**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

AF	or the	2021 calendar year, or tax year beginning and	enaing					
<b>B</b> c	heck if pplicable	ADVENIONERS AND SCIENTISIS FOR		D Employer identific	cation number			
	Addres change Name			45 22452	2.0			
	_change _Initial	Doing business as ADVENTURE SCIENTISTS	5 / 1:	45-33453				
	_return □Final	Number and street (or P.O. box if mail is not delivered to street address)  PO BOX 1834	Room/suite	E Telephone number 406-624-				
	اreturn√ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,790,060.				
	Amend return			H(a) Is this a group return				
	Application			for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	—			
I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions								
		E: ► WWW.ADVENTURESCIENTISTS.ORG	<u> </u>	H(c) Group exemptio				
_		organization: X Corporation Trust Association Other	L Year	<del> </del>	1 State of legal domicile: MT			
		Summary	1	or round and a	. Glate of regal definions.			
	1	Briefly describe the organization's mission or most significant activities: ADVE	NTURE	SCIENTISTS	IS A			
nce		501(C)(3) NONPROFIT ORGANIZATION BASED IN						
rna	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.			
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8			
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7			
Š	5	Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	15			
/iţi	6	Total number of volunteers (estimate if necessary)		6	585			
Activities & Governance	7 a <sup>-</sup>	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
Revenue				Prior Year	Current Year			
	8 (	Contributions and grants (Part VIII, line 1h)		1,691,936.	1,500,494.			
		Program service revenue (Part VIII, line 2g)		287,902.	289,377.			
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,651.	178.			
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,000.	11.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,994,489.	1,790,060.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		985,814.	1,100,233.			
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b `	Fotal fundraising expenses (Part IX, column (D), line 25)		421 002	F06 411			
ш	' <i>'</i> '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		431,883.	526,411.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,417,697. 576,792.	1,626,644.			
		Revenue less expenses. Subtract line 18 from line 12			163,416.			
Net Assets or Fund Balances		Fatal accate (Dart V. line 10)	Ве	ginning of Current Year 2,358,654.	End of Year 2,430,131.			
\sse Bala	20	Fotal assets (Part X, line 16)		170,304.	78,365.			
let /	21 22 1	Fotal liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		2,188,350.	2,351,766.			
Pa	rt II	Signature Block		2,100,550.	2,331,700.			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			Milowidago ana bonoi, it io			
,	0011001	A complete book and or property (other than other) to be odd on an information of in-	ion proparor	That any knowledge.				
Sigr	,	Signature of officer		Date				
Her		■ GREGG TREINISH, EXECUTIVE DIRECTOR						
	_	Type or print name and title						
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN			
Paid		AMANDA FLOHR AMANDA FLOHR	1	.1/04/22 if self-employ	P01083328			
	arer	Firm's name ► WIPFLI LLP	<u> </u>		39-0758449			
Use	г	Firm's address 777 EAST MAIN, SUITE 201						
		BOZEMAN, MT 59715		Phone no. 40	6.586.2386			
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No			

