Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2024 cale	endar ye	ar, or tax y	year begin	ning	4/01		, 202	4, a	and endir	ıg	3/	31		,	20 202	25	
В	Check	if applicable:	С											D Er	nploy	er ident	ification n	umber	
	A	ddress change	ADVE	NTUREF	RS AND :	SCIEN	ITTST	'S FOR						4	5-3	3345	338		
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	-	nal return/terminated	d	•										_			.		
	A	mended return	<u> </u>													eceipts		,550,	
	Α	pplication pendir	ng F Nar	ne and addre	ess of principal	officer:	GREG	G TREI	NISH								ordinates	Yes	X No
			SAME	E AS C	ABOVE							H(b)	Are all	subordi	nates a list	included	d? structions.	Yes	No
Ī	Tax-	exempt status:	X 501	(c)(3)	501(c) ()	(inse	ert no.)	4947(a)(1)	or	527	Ĭ .	,	attaon	u	000			
J	We	bsite: W	WW.AD	VENTUR	ESCIENT	TSTS	ORG	<u>L</u>				H(c)	Group	exempti	on nu	mber			
K	Forn	n of organization		poration	Trust	Associat	1 1	Other	l	ΙΥρ	ear of format						egal domi	rile: MT	
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<u>8</u>	2	Check this							ations or dis								sets.		_
ص مح	3	Number of	-		-	-			•							3			7
တ္သ	4	Number of														4			6
≝	5	Total numb														5			18
Activities &	6	Total numb														6			500
Ä		Total unrela														7a			0.
	b	Net unrelate	ed busin	ess taxab	le income t	from Fo	rm 990)-T, Part	I, line 11							7b			0.
													Р	rior Y	ear		Cu	rrent Ye	ar
	8	Contribution	ns and g	rants (Par	rt VIII, line	1h)							2	2,53	2,5	31.	1	,290,	174.
Revenue	9	Program se	ervice rev	venue (Pa	rt VIII, line	2g)						💳		•	_	25.		<u> </u>	622.
Ver	10		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)											53.			192.		
Be	11	Other rever														76.		91,	172.
	12	Total reven											-	2,75			1	,550,	000
	13	Grants and												2, 13	0,5	05.		, 550,	700.
					-				-										
	14	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `																	
S	15	Salaries, ot	ther com	pensation	, employee	e benefi	ts (Par	t IX, colu	ımn (A), line	es 5	5-10)		1	L,86	4,1	00.	1	,487,	626.
Expenses	16a	b Total fundraising expenses (Part IX, column (A), line 11e)																	
ber	b																		
X	1,7		-				-							60	2 0	0.4		007	700
	17	Other exper	-					-							_	04.		<u>, 237,</u>	
	18	Total exper			•	•		•	, .				2	2,49				725,	
	19	Revenue le	ss exper	ıses. Subt	tract line 18	8 from I	iine 12							26	0,4	81.	-1	,174,	347.
, e												Be	ginnir	ng of Cı	ırren	t Year	En	d of Ye	ar
ets	20	Total assets	s (Part X	, line 16).									3	3,41	0,0	60.	2	,179,	679.
Net Assets	21	Total liabilit	ties (Par	t X, line 2	6)									30	0,8	55.		244,	410.
ξĘ	22	Net assets	or fund h	nalances	Subtract li	ne 21 fr	rom lin	e 20					-	3,10	a 2	N 5	1	, 935,	269
	art II	Signatu			- Cabtract III	110 21 11	0111 1111	0 20), <u>1</u> 0.	<i>)</i> ,	05.		, , , , , , ,	207.
Und	er pena plete. D	Ities of perjury, I Declaration of pre	declare tha parer (othe	it I have exar ir than officer	mined this retu ') is based on a	rn, includi all informa	ng accon ation of w	npanying sch hich prepare	nedules and sta er has any know	ateme vledo	ents, and to ge.	the be	st of m	ny knowl	edge	and beli	ief, it is tru	ie, correct,	and
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		Preparer's	s name			Preparer	r's signati	ure			Date			Check		if	PTIN		
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Ma	y the	IRS discuss	this retu	rn with the	e preparer	shown	above?	? See ins	tructions								. X Y	es	No

