Torrad a accompanie of the organization of characteristics and explain non-the organization of characteristics and exp									
5 During the year, did the organizat to be sold to raise funds rather the	an to be mair	ntained as part	of the organ	ization's collection?.		Yes		No		
Escrow and Custodial line 9, or reported an a	Arrangen amount on	<b>nents.</b> Comp Form 990, F	lete if the Part X, lin	organization ans e 21.	swered 'Yes' on Fo	orm 990	), Par	t IV,		
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodiar	or other intern	nediary for c	ontributions or other	assets not included	Yes	Γ	No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII ar	nd complete the	following ta	ıble:	<u>.</u>			_		
						Amount				
c Beginning balance					1с					
<b>d</b> Additions during the year					1 d					
e Distributions during the year					1 e					
f Ending balance					1f					
2a Did the organization include an ar	mount on For	m 990, Part X,	line 21, for e	escrow or custodial a	ccount liability?	Yes		No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	heck here if the	e explanation	n has been provided	on Part XIII					
•			·				<u> </u>	_		
Part V Endowment Funds. Con	nplete if the	e organization	answered	Yes' on Form 9	90. Part IV. line 10.					
	(a) Current		Prior year	(c) Two years back	(d) Three years back	<b>(e)</b> Fo	ur years	back		
<b>1 a</b> Beginning of year balance	(0) (0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	(0, 1111) 11111	(.,	(-,				
<b>b</b> Contributions										
c Net investment earnings, gains, and losses										
<b>d</b> 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 currer	it year end bala	nce (line 1g	, column (a)) held as	S:	ı				
<b>a</b> Board designated or quasi-endow	ment ►	%								
<b>b</b> Permanent endowment	%									
c Term endowment ►	%									
The percentages on lines 2a, 2b,	and 2c should	d equal 100%.								
			.:1: 111		-t f H					
<b>3a</b> Are there endowment funds not in organization by:	i the possess	ion of the organ	lization that	are neid and admini	stered for the	_	Yes	No		
(i) Unrelated organizations						3a(i)				
(ii) Related organizations						3a(ii)				
<b>b</b> If 'Yes' on line 3a(ii), are the relat						3b				
4 Describe in Part XIII the intended	-		•			0.5				
Part VI Land, Buildings, and I			140111110111110							
Complete if the organiz			Form 990	, Part IV, line 11	a. See Form 990, P	art X, li	ne 10	).		
Description of property		(a) Cost or othe (investmer		(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ook va	lue		
<b>1 a</b> Land										
<b>b</b> Buildings										
c Leasehold improvements				7,000.	233.		6,	767.		
<b>d</b> Equipment				12,000.	3,600.			400.		
<b>e</b> Other				,	,					
Total. Add lines 1a through 1e. (Column	n (d) must eq	ual Form 990, F	Part X, colun	nn (B), line 10c.)			15.	167.		
BAA	1	· · · · · · · · · · · · · · · · · · ·	·	,		ule D (Fo				

Schedule D (Form 990) 2019

Part VII		Other Securities.	·/	N/A	Dank V. Kara 10
(-) D				Part IV, line 11b. See Form 990, I	
		gory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of	-year market value
. ,					
(3) Other	y neid equity interes	ts			
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colur	mn (b) must equal Form 9:	90, Part X, column (B) line 12.) ►			
Part VIII	Investments -	Program Related.	·/	N/A	2 - ot V   15 - 12
	(a) Description of		(b) Book value	Part IV, line 11c. See Form 990, F	
(1)	(a) Description of	investment	(b) Book value	(c) Method of Valuation: Cost or end-	or-year market value
(1)					
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 9:	90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	organization answered 'Y	N/2 es' on Form 990 F	A Part IV, line 11d. See Form 990, Pa	rt X line 15
	complete il the		scription	<u> </u>	(b) Book value
(1)		••	•		
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equa	l Form 990, Part X, column (B	?) line 15.)		
Part X	Other Liabilitie	es.			
	Complete if the org			11e or 11f. See Form 990, Part X, line 25.	
1. (1) Fodo	val income tovas	(a) Descri	ption of liability		(b) Book value
	eral income taxes  ROLL LIABILI	TTTC			1,705
(3)	ROLL LIADILI	1152			1,705.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
				<b>&gt;</b>	1,705.
				inancial statements that reports the organization's li	
	UNUEL FASD ASC /40. UN	con here it the text of the foothole has		Color	
BAA			TEEA3303L 8/22/19	Sched	dule D (Form 990) 201

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a 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.	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		
b Other (Describe in Part XIII.) 4b		
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	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		1
		L
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.	per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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:	per Return. N/A	1
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	per Return. N/A	1
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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 a  2 b	per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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.  2 Donated Statements With Expenses Stateme	s per Return. N/A	\
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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.).  2 a	s per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	s per Return. N/A	\
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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 2a b Prior year adjustments. c Other losses 2c d Other (Describe in Part XIII.) 2d 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. 4a	s per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	s per Return. N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	2e 3	

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) 2019

#### **SCHEDULE M** (Form 990)

Name of the organization

#### **Noncash Contributions**

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

► Attach to Form 990.

ADVENTURERS AND SCIENTISTS FOR

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

45-3345338

CONSERVATION DBA ADVENTURE SCIENTISTS Types of Property

(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 - Historical treasures ..... Art - Fractional interests..... 3 Books and publications..... 4 5 Clothing and household goods..... 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 18 19 Food inventory..... 20 Taxidermy..... 21 22 23 Scientific specimens..... Archeological artifacts..... 47,135 FMV 25 Other► (PROMO & OTHER 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement..... 29

			162	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			
	for exempt purposes for the entire holding period?	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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		Х
b	If 'Yes,' describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2019

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 8/5/19 Schedule M (Form 990) 2019

#### 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.

► 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

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

ADVENTURE SCIENTISTS 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

ADVENTURE SCIENTISTS 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.

#### FEE-FOR-SERVICE CONTRACTS

ADVENTURE SCIENTISTS HAS SIGNED FEE-FOR-SERVICE CONTRACTS TOTALING \$131,823, WHICH WILL BE RECORDED AS REVENUE AS IT IS EARNED.