Briefly describe the organization's mission:   ADVENTIVE SCLENTISTS HAS EQUIPPED HUNDREDS OF PARTNERS WORKING AT THE   CUTTING EDGE OF CLIMATE AND ENVIRONMENTAL FIELDS WITH PROJECT     PLANNING, TRAINING, AND FIELD DATA TO ADVANCE THEIR GOALS.     CONTINUED ON SCHEDULE O	Pai	Statement of Program Service Accomplishments	T
ADVENTURE SCIENTISTS HAS EQUIPPED HUNDREDS OF PARTNERS WORKING AT THE CUTTING EDGE OF CLIMATE AND ENVIRONMENTAL FIELDS WITH PROJECT PLANNING, TRAINING, AND FIELD DATA TO ADVANCE THEIR GOALS.  CONTINUED ON SCHEDULE O  Do the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-927  If Yes, 'Scherich these changes on Schedule O.  Do the organization cases conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes, 'Scherich these changes on Schedule O.  Do the organization reases conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes, 'Scherich these changes on Schedule O.  Do the organization rease conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes, 'Scherich these changes on Schedule O.  Do the organization ocase conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes, 'Scherich these changes on Schedule O.  Do the organization ocase conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 901(s), and 901(s) (s), and 901(s) (s) (s), and 901(s) (s) (s), and 901(s) (s) (s), and 901(s) (s), and 901(s) (s), and 901(s) (s), and 901(s), and			X
CUTTING EDGE OF CLIMATE AND ENVIRONMENTAL FIELDS WITH PROJECT PLANNING, TRAINING, AND FIELD DATA TO ADVANCE THEIR GOALS.  CONTINUED ON SCHEDULE O    To the organization undertake any significant program services during the year which were not listed on the prior form 800 or 490-E27    If "Yes," describe these new services on Schedule O.   To "Yes," describe these reav services on Schedule O.   If "Yes," describe these changes on Schedule O.   To "Yes," describe the services of the "Yes," describe the services of the "Yes," describe the services of the services of the "Yes," describe the services of the "Yes," described the "Yes," describe	1		አጥ ጥሀሮ
PLANNING, TRAINING, AND FIELD DATA TO ADVANCE THEIR GOALS. CONTINUED ON SCHEDULE 0  2 Did the organization undertake any significant program services during the year which were not listed on the prior form \$90 or \$90-E2?  If Yes, 'Exceptible these new services on Schedule 0.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?  If Yes, 'Exceptible these changes on Schedule 0.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s) and 501(s) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (Sceet ) (knowses 1, 1, 264, 333 - reclusing parts of 3  GATHERING DIFFICULT-TO-OBTAIN DATA TO ADDRESS THE WORLD'S MOST PRESSING ENVIRONMENTAL AND HUMAN HEALTH CHALLENGES IN WHICH ACCESS TO PHYSICAL DATA IS CRUCIAL TO RESOLVING THEM.  4 (Scote ) (Expenses 5 - recluding grants of \$   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Expenses 5 -   recluding grants of \$   )   (Revenue 5 - )    4 (Scote ) (Expenses 5 -   Recluding grants of \$   )   (Revenue 5 - )    4 (Scote ) (Expenses 5 -   Recluding grants of \$   )   (Revenue 5 - )    4 (Scote ) (Expenses 5 -   Recluding grants of \$   )   (Revenue 5 - )    4 (Scote ) (Expenses 5 -   Recluding grants of \$   )   (Revenue 5 - )    4 (Scote ) (Expenses 5 -   Recluding grants of \$   )   (Revenue 5 - )    4 (Scote ) (Expenses 6 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Expenses 6 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue 5 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue 5 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue 5 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue 5 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue 5 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue 5 - )   (Revenue 5 - )   (Revenue 5 - )    4 (Scote ) (Revenue			AI INE
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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27		· · · · · · · · · · · · · · · · · · ·	
prior Form 990 or 990 E27    Yes   X   No   H 74's, "describe these new services on Schedule O.   10   10   11   12   12   13   14   15   15   15   15   15   15   15			
If "Yes," describe these new services on Schedule O.	2		Vac VIII
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			Yes _A_No
## "Yes", "describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and silocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code:	2		Vac Y Na
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4a (code:			xpenses, and
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	40		
	TE	Total program service expenses	Form <b>990</b> (2021)

# ADVENTURERS AND SCIENTISTS FOR

Form 990 (2021)

CONSERVATION 45-3345338 Page 3 Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI 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 X 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

132003 12-09-21

Form 990 (2021)

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

Page 4

# ADVENTURERS AND SCIENTISTS FOR

Form 990 (2021) CONSERVATION

Part IV Checklist of Required Schedules (continued)

	· (continued)		V	LN-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No_
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\ <sub>3,7</sub>
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-31		
<b>-</b>	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 50		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
132004	12-09-21	Form	990	(2021)

Form 990 (2021)

45-3345338

Page 5

Par				ugo -						
	- Commission		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 15									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	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)?	4a		X						
b	If "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).									
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	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?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С										
	to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
	sponsoring organization have excess business holdings at any time during the year?									
	9 Sponsoring organizations maintaining donor advised funds.									
	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12  Consequenciate included on Form 200 Part VIII line 10 for public use of all the facilities.									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders  Cross income from ethan equippes (Pa not and any unit due or poid to other equippes against									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou								
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
excess parachute payment(s) during the year?										
	If "Yes," see the 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.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	3								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	7]								
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		X						
3	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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	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?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(Mile decisir b regarde ille materi about policie net required by the internal net ordine decis,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	and the contract of the contra									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12b	X							
·	on Schedule O how this was done	12c	Х							
13		13		х						
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14		X						
		14		1						
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?									
_	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	- 22							
16-	•									
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46-		Х						
		16a								
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401								
500	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17	List the states with which a copy of this Form 990 is required to be filed CA	\   '	A	L. I. L.						
18	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	avaıla	bie						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finar	icial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	GREGG TREINISH - 406-624-3320									
	PO BOX 1834, 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