Par	Check if Schedule O contains a response or note to any			Х
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
2	Did the organization undertake any significant program services during	ng the year which were not listed or	the prior	
	Form 990 or 990-EZ?			Yes X No
•	If "Yes," describe these new services on Schedule O.			v 🗔 N
3	Did the organization cease conducting, or make significant char If "Yes," describe these changes on Schedule O.	iges in now it conducts, any prog	gram services?	Yes X No
4	Describe the organization's program service accomplishments for	or each of its three largest progra	am services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to re and revenue, if any, for each program service reported.	port the amount of grants and al	locations to others, the to	otal expenses,
	and rotalises, it any, for each program control reported.			
4a	(Code:) (Expenses \$ 2,401,813. including) (Revenue \$	223,622.)
	GATHERING DIFFICULT-TO-OBTAIN DATA TO AI			
	AND HUMAN HEALTH CHALLENGES IN WHICH ACC	<u>CESS TO PHYSICAL DATA</u>	IS CRUCIAL TO	RESOLVING_
	THEM.			
4b	(Code:) (Expenses \$ including	ng grants of \$) (Revenue \$)
				- – – – – – –
				- – – – – – –
4c	: (Code:) (Expenses \$ including	ng grants of \$) (Revenue \$)
A -1	Other program conjuge (Describe on Schodule O.)			
4d	I Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Rever	nue \$)
4e	Total program service expenses 2.401.813) (i vevei	140 Y	,

Form 990 (2024) ADVENTURERS AND SCIENTISTS FOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2024) ADVENTURERS AND SCIENTISTS FOR Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
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		Х
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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
	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		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Χ
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· L
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
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	1.0	Х	
ВΛΛ	(gambling) winnings to prize winners?	1c	Δ 000 (0004

Form 990 (2024) ADVENTURERS AND SCIENTISTS FOR

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

			res	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 18						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
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).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X			
	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		Х			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).	6b					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring						
_	organization have excess business holdings at any time during the year?	8					
	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
	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 12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in						
	which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a 14b		77			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140					
13	excess parachute payment(s) during the year?	15		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ			
	If "Yes," complete Form 4720, Schedule O.						
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would						
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
AΑ	TEEA0105L 09/05/24	Form	990	2024)			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

406-624-3320

GREGG TREINISH 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F) Reportable compensation from related organizations (W-2/1099-Name and title Reportable compensation from Estimated amount Average of other compensation from the organization hours per week the organization (W-2/1099-Ind Ind Ind

		(list any hours for related organiza- tions below dotted line)	dividual trustee director	stitutional trustee	fficer	ey employee	ighest compensated mployee	omer	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
(1)	GREGG TREINISH	40									
	EXECUTIVE DIR.	0	Х		Χ				148,356.	0.	14,713.
(2)	LUIS PABON ZAMORA	40									
	HEAD OF STRATEGIC	0					Χ		130,577.	0.	14,458.
(3)	LYDIA FREEMAN	40									
	CHIEF OF STAFF	0					Χ		119,275.	0.	13,474.
(4)	JOSEPHINE ROBERTS	40									
	HEAD OF DEVELOP.	0					Χ		102,341.	0.	5,626.
(5)	CATHERINE WORKMAN	40									
	HEAD OF PROGRAMS	0					Χ		104,070.	0.	0.
(6)	KATHERINE MAHER	4									
	CHAIR	0	Х		Χ				0.	0.	0.
(7)	PETER MOLNAR	2									
	DIRECTOR	0	Х						0.	0.	0.
(8)	SALEEM ALI	2									
	DIRECTOR	0	Χ						0.	0.	0.
(9)	MIKE HERRING	2									
	TREASURER	0	X		Χ				0.	0.	0.
(10)	ANN CURRY	2									
	DIRECTOR	0	Х						0.	0.	0.
(11)	SCOTT AMARO	2									
	DIRECTOR	0	Х						0.	0.	0.
(12)											
(13)											
(14)											

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	n Reportable	(E)	(F)		
hours officer and a director/trustee	(do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization				
per week (list any hours for related or related or granizations below dotted line)			and related organizations		
(15)					
(16)					
(17)					
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					
1b Subtotal	604,619.	0.	48,271.		
c Total from continuation sheets to Part VII, Section A		0.	0. 48,271.		
2 Total number of individuals (including but not limited to those listed above) who receive from the organization 5			pensation		
			Yes No		
3 Did the organization list any former officer, director, trustee, key employee, or hi on line 1a? <i>If "Yes,"complete Schedule J for such individual</i>			. 3 Х		
4 For any individual listed on line 1a, is the sum of reportable compensation and o the organization and related organizations greater than \$150,000? If "Yes," comp such individual.	ther compensation plete Schedule J fo	from <i>r</i> 	. 4 X		
5 Did any person listed on line 1a receive or accrue compensation from any unrela for services rendered to the organization? If "Yes," complete Schedule J for such	ted organization or	individual	. 5 X		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors the section of the section between the section of the section between	aat rocoived more t	han \$100 000 of			
compensation from the organization. Report compensation for the calendar year ending	y with or within the o	rganization's tax year			
Name and business address	Description	of services	(C) Compensation		
2 Total number of independent contractors (including but not limited to those listed above \$100,000 of compensation from the organization 0	e) who received more	e than			

		Check if Schedule O contains a respo	nse or note to any	/ line in this Part VI	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns	1,290,174.				
itrib i Ott	g	Noncash contributions included in lines 1a-1f	10,504.				
Cor	h	Total. Add lines 1a-1f		1,290,174.			
ne			Business Code				
Program Service Revenue	2a b	SERVICE FEE REVENUE 9	900099	223,622.	223,622.		
ervi	d						
am §	е						
rogr	t q	All other program service revenue		222 622			
<u>п</u>	3	Investment income (including dividends, int		223,622.			
	4	other similar amounts)	oond proceeds	37,192.			37,192.
	5 6a	Royalties	(ii) Personal				
		Less: rental expenses 6b Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other				
	b	sales of assets other than inventory Less: cost or other basis and sales expenses 7b					
		Gain or (loss) 7c					
		, , ,					
Other Revenue	Ва	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
er R	h	See Part IV, line 18 8a Less: direct expenses 8b					
Σth		Net income or (loss) from fundraising ex	vents				
)		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activit	ties				
	Iua	Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inven	tory				
ous ?	11a		Dusiness Coue				
ane inte	b						
Miscellaneous Revenue	11a b c d						
AIS R		All other revenue					
		Total. Add lines 11a-11d Total revenue. See instructions		1 550 988	223 622	0	37 192