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

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

(6) SCOTT AMERO       2.00         DIRECTOR       X         (7) ANN CURRY       2.00         DIRECTOR       X         (8) PETER MOLNAR       2.00	Name and title Avera hours		hours per b	(do not o oox, unle officer a	ess per	tion more t son is	than o s both	an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
X	hours relat organiz belo line			Individual trustee or director Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	compensation from the organization and related organizations
C	<del></del>				,,				104 766	0	2 607
X   X   X   X   X   X   X   X   X   X		OR		<u>x</u>	X			-	104,766.	0.	3,607
(3) MIKE HERRING	<u> </u>				\_				0	0	0
X   X   X   X   X   X   X   X   X   X	TNG			<u>^                                    </u>	<u>^</u>				0.	0.	0
(4) HEANA CHUNG	Z.			, l	<sub>v</sub>				0	0	0
X	ING 2			<u>-</u>	1				0.	0.	0
SOCIECT AMERO   SOCIECT AMER	2.			<del>,</del>					0.	0.	0
X	LE 2.			+					•	•	
(6) SCOTT AMERO				χl					0.	0.	0
X	RO 2.								• •		
(7) ANN CURRY DIRECTOR  (8) PETER MOLNAR  2.00  X  0.00				x l					0.	0.	0
(8) PETER MOLNAR 2.00	2.										
			Y	x					0.	0.	0
DIRECTOR X 0. 0	NAR 2.		2.00								
			<u> </u>	X _					0.	0.	0
				_							
				+							
				+	$\vdash$			$\dashv$			
				$\bot$	$\bigsqcup$						
					$\Box$						

Part VII   Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C						
(A)	(B)	(C) Position					(D)	(E)		(F)			
Name and title	Average	(do				<b>)</b> than c	one	Reportable	Reportable			imate	
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation			ount c	of
	week		Cei aii	u a u	I ecto	I	(66)	from	from related			other	
	(list any hours for	Individual trustee or director						the organization				oensat	
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		om the anizatio	
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-14EO)		_	ı nzatı I relate	
	below	dual t	riona	L	nploy	st col	₽.	10001120)				nizatio	
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	P. M.				5		
										$\rightarrow$			
										+			
										$\dashv$			
										+			
								101 766					
1b Subtotal								104,766.		0.	;	3,60	
c Total from continuation sheets to Part VII								104,766.		0.		3,60	0.
d Total (add lines 1b and 1c)							<u> </u>		000 of rapartable			, 00	, , .
compensation from the organization	or minited to the	036	IISLE	u au	ove	;) vvii	O I E	ceived more than \$100,	ooo or reportable				1
compensation nom the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		L	4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors		l =							2100.000 - 1				
1 Complete this table for your five highest cor the organization. Report compensation for t	-	-							· · · · · · · · · · · · · · · · · · ·	ensatio	on tro	ın	
(A)	ne calendar ye	sai e	nun	ig w	iui c	ועע וכ	<u> </u>	(B)	ear.		(C	)	
Name and business	address	NO	ONE	3				Description of s	ervices	Cor		<b>,</b> isation	1
							T						
2 Total number of independent contractors (in		ot lir	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation >				(	,					or (	990 (2	1004)
										Ε.	OHH) 🧸	(2	.UZ I)