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	179,713.	149,991.	20,912.	8,810.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,108,799.	925,416.	129,023.	54,360.
8	Pension plan accruals and contributions	1,100,755.	723, 410.	123,023.	34,300.
0	(include section 401(k) and 403(b) employer contributions)	74,023.	61,780.	8,614.	3,629.
9	Other employee benefits	28,845.	24,074.	3,357.	1,414.
10	Payroll taxes	96,246.	80,328.	11,200.	4,718.
11	Fees for services (nonemployees):	,	,	,	•
а	Management				
b	Legal	56,977.	53,778.	1,204.	1,995.
С	Accounting	23,890.	22,550.	504.	836.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	2,537.	2,394.	54.	89.
12	Advertising and promotion	19,885.	18,768.	421.	696.
13	Office expenses	5,476.	5,171.	115.	190.
14	Information technology	66,120.	62,408.	1,397.	2,315.
15	Royalties	,	,	,	,
16	Occupancy	82,905.	78,251.	1,751.	2,903.
17	Travel	76,811.	72,499.	1,623.	2,689.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,619.	6,247.	140.	232.
20	Interest	,	·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,364.	73,965.	1,655.	2,744.
23	Insurance	14,168.	13,372.	300.	496.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONTRACT LABOR	565,472.	533,732.	11,944.	19,796.
b	BAD DEBT	106,803.	100,808.	2,256.	3,739.
c	STAFF DEVELOPMENT	73,308.	61,184.	8,530.	3,594.
d		23,265.	21,960.	491.	814.
•	All other expenses.	35,109.	33,137.	743.	1,229.
25	Total functional expenses. Add lines 1 through 24e	2,725,335.	2,401,813.	206,234.	117,288.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	o any li	ne in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			164,301.	1	254,813.
	2	Savings and temporary cash investments			722,496.	2	241,158.
	3	Pledges and grants receivable, net			1,782,970.	3	1,141,982.
	4	Accounts receivable, net		31,982.	4		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner offic	eer, director, butor, or 35%			
	_					5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			3,352.	9	11,209.
Ä	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	32,213.			
		Less: accumulated depreciation		31,805.	2,106.	10c	408.
	11	Investments — publicly traded securities			378,562.	11	380,013.
	12	Investments – other securities. See Part IV, line 11.			·	12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets			146,944.	14	70,278.
	15	Other assets. See Part IV, line 11		177,347.	15	79,818.	
	16	Total assets. Add lines 1 through 15 (must equal line		3,410,060.	16	2,179,679.	
	17	Accounts payable and accrued expenses			135,880.	17	164,519.
	18	Grants payable			,	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
ies	21	Escrow or custodial account liability. Complete Part		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, d utor, or	irector, trustee, 35%		22	
ij	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			164,975.	25	79,891.
	26	Total liabilities. Add lines 17 through 25			300,855.	26	244,410.
ses		Organizations that follow FASB ASC 958, check here		X	200,000		211, 1231
ano	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		F	1,344,259.	27	759,796.
Bal	28	Net assets with donor restrictions		<u> </u>	1,764,946.	28	1,175,473.
þ	20	Organizations that do not follow FASB ASC 958, che			1,704,940.	20	1,113,413.
Net Assets or Fund Balance		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipn				30	
As	31	Retained earnings, endowment, accumulated income			31		
let	32	Total net assets or fund balances			3,109,205.	32	1,935,269.
	33	Total liabilities and net assets/fund balances			3,410,060.	33	2,179,679.
BA	Α		IEEA011	I1L 09/05/24			Form 990 (2024)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5	550,9	988.
2	Total expenses (must equal Part IX, column (A), line 25).	2	2,7	25,3	335.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,1	74,3	347.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,1	.09,2	205.
5	Net unrealized gains (losses) on investments.	5		4	411.
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,				
Dar	column (B))	10	1,5	35,2	269.
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
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	ate			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		າ 3a		Х
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/05/24		Forn	990	(2024)

SCHEDULE A (Form 990)

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

2024

Open to Public Inspection

Name	ame of the organization ADVENTURERS AND SCIENTISTS FOR Employer identification number											
			CONSERVATI					45-334533	8			
Par					rganizations must				ctions.			
The c	rga	nization is	not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1		A church, c	convention of church	nes, or association of cl	nurches described in sect	ion 1 <mark>70</mark> (b)(1)(A)((i).				
2		A school of	described in sectio	on 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)						
3		A hospital	or a cooperative h	nospital service organ	ization described in sec	tion 170)(b)(1)(<i>A</i>	\)(iii).				
4		A medical	research organiza	ation operated in conju	unction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii). E	Inter the hospital's			
		name, city	, and state:									
5		An organiz	zation operated for 70(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in			
6		A federal,	state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A commur	nity trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		An agricult	ural research organ	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege			
	_				(see instructions). Enter							
		university:										
10												
11				* * * * * * * * * * * * * * * * * * * *	ely to test for public safe	aty See	section	1 509(a)(4)				
12		Ĭ	<u> </u>	·	,	•			ut the numbers of one			
12		or more pu	ublicly supported o	organizations describe	ely for the benefit of, to ed in section 509(a)(1) outporting organization	r sectio	n 509(a)(2). See section 509(a	(3). Check the box on			
а		organizatio	upporting organizatin(s) the power to re Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup a majority of the director	ported or s or trus	rganizat tees of t	ion(s), typically by giving the supporting organizati	g the supported on. You must			
b		manageme	supporting organized to the supporting plete Part IV, Sect	ı organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You			
c		Type III fu	nctionally integra	ted. A supporting orga	anization operated in co	nnectio A, D, an	n with, a	and functionally integra	ated with, its supported			
d		Type III no	on-functionally into	egrated. A supporting	organization operated must satisfy a distribu s A and D, and Part V.	in conne	ection w	rith its supported organ t and an attentiveness	ization(s) that is not requirement (see			
е		Check this	box if the organiz	zation received a writt	en determination from t	he IRS	that it is	s a Type I, Type II, Typ	e III functionally			
	_				supporting organization							
T				organizations on about the supported	d organization(s)							
g					(iii) Type of organization			(v) Amount of monetary	(vi) Amount of other			
,	1) 140	arrie or supporte	eu organization	(II) EIN	(described on lines 1-10	organizat	ion listed	support (see instructions)	support (see instructions)			
					above (see instructions))	in your g docur						
						Yes	No					
						103	110					
(A)												
(~)												
(B)												
(5)												
(C)												
` '												
<u>(D)</u>												
(E)												
Total												

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,500,494.	1,834,843.	661,320.	2,532,531.	1,290,174.	7,819,362.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,500,494.	1,834,843.	661,320.	2,532,531.	1,290,174.	7,819,362.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,157,779.
6	Public support. Subtract line 5 from line 4						4,661,583.
Sec	tion B. Total Support				•	•	, ,
	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	1,500,494.	1,834,843.	661,320.	2,532,531.	1,290,174.	7,819,362.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	178.	11,644.	5,737.	47,345.	37,192.	102,096.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2.00	22,0220	57.5.1	21,70201	37,2321	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	11.	888.		376.		1,275.
11	Total support. Add lines 7 through 10						7,922,733.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						
	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						58.84%
15	Public support percentage from	2023 Schedule A,	Part II, line 14			15	62.25 %
16a	33-1/3% support test—2024. If t and stop here. The organization	he organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, chec	k this box
b	33-1/3% support test—2023. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16arganization	a, and line 15 is 3	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this l ion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

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.)

Sac	tion A. Public Support		picaso compieto i	· · · /			
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2020	(b) 2021	(0) 2022	(u) 2023	(e) 2024	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	,	T		1		
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	•		•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•		-		-	%
	Investment income percentage f					<u> </u>	8
	33-1/3% support tests—2024. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	
	33-1/3% support tests—2023. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported organ	ization

45-3345338

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			Yes	No
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.	1		
	3 · · · · · · · · · · · · · · · · · · ·	-		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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 .	9b		
С	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 .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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

2a	
2b	
3a	
3b	

Schedule A	(Form 990) 2024	ADVENTURERS AND	SCIENTISTS	FOR	45-3345338
Part V	Type III Non-Function	nally Integrated 509(a)(3) Supporting	g Organizations	
1 0 0	thock hard if the organization	n satisfied the Integral Par	t Tost as a qualifyi	ng truct on Nov. 20	1970 (ovplain in Part VI) \$

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2024 Schedule A (Form 990) 2024 ADVENTURERS AND SCIENTISTS FOR 45-3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 45-3345338

Sec	tion D — Distributions		,	,	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	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 organizati in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
_	From 2020				
	From 2021				
	From 2022				
	From 2023				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	: Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
- 6	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
(Excess from 2023				
-	Excess from 2024				

BAA Schedule A (Form 990) 2024

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Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2024	2023	2022	2021	2020
		\$ 376		\$ 888.	\$ 11.
TOTAL	\$ 0.	\$ 376	. \$ 0.	\$ 888.	\$ 11.