Form 990 (2021) CONSERV
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to anv lir	e in this Part VIII			
		Chicago Comanio a response	y	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts		Federated campaigns 1a					
Sra Iou		Membership dues1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events1c					
a ii	(	d Related organizationsdd					
s, (	•	e Government grants (contributions) 1e	153,566.				
ioi	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f 1,	346,928.				
ÖĘ	ç	Noncash contributions included in lines 1a-1f	42,581.				
Son		Total. Add lines 1a-1f		1,500,494.			
	-		Business Code	, , .			
	2 -	SERVICE FEE REVENUE	900099	289,377.	289,377.		
je	Z c		300033	203/3774	203 / 3771		
er, ne							
n Sen	(						
gra Be	(						
Program Service Revenue	•						
₾		All other program service revenue		000 200			
		Total. Add lines 2a-2f		289,377.			
	3	Investment income (including dividends, intere					
		other similar amounts)		178.			178.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	<b>&gt;</b>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		A Not rental income or (loca)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b>	()				
		-					
•	K	Less: cost or other basis					
nu		and sales expenses		-			
ě		Gain or (loss)7c					
her Revenue		Net gain or (loss)	<b>&gt;</b>				
he	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses8b					
	(	Net income or (loss) from fundraising events	<b>&gt;</b>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>&gt;</b>				
		Gross sales of inventory, less returns	,				
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
ns	11 .	OTHER INCOME	900099	11.	11.		
Jue	11 c		, , , , , , , ,				
ila Ven							
Miscellaneous Revenue							
Ξ		d All other revenue	<b></b>	11.			
	12	Total revenue. See instructions		1,790,060.	289,388.	0.	178.
	12	Total levellue. See ilistructions		<u>r</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200,300		

# Form 990 (2021) CONSERVATION Part IX Statement of Functional Expenses

Оо і	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
^	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22  Grants and other assistance to foreign				
3	, i				
	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	108,373.	87,437.	7,731.	13,20
6	Compensation not included above to disqualified	100/3/31	07,1371	777324	13,20
•	persons (as defined under section 4958(f)(1)) and				
,	Other salaries and wages	808,691.	652,471.	57,686.	98,53
3	Pension plan accruals and contributions (include	,	,	2.,300.	23,23
-	section 401(k) and 403(b) employer contributions)	14,919.	12,037.	1,064.	1,81
)	Other employee benefits	91,049.	73,460.	6,495.	11,09
	Payroll taxes	77,201.	62,288.	5,507.	9,40
	Fees for services (nonemployees):	7772020	02,2001	373371	,, _ ,
а					
b		8,673.	5,894.	1,032.	1,74
		55,946.	37,957.	6,660.	11,32
	Lobbying	33,3101	3.753.1	0,0001	
e	5				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	1,830.	735.	128.	96
	Advertising and promotion	44,152.	31,495.	3,272.	9,38
	Office expenses	12,708.	10,340.	760.	1,60
	Information technology	64,605.	47,550.	2,282.	14,77
	Royalties	02,0001	27,0001		
	Occupancy	67,238.	45,614.	8,002.	13,62
	Travel	42,483.	30,746.	897.	10,84
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	3,152.	1,947.	162.	1,04
	Interest	-,	=,		_, -, -
	Payments to affiliates				
	Depreciation, depletion, and amortization	10,820.	7,342.	1,288.	2,19
	Insurance	9,104.	6,178.	1,084.	1,84
	Other expenses. Itemize expenses not covered		<u>,                                    </u>		•
	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.)				
а	CONTRE DESCRICONAMENTO	83,505.	50,417.	8,624.	24,46
b	EQUIPMENT	49,121.	47,167.	3.	1,95
С	IN-KIND EXPENSE	27,490.	13,250.	5,274.	8,96
d	CULTABATMO	26,857.	25,837.	258.	76
е	All other expenses	18,727.	14,221.	730.	3,77
	Total functional expenses. Add lines 1 through 24e	1,626,644.	1,264,383.	118,939.	243,32
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

ı aı	ιλ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			401,692.	1	735,945.
	2	Savings and temporary cash investments			1,164,164.	2	1,164,342.
	3	Pledges and grants receivable, net			728,325.	3	421,385.
	4	Accounts receivable, net			22,364.	4	69,140.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			4,625.	9	7,655.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	52,213.			
	b	Less: accumulated depreciation		20,549.	37,484.	10c	31,664.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			2,358,654.	16	2,430,131.
	17	Accounts payable and accrued expenses			69,841.	17	78,365.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ဖွ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
abi		controlled entity or family member of any of the	ese pers	ons		22	
<b>=</b>	23	Secured mortgages and notes payable to unre	elated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties	100,463.	24	
	25	Other liabilities (including federal income tax,	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			170,304.	26	78,365.
		Organizations that follow FASB ASC 958, c	neck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
lau l	27	Net assets without donor restrictions			506,300.	27	1,721,845.
Ba	28	Net assets with donor restrictions			1,682,050.	28	629,921.
pu		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🗌			
币		and complete lines 29 through 33.					
0 0	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
let	32	Total net assets or fund balances			2,188,350.	32	2,351,766.
	33	Total liabilities and net assets/fund balances		1	2,358,654.	33	2,430,131.