ADDITIONAL SUPPLEMENTAL INFORMATION

PART II, SHORT YEAR EXPLANATION:

THIS SCHEDULE INCLUDES THE SHORT PERIOD 1/1/2023 TO 3/31/2023 IN THE 2022 COLUMN DUE TO THE ORGANIZATION'S CHANGE IN ACCOUNTING PERIOD.

SCHEDULE D (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization Employer identification number ADVENTURERS AND SCIENTISTS FOR CONSERVATION 45-3345338 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2h c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 \$ Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Main	taining Conect	ions of Art, mis	storicai Treasures, c	or Other Similar A	55E(5	(COITHI	iueu)
3 Using the organization's acquisition items (check all that apply).	, accession, and oth	er records, check a	ny of the following that ma	ake significant use of its	collectio	'n	
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e Other					
c Preservation for future gener	rations	_					
4 Provide a description of the organiz Part XIII.		·	Ŭ				
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or recei han to be maintain	ve donations of ar ed as part of the c	t, historical treasures, o rganization's collection?	r other similar assets	Yes		No
Part IV Escrow and Custod Complete if the organic	anization answe	nts ered "Yes" on F	orm 990, Part IV, li	ne 9, or reported a	an amo	ount o	<u></u>
Form 990, Part X, li	ne 21.		6 12 2				
1a Is the organization an agent, trus on Form 990, Part X?				er assets not included	Yes		No
b If "Yes," explain the arrangement in	n Part XIII and comp	lete the following ta	ble.		Amoun		
c Beginning balance					Amoun	<u> </u>	
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a					Yes		No
b If "Yes," explain the arrangemen	t in Part XIII. Chec	k here if the expla	nation has been provide	ed in Part XIII	<u> </u>		7
Part V Endowment Funds							
Complete if the orga	anization answe	ered "Yes" on F	orm 990, Part IV, li	ne 10.			
	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e)	Four year	s back
1a Beginning of year balance			, , ,	, , ,			
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships					+		
e Other expenditures for facilities					+		
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentag	•	ar end balance (lir	ne 1g, column (a)) held a	as:			
a Board designated or quasi-endov	vment						
b Permanent endowment							
c Term endowment		000/					
The percentages on lines 2a, 2b, a	•						
3a Are there endowment funds not in to organization by:	the possession of the	e organization that a	are held and administered	for the	Г	Yes	No
(i) Unrelated organizations?					3a(i)	163	110
(ii) Related organizations?					3a(ii)		
b If "Yes" on line 3a(ii), are the rel					3b		
4 Describe in Part XIII the intended							<u> </u>
Part VI Land, Buildings, an	-						
Complete if the organizati		on Form 990. Part	IV. line 11a. See Form 99	90. Part X. line 10.			
Description of property		ost or other basis	(b) Cost or other	(c) Accumulated	(d)	Book va	alue
		(investment)	basis (other)	depreciation	(4)	200K 10	1140
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment			32,213.	31,805.			408.
e Other							
Total. Add lines 1a through 1e. (Colum	nn (d) must equal F	orm 990, Part X,	line 10c, column (B))				408.