Form **990** (2021)

Pa	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)		1,79					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62					
3	Revenue less expenses. Subtract line 2 from line 1	3	16	3,4	16.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,18	8,3	50.			
5	5 Net unrealized gains (losses) on investments5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,35	1,7	66.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Total

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

2021

Open to Public Inspection

ADVENTURERS AND SCIENTISTS FOR **Employer identification number** Name of the organization CONSERVATION 45-3345338 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 name, city, and state: 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). X 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.) 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 10 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 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 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

45-3345338 Page 2

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	844,314.	1533387.	1170011.	1691936.	1500494.	6740142.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	044 214	1522207	1170011	1601026	1500404	6740140
	Total. Add lines 1 through 3	844,314.	1533387.	1170011.	1691936.	1500494.	6740142.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	a aluma (f)						2785784.
6	Public support, Subtract line 5 from line 4.						3954358.
	etion B. Total Support						3734330.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	844,314.	1533387.	1170011.	1691936.	1500494.	6740142.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				4,651.	178.	4,829.
9	Net income from unrelated business				,		•
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				10,000.	11.	10,011.
11	<b>Total support.</b> Add lines 7 through 10						6754982.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	577,279.
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi					г т	FO F 4
14	Public support percentage for 2021 (li					14	58.54 %
15						15	63.68 %
16a	33 1/3% support test - 2021. If the c						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the contract the support test - 2020 is the contract t						
47-	and <b>stop here.</b> The organization qual						
ı/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-		_	▶ □
L	meets the facts-and-circumstances te	-	•		-	7a, and line 15 is:	
D	10% -facts-and-circumstances test more, and if the organization meets the	-					1070 UI
	organization meets the facts-and-circu				-		▶□
12	<b>Private foundation.</b> If the organization		-	•	• • •		
	ato roundationi ii tile organizatio	ala not oncor a	201 OIT III O 10, 10e	., . OD, 17a, OI 17b	, cricon and box a	ia occinistractions	

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						ļ
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I		T	T	T
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst second third :	fourth or fifth tax	Vear as a section F	I 501(c)(3) organizatio	n On
	check this box and <b>stop here</b>	· ·		•	•		
Se	ction C. Computation of Publi						····
15	Public support percentage for 2021 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	<b>&gt;</b> □
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Drivate foundation If the organization	n did not obook o	hay an line 14 10	ar 10h ahaak th	aic how and see in	structions	<b>▶</b>   ¬

132023 01-04-22

Schedule A (Form 990) 2021

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	_		
	3c		
	4a		
	40		
	1h		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	- OD		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2021

132024 01-04-21

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	ί,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	e instruction	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b	1	l

Sche	dule A (Form 990) 2021 CONSERVATION			45-3345338 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2021

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

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

CONSERVATION

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	<b>3</b>						
_4	Amounts paid to acquire exempt-use assets		4					
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
_7_	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.		8					
_9_	Distributable amount for 2021 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021				
_1_	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2021							
<u>a</u>	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2021 distributable amount							
_ <u>i</u> _	Carryover from 2016 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
e	Excess from 2021							

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
T CIT TI	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.)
	(See Instructions.)
-	
-	
-	

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ELIZABETH R. AND WILLIAM J. PATTERSON FOUNDATION	925,000.	789,900.
GIB AND SUSAN MYERS	210,000.	74,900.
HIGH MEADOWS FOUNDATION	500,000.	364,900.
LYDA HILL FOUNDATION	350,000.	214,900.
SIMONS FOUNDATION	596,484.	461,384.
THE ENRICO FOUNDATION	550,000.	414,900.
WILLIAM H. DONNER FOUNDATION	600,000.	464,900.
Total Excess Contributions to Schedule A, Part II, Line 5		2,785,784.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

ADVENTURERS AND SCIENTISTS FOR CONSERVATION

Employer identification number

45-3345338

Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
-	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509 contributor,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contrib is checked, o purpose. Do	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{\te							
answer "No" on Part I	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ne filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization **Employer identification number** ADVENTURERS AND SCIENTISTS FOR CONSERVATION 45-3345338 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from

Part I

(b) Purpose of gift

(d) Description of how gift is held

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

ADVENTURERS AND SCIENTISTS FOR CONSERVATION

**Employer identification number** 45-3345338

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Acc	ounts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	/isec	I funds	(b)	Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		hele	d in donor advised	l funds	
	are the organization's property, subject to the organization's	-				Yes No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "	'Yes	" on Form 990, Pa	ırt IV, Iir	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).			
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	historio	cally important land area
	Protection of natural habitat	l		Preservation of a	certifie	d historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form of	a cons	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				🗀	2a
b						2b
С	Number of conservation easements on a certified historic stru					2c
d	Number of conservation easements included in (c) acquired a				•	
	listed in the National Register					2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganiza	tion during the tax
	year ▶					
4	Number of states where property subject to conservation eas		_			
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	d enforcing consei	vation (	easements during the year
_	Annual of constant in constant in constant in the constant in	Barra de de la Maria de la comp				and a decision the control
7	Amount of expenses incurred in monitoring, inspecting, hand $lacktriangle$	ling of violations, and	enio	ording conservation	n easer	ments during the year
	▶ \$  Does each conservation easement reported on line 2(d) above	a actiofy the requirem	onto	of postion 170/b)	(4\/D\/i\	
8		•				Yes No
9	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form	-		ŕ		
1a	If the organization elected, as permitted under FASB ASC 95		revei	nue statement and	d baland	ce sheet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	•	,			
b	If the organization elected, as permitted under FASB ASC 956				lance sl	heet works of
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	,	,			
	(i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$
						<b>\$</b>
2	If the organization received or held works of art, historical trea				iain, pro	pvide
	the following amounts required to be reported under FASB A				, , , -	
а	Revenue included on Form 990, Part VIII, line 1	~				<b>&gt;</b> \$
b	Assets included in Form 990, Part X					<b>▶</b> \$

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

Schedule D (Form 990) 2021

	t III   Organizations Maintaining C		t. Histo	orical Tre	easures, or	Other			3 /contin		age Z
	<u> </u>								(CONUIN	uea)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any or the	iollowing that	make si	grillicarit t	ise or its			
_	collection items (check all that apply):	الـ									
a											
b	Scholarly research	е		Otner							
С											
4											
5											
Dar									_ Yes		No
i ai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
10			ion, for a		o or other see	oto not i	naludad				
ıa	Is the organization an agent, trustee, custodi								7 V		l NIG
	on Form 990, Part X?							∟	<b>」Yes</b>		No
b	If "Yes," explain the arrangement in Part XIII	and complete the for	lowing t	abie.					Amount		
_	Decimping belongs						10		7 (11100111		
	Beginning balance										
u	Additions during the year										
•	Distributions during the year										
f 20	Ending balance  Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		] <b>NO</b>
Par											<u></u>
	Complete	(a) Current year		Prior year	(c) Two years		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	( )	( )		, ,		. , ,		,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halance	line 1c	r column (a	)) held as:	I			l		
a	Board designated or quasi-endowment	one your one balance	% %	y, 001011111 (a.	,,, riola ao.						
b	Permanent endowment										
	· · · · · · · · · · · · · · · · · · ·										
_	The percentages on lines 2a, 2b, and 2c sho	,* =									
За	Are there endowment funds not in the posse	•	ition tha	t are held ar	nd administere	ed for the	e organiza	ition			
	by:	<b>-</b>					9		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulate	ed	(d) Book	value	
		basis (investr	nent)		(other)	dep	oreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements				7,000.		1,63			5,36	
d	Equipment	I		3	2,213.		15,13		17	7,07	75.
_ е	Other				3,000.		3,7		9	7,22	22.
	. Add lines 1a through 1e. (Column (d) must e		X colum				-	▶		.,66	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CONSERVATIO	·N	45	-3345338 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	1		
(G)	1		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
<u></u>	(b) Dook value	(c) Method of Valuation. Cost of end	1-01-year market value
<u>(1)</u>			
(2)			
(3)		+	
<u>(4)</u> (5)		+	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	0.25 \		
- • • • • • • • • • • • • • • • • • • •	C ZU.1		i