Part VII	Investments — Other Securities Complete if the organization answered "Yes" or	Form 990 Part IV line	N/A	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	ıf-vear market value
	al derivatives	(B) Book value	(c) motilod of valuation, bost of that t	your market value
` '	held equity interests.			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>`É</u>				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	Form 990 Part IV line	N/A 11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	(a) DC	Scription		(b) Book Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	umn (b) must equal Form 990, Part X, line 15, c	column (P))		
Part X	Other Liabilities	,01umm (<i>B))</i>		
raitA	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.		ription of liability		(b) Book value
	al income taxes			
	RATING LEASE LIABILITY			79,891.
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, c	olumn (B))		79,891.
	uncertain tax positions. In Part XIII, provide the text of the fo			
	nder FASB ASC 740. Check here if the text of the footnote ha			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,662,236.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	1.	
b Donated services and use of facilities	7.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	111,248.
3 Subtract line 2e from line 1.	3	1,550,988.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,550,988.
·		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
·		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 110,83	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. 2 110,83	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 Ind, 83 2 c	er Retu 1 7.	2,836,172.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	er Retu 1 7 2e	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	er Retu 1 7 2e	2,836,172. 110,837.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	er Retu 1 7 2e	2,836,172. 110,837.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	er Retu 1 7 2e 3	2,836,172. 110,837.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	er Retu 1 7. 2e 2e 4c	2,836,172. 110,837.

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 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 - FASB ASC 740 FOOTNOTE

Part XIII Supplemental Information

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(30 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 TS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH

THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND

Schedule D (Form 990) (Rev. 12-2024)

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Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

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. THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND FOR 199 IN THE STATE OF CALIFORNIA. THE ORGANIZATIONS EMPLOYER IDENTIFICATION NUMBER IS 45-3345338.

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

45-3345338

	CONSERVATION			
Part I	Questions Regarding Compensation			

ADVENTURERS AND SCIENTISTS FOR

1a	Check the appropriate box(es) if the organization provided any of the followin VII, Section A, line 1a. Complete Part III to provide any relevant inform	ng to or for a person listed on Form 990, Part ation regarding these items.					
	First-class or charter travel	ng allowance or residence for personal use					
	Travel for companions	ents for business use of personal residence					
		or social club dues or initiation fees					
		nal services (such as maid, chauffeur, chef)					
		nai con noce (cash ac maia, chaancar, cher)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	ndicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Writte	n employment contract					
	Independent compensation consultant Comp	ensation survey or study					
	Form 990 of other organizations	val by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A organization or a related organization:	, line 1a, with respect to the filing					
а	Receive a severance payment or change-of-control payment?						
	Participate in or receive payment from a supplemental nonqualified retirement plan?				X		
С	Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						
	The organization?		5a		Χ		
b	Any related organization?		5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.						
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:						
	The organization?				Χ		
b	Any related organization?		6b		Χ		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the org payments not described on lines 5 and 6? If "Yes," describe in Part III.	ganization provide any nonfixed	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pur						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.						
	II TES, DESCRIBE III FAIL III						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption section 53.4958-6(c)?	procedure described in Regulations	9				

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

	(1	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
GREGG TREINISH	(i)	148,356.	0.	0.	6,600.	8,113.	163,069.	0.
1 EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ADVENTURERS AND SCIENTISTS FOR Employer identification number CONSERVATION 45-3345338

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WE ENSURE THE AVAILABILITY OF CRITICAL FIELD DATA THAT ACCELERATES CONSERVATION AND CLIMATE SOLUTIONS. WE ACHIEVE OUR 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.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REGULARLY MONITORED AND ENFORCED. THE POLICY APPLIES TO BOARD MEMBERS, WHO ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTERESTS. DETERMINATION OF WHETHER A CONFLICT EXISTS ARE MADE AT THE BOARD LEVEL. ONCE A POTENTIAL CONFLICT IS DISCLOSED, THE EXECUTIVE COMMITTEE REVIEWS THE SIGNED STATEMENTS TO ASSESS WHETHER A CONFLICT IS PRESENT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

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

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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

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

REQUIRE TOO LARGE A SCALE, OR ARE TOO COSTLY TO OBTAIN WITH TRADITIONAL METHODS.