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

D (Form 990) 2021	CONSERVATION	

		Form 990) 2021 COMBERT 7111 1 011			<del>1</del>	JJ IJ Taye
Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			1	1,806,875.
2	Amour	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b	16,815.		
С	Recove	eries of prior year grants	2c			
d		Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	16,815.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	1,790,060.
4		its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	Describe in Part XIII.)	4b			
С	Add lin	es <b>4a</b> and <b>4b</b>			4c	0.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,790,060.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per R	Returi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	xpenses and losses per audited financial statements			1	1,643,459.
2	Amour	its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	16,815.		
b	Prior y	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (	Describe in Part XIII.)	2d			
е	Add lin	es <b>2a</b> through <b>2d</b>			2e	16,815.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	1,626,644.
4	Amour	its included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	Describe in Part XIII.)	4b			_
С	Add lin	es <b>4a</b> and <b>4b</b>			4c	0.

### Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE DETERMINATION OF TAX-EXEMPT STATUS IS CONSIDERED TO BE A TAX POSITION TAKEN WITH RESPECT TO THE PROVISIONS OF GAAP. THE ORGANIZATION'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS, AND OTHER EVIDENCE. IT IS THE OPINION OF MANAGEMENT THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO RECOGNITION UNDER THESE STANDARDS.

1,626,644

Part XIII Supplemental Information (continued)	10 00 10 00 1 age 0
ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION.	THE
ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER IS 45-3345338.	

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

ADVENTURERS AND SCIENTISTS FOR CONSERVATION

Employer identification number 45-3345338

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinencesh contribution	_	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	15,091.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	77	_	07.400			
25	Other (OUTDOOR GEAR)	X	5	27,490.	FMV		
26	Other ()						
27	Other						
28	Other (						
29	Number of Forms 8283 received by the organia			1 1			
	for which the organization completed Form 82	83, Part V, L	onee Acknowleag	ement 29			N <sub>a</sub>
20-	During the year did the executation receive by		n anu nranastu ran	arted in Dort Llines 1 through	sh 00 that it	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						Х
L	exempt purposes for the entire holding period'	<i>(</i>			30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance is	nolicy that ra	auires the review	of any nonetandard contribut	tions?		Х
31	Does the organization hire or use third parties	-	· · ·	•	tions? 31		
SZd	-		~		32a		x
h	contributions?  If "Yes," describe in Part II.				328		
33	If the organization didn't report an amount in c	column (c) for	r a type of property	for which column (a) is chec	cked.		
55	describe in Part II.		a type of property	, ioi willon column (a) is chec	mou,		
	accompo in rait ii.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ADVENTURERS AND SCIENTISTS FOR CONSERVATION

Employer identification number 45-3345338

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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, DESCRIPTION OF ORGANIZATION MISSION: BY MOBILIZING AND TRAINING OUTDOOR ENTHUSIASTS AND LOCAL COMMUNITIES TO COLLECT HIGH-QUALITY SCIENTIFIC DATA THAT ARE DIFFICULT TO ACCESS, REQUIRE TOO LARGE A SCALE, OR ARE TOO COSTLY TO OBTAIN WITH TRADITIONAL METHODS, WE ARE A COST-EFFECTIVE AND POWERFUL ACCELERATOR TO CONSERVATION AROUND THE WORLD. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN A FULL COPY IS PROVIDED TO THE TREASURER FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS ANNUALLY REVIEWS POSSIBLE CONFLICTS OF INTEREST FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS OVERSEEN AND APPROVED BY THE BOARD OF DIRECTORS

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization ADVENTURERS AND SCIENTISTS FOR CONSERVATION	Employer 45-	identification number 3 3 4 5 3 3 8
THE ORGANIZATION'S ANNUAL FINANCIAL STATEMENTS ARE PUBLISH	ED ON	THEIR
WEBSITE.		
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.		

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
VEHICLE	07/09/18	SL	5.00		16	12,000.				12,000.	6,000.		2,400.	8,400.
LEASEHOLD IMPROVEMENTS	09/08/19	SL	10.00		16	7,000.				7,000.	933.		700.	1,633.
EQUIPMENT	09/15/20	SL	4.00		16	20,213.				20,213.	1,684.		5,053.	6,737.
VOLUNTEER PROGRAM SOFTWARE	08/01/20	SL	3.00		16	8,000.				8,000.	1,111.		2,667.	3,778.
* TOTAL 990 PAGE 10 DEPR						47,213.				47,213.	9,728.		10,820.	20,548.
	VEHICLE  LEASEHOLD IMPROVEMENTS  WATER SUPPLY TESTING  EQUIPMENT  VOLUNTEER PROGRAM SOFTWARE	VEHICLE 07/09/18  LEASEHOLD IMPROVEMENTS 09/08/19  WATER SUPPLY TESTING  EQUIPMENT 09/15/20  VOLUNTEER PROGRAM SOFTWARE 08/01/20	VEHICLE 07/09/18 SL  LEASEHOLD IMPROVEMENTS 09/08/19 SL  WATER SUPPLY TESTING  EQUIPMENT 09/15/20 SL  VOLUNTEER PROGRAM SOFTWARE 08/01/20 SL	VEHICLE 07/09/18 SL 5.00  LEASEHOLD IMPROVEMENTS 09/08/19 SL 10.00  WATER SUPPLY TESTING  EQUIPMENT 09/15/20 SL 4.00  VOLUNTEER PROGRAM SOFTWARE 08/01/20 SL 3.00	VEHICLE       07/09/18 SL       5.00         LEASEHOLD IMPROVEMENTS       09/08/19 SL       10.00         WATER SUPPLY TESTING       09/15/20 SL       4.00         EQUIPMENT       09/15/20 SL       4.00         VOLUNTEER PROGRAM SOFTWARE       08/01/20 SL       3.00	VEHICLE       07/09/18 SL       5.00       16         LEASEHOLD IMPROVEMENTS       09/08/19 SL       10.00       16         WATER SUPPLY TESTING       09/15/20 SL       4.00       16         VOLUNTEER PROGRAM SOFTWARE       08/01/20 SL       3.00       16	VEHICLE       07/09/18 SL       5.00       16       12,000.         LEASEHOLD IMPROVEMENTS       09/08/19 SL       10.00       16       7,000.         WATER SUPPLY TESTING       09/15/20 SL       4.00       16       20,213.         VOLUNTEER PROGRAM SOFTWARE       08/01/20 SL       3.00       16       8,000.	VEHICLE 07/09/18 SL 5.00 16 12,000.  LEASEHOLD IMPROVEMENTS 09/08/19 SL 10.00 16 7,000.  WATER SUPPLY TESTING  EQUIPMENT 09/15/20 SL 4.00 16 20,213.  VOLUNTEER PROGRAM SOFTWARE 08/01/20 SL 3.00 16 8,000.	VEHICLE 07/09/18 SL 5.00 16 12,000.  LEASEHOLD IMPROVEMENTS 09/08/19 SL 10.00 16 7,000.  WATER SUPPLY TESTING EQUIPMENT 09/15/20 SL 4.00 16 20,213.  VOLUNTEER PROGRAM SOFTWARE 08/01/20 SL 3.00 16 8,000.	Description  Date Acquired Method Life of No. Cost Or Basis Section 179 Expense Reduction In Basis  VEHICLE  07/09/18 SL 5.00 16 12,000.  LEASEHOLD IMPROVEMENTS  09/08/19 SL 10.00 16 7,000.  WATER SUPPLY TESTING  EQUIPMENT  09/15/20 SL 4.00 16 20,213.  VOLUNTEER PROGRAM SOFTWARE  08/01/20 SL 3.00 16 8,000.	Description	Description	Description   Date Acquired   Method   Life   Cost Or Basis   Section 179   Expense   Reduction In Basis For Depreciation   Sec 179   Expense   Section 179   Expense   Section 179   Expense   Section 179   Expense   Section 179   Section	Date Acquired   Method   Life   One   Cost Or Basis   Bus   Section 179   Expense   Reduction In Basis   Bus   Section 179   Expense   Reduction In Basis   Depreciation   Depreciation   Sec 179   Expense   Deduction

<sup>128111 04-01-21</sup> 

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone