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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	NATURESERVE 2550 SOUTH CLARK STREET NO. 930 ARLINGTON, VA 22202
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

NATURESERVE

52-1884438

Name and title of officer or person subject to tax

**SEAN T O'BRIEN
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,142,183.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

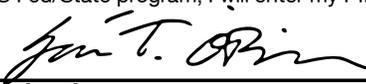
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize GELMAN, ROSENBERG & FREEDMAN to enter my PIN 24526
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ 

Date ▶ 5/16/22

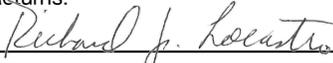
Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52697498693

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 5/16/2022

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATURESERVE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2550 SOUTH CLARK STREET 930 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202 F Name and address of principal officer: SEAN T. O'BRIEN SAME AS C ABOVE	D Employer identification number 52-1884438 E Telephone number (703)908-1800 G Gross receipts \$ 7,835,830. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NATURESERVE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1994		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NATURESERVE IS THE GLOBAL LEADER IN DATA, SCIENCE AND TECHNOLOGY TO CONSERVE BIODIVERSITY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 74 6 Total number of volunteers (estimate if necessary) 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,660,192. Prior Year 4,435,967. Current Year 9 Program service revenue (Part VIII, line 2g) 1,915,596. 1,874,401. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 334,192. 999,619. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -231,386. -167,804. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,678,594. 7,142,183.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,100,665. 5,595,461. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 281,332. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,304,542. 1,906,167. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,405,207. 7,501,628. 19 Revenue less expenses. Subtract line 18 from line 12 273,387. -359,445.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 9,879,091. Beginning of Current Year 9,695,088. End of Year 21 Total liabilities (Part X, line 26) 3,721,657. 3,307,252. 22 Net assets or fund balances. Subtract line 21 from line 20 6,157,434. 6,387,836.	

Part II Signature Block

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

Sign Here	Signature of officer SEAN T. O'BRIEN, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature <i>Richard J. Locastro</i>	Date 5/16/2022	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008		Phone no. (301) 951-9090	
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROTECT THREATENED BIODIVERSITY AND PREVENT EXTINCTIONS, WE ARE A NETWORK OF 64 ORGANIZATIONS & 1,000+ CONSERVATION SCIENTISTS COLLECTING AND ANALYZING STANDARDIZED BIODIVERSITY DATA TO POWER STRATEGIC CONSERVATION THROUGHOUT NORTH AMERICA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 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 allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 987,790. including grants of \$) (Revenue \$ 145,385.) CONSERVATION PRODUCTS AND SERVICES: NATURESERVE AND OUR NETWORK DEVELOP AND MANAGE THE MOST COMPREHENSIVE DATA FOR OVER 100,000 SPECIES AND ECOSYSTEMS, ANSWERING FUNDAMENTAL QUESTIONS ABOUT WHAT EXISTS, WHERE IT IS FOUND, AND HOW IT IS DOING. THIS INFORMATION (1) FUELS NATURESERVE EXPLORER, THE AUTHORITATIVE FREE ONLINE RESOURCE FOR THE CONSERVATION STATUS OF PLANTS, ANIMALS AND ECOSYSTEMS IN NORTH AMERICA, AND (2) ENABLES US TO MAP AND TRACK AT-RISK AND INVASIVE SPECIES; EXPEDITE ENVIRONMENTAL REVIEW PROCESSES; MODEL HABITAT SUITABILITY; ASSESS VULNERABILITY OF SPECIES AND ECOSYSTEMS; AND MEASURE PROGRESS TOWARD INTERNATIONAL BIODIVERSITY GOALS.

4b (Code:) (Expenses \$ 1,831,182. including grants of \$) (Revenue \$) SCIENTIFIC DATA AND METHODS: NATURESERVE IS NORTH AMERICA'S AUTHORITATIVE SOURCE FOR UNIFORM METHODS OF COLLECTING, CLASSIFYING, ASSESSING, AND MAPPING BIODIVERSITY DATA AND INFORMATION. WE ARE RECOGNIZED AS THE GOLD STANDARD IN BIODIVERSITY DATA MANAGEMENT AND USERS RELYING UPON OUR SCIENTIFIC RIGOR AND CONSERVATION VALUE ACROSS GEOGRAPHICAL BOUNDARIES TO MAKE STRATEGIC CONSERVATION DECISIONS. WE EVOLVE OUR METHODOLOGY TO ADDRESS EMERGING ISSUES AND ACCURATELY INCORPORATE NEW SOURCES OF DATA INCLUDING CITIZEN SCIENCE AND REMOTELY SENSED OBSERVATIONS.

4c (Code:) (Expenses \$ 1,656,737. including grants of \$) (Revenue \$ 1,729,016.) TECHNOLOGY RESEARCH AND DEVELOPMENT & TECHNOLOGY DATA MANAGEMENT: NATURESERVE IS NATURE'S TECHNOLOGY ORGANIZATION. WE DEVELOP SOFTWARE AND APPLICATIONS TO GUIDE CONSERVATION EFFORTS AND WE HOST THE MOST COMPREHENSIVE FREE ONLINE RESOURCE OF INFORMATION ON NORTH AMERICA'S BIODIVERSITY, NATURESERVE EXPLORER. BECAUSE OUR DATA ARE WIDELY RELIED UPON AS THE BEST SOURCE OF INFORMATION FOR BIODIVERSITY ASSESSMENTS, WE INVEST IN THE IMPROVEMENT OF INFORMATION SYSTEMS USED TO CONDUCT ENVIRONMENTAL REVIEWS, INTEGRATE CITIZEN SCIENCE DATA, AND LEVERAGE OUR MODELS TO TRACK PROGRESS ON INTERNATIONAL BIODIVERSITY GOALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 661,991. including grants of \$) (Revenue \$)

4e Total program service expenses 5,137,700.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

		Yes	No
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.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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 exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, CO, NC, NJ, VA**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **▶**
STEVE SELLERS, COO - (703)908-1800
2550 SOUTH CLARK STREET, NO. 930, ARLINGTON, VA 22202

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEAN T. O'BRIEN PRESIDENT & CEO	35.00	X		X				228,274.	0.	19,494.
(2) STEPHEN CROCHET VP OF DEVELOPMENT (UNTIL JUNE 2021)	35.00			X				125,174.	0.	27,049.
(3) LORI SCOTT VP FOR TECHNOLOGY AND PARTNERSHIPS	35.00			X				128,714.	0.	16,099.
(4) HEALY HAMILTON CHIEF SCIENTIST	35.00			X				126,516.	0.	13,623.
(5) PATRICK COMER CHIEF TERRESTRIAL ECOLOGIST	35.00					X		105,275.	0.	21,915.
(6) EDWINA THOMAS DIRECTOR OF FINANCE (UNTIL MAR 2021)	35.00					X		106,439.	0.	14,891.
(7) MARGARET WOO SOFTWARE ENGINEER III	35.00					X		107,879.	0.	11,279.
(8) ALLISON GRATZ DIRECTOR OF NETWORK RELATIONS	35.00					X		104,869.	0.	12,795.
(9) KATHLEEN GOODIN VP FOR DATA AND METHODS	35.00			X				97,708.	0.	5,692.
(10) STEPHEN SELLERS COO/CBO	35.00			X				87,119.	0.	871.
(11) JAMES BRUMM CHAIR	5.00	X		X				0.	0.	0.
(12) NICOLE FIRLOTTE VICE CHAIR	3.00	X		X				0.	0.	0.
(13) URBAN LEHNER VICE CHAIR	3.00	X		X				0.	0.	0.
(14) SABRA TONN VICE CHAIR (UNTIL JUNE 2020)	3.00	X		X				0.	0.	0.
(15) SAYLES BRAGA TREASURER	2.00	X		X				0.	0.	0.
(16) JANE BRECKINRIDGE SECRETARY	2.00	X		X				0.	0.	0.
(17) CAROLYN HENDRICKS MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LUCAS JOPPA MEMBER (UNTIL JUNE 2020)	2.00	X						0.	0.	0.
(19) BRYCE MAXELL MEMBER	2.00	X						0.	0.	0.
(20) STEVE QUARLES MEMBER	2.00	X						0.	0.	0.
(21) ALBERTO SZKELY MEMBER	2.00	X						0.	0.	0.
(22) JOHN TREZISE MEMBER	2.00	X						0.	0.	0.
(23) CARLOS ZAMBRANA-TORRELIO MEMBER	2.00	X						0.	0.	0.
(24) NANCY WEISS MEMBER (FROM JAN 2021)	2.00	X						0.	0.	0.
(25) BRIAN KLATT MEMBER (FROM JUNE 2020)	2.00	X						0.	0.	0.
1b Subtotal								1,217,967.	0.	143,708.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,217,967.	0.	143,708.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	57,000.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,731,459.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,647,508.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,435,967.			
Program Service Revenue	2 a SOFTWARE SUPPORT&SVCS.	Business Code					
		541700	1,729,016.	1,729,016.			
	b DATA REQUESTS & MAPS	541700	141,235.	141,235.			
	c REGISTRATION FEES	900099	4,150.	4,150.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,874,401.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		144,560.			144,560.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	273,484.			
			(ii) Personal				
	b Less: rental expenses ...	6b	458,657.				
	c Rental income or (loss)	6c	-185,173.				
	d Net rental income or (loss)			-185,173.		-185,173.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,090,049.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	234,990.				
c Gain or (loss)	7c	855,059.					
d Net gain or (loss)			855,059.		855,059.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	17,369.			17,369.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			17,369.				
12 Total revenue. See instructions			7,142,183.	1,874,401.	0.	831,815.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	1,091,384.	545,595.	350,919.	194,870.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,615,649.	2,936,474.	656,309.	22,866.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	158,205.	116,652.	36,133.	5,420.
9 Other employee benefits	387,822.	299,861.	71,470.	16,491.
10 Payroll taxes	342,401.	254,114.	72,666.	15,621.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,213.	821.	392.	
c Accounting	40,406.		40,406.	
d Lobbying	115,000.	115,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,196.		36,196.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	533,018.	323,570.	208,915.	533.
12 Advertising and promotion	1,242.	1,106.	136.	
13 Office expenses	48,559.	17,990.	30,404.	165.
14 Information technology	415,764.	215,909.	198,340.	1,515.
15 Royalties				
16 Occupancy	196,109.		174,983.	21,126.
17 Travel	110,676.	109,515.	1,161.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,018.	27,298.	3,651.	69.
20 Interest	10,558.	32.	10,526.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,440.	11,508.	40,932.	
23 Insurance	32,438.		32,438.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBAGREEMENTS (DATA)	142,176.	142,176.		
b PAYROLL FEES	79,304.		79,304.	
c DUES AND SUBSCRIPTIONS	22,845.	15,318.	4,871.	2,656.
d TAXES, LICENSES & FEES	14,802.		14,802.	
e All other expenses	22,403.	4,761.	17,642.	
25 Total functional expenses. Add lines 1 through 24e	7,501,628.	5,137,700.	2,082,596.	281,332.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	665,498.	1	140,776.
	2 Savings and temporary cash investments	297,566.	2	410,576.
	3 Pledges and grants receivable, net	2,050,549.	3	2,007,458.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	122,039.	9	121,436.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,344,817.		
	b Less: accumulated depreciation	10b 1,202,356.		
	11 Investments - publicly traded securities	162,745.	10c	142,461.
	12 Investments - other securities. See Part IV, line 11	6,491,109.	11	6,780,038.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	89,585.	14	92,343.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,879,091.	15	9,695,088.	
17 Accounts payable and accrued expenses	752,378.	16	900,869.	
18 Grants payable		17		
19 Deferred revenue	1,145,997.	18	1,474,710.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	150,000.	22	400,000.	
24 Unsecured notes and loans payable to unrelated third parties	954,700.	23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		
26 Total liabilities. Add lines 17 through 25	718,582.	25	531,673.	
	3,721,657.	26	3,307,252.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-949,577.	27	2,547,540.
	28 Net assets with donor restrictions	7,107,011.	28	3,840,296.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,157,434.	32	6,387,836.
33 Total liabilities and net assets/fund balances	9,879,091.	33	9,695,088.	

Part 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	7,142,183.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,501,628.
3	Revenue less expenses. Subtract line 2 from line 1	3	-359,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,157,434.
5	Net unrealized gains (losses) on investments	5	589,847.
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	6,387,836.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,350,583.	6,288,047.	5,894,800.	5,660,192.	4,435,967.	28,629,589.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	6,350,583.	6,288,047.	5,894,800.	5,660,192.	4,435,967.	28,629,589.
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)						3,134,931.
6 Public support. Subtract line 5 from line 4.						25,494,658.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,350,583.	6,288,047.	5,894,800.	5,660,192.	4,435,967.	28,629,589.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	198,812.	222,916.	294,973.	460,454.	418,044.	1,595,199.
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.)	4,157.	1,457.	6,810.	14,219.	17,369.	44,012.
11 Total support. Add lines 7 through 10						30,268,800.
12 Gross receipts from related activities, etc. (see instructions)					12	8,441,831.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	84.23 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.79 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 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		

Section 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		

Section 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 in 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		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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.		Yes	No
2a			
b Did the activities described in 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.			
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 .			
3a			
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.			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NATURESERVE

Employer identification number

52-1884438

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 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

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 or 990-EZ), 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.

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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

NATURESERVE

52-1884438

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASEAN CENTRE FOR BIODIVERSITY DOMINGO M. LANTICAN AVENUE, LOS BAOS LAGUNA 4031, PHILIPPINES	\$ 100,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMAZON WEB SERVICE 410 TERRY AVENUE NORTH SEATTLE, WA 98109	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BUREAU OF LAND MANAGEMENT 1849 C STREET NW, 5665 WASHINGTON, DC 20240	\$ 436,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEPARTMENT OF DEFENSE 1225 SOUTH CLARK ST. SUITE 910 ARLINGTON, VA 22203-1553	\$ 134,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FESTF - FIFRA ENDANGERED SPECIES TASK FORCE COMPLIANCE SERVICES INTERNATIONAL, 7501 BRIDGEPORT WAY WEST LAKEWOOD, WA 98499	\$ 178,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FRANKENBERG FOUNDATION C/O JP MORGAN CHASE, 10 S DEARBORN IL1-011 CHICAGO, IL 60603	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURESERVE	Employer identification number 52-1884438
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	\$ 137,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NATURESERVE CANADA 39 MCARTHUR AVE, LEVEL 1-1 OTTAWA, OTTOWA, CANADA K1L8L7	\$ 281,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	OREGON STATE UNIVERSITY/BLM A312 KERR ADMINISTRATION BLD. CORVALLIS, OR 97331-2140	\$ 417,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON, DC 20416	\$ 954,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	UNITED STATES FOREST SERVICE 1400 INDEPENDENCE AVE., SW WASHINGTON, DC 20250	\$ 281,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	US FISH & WILDLIFE SERVICE 1875 CENTURY BOULEVARD ATLANTA, GA 30345	\$ 153,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURESERVE	Employer identification number 52-1884438
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WCMC 219 HUNTINGDON ROAD CAMBRIDGE, UNITED KINGDOM CB3 0DL	\$ 145,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURESERVE	Employer identification number 52-1884438
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NATURESERVE	Employer identification number 52-1884438
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NATURESERVE	Employer identification number 52-1884438
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	115,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	115,000.													
d	Other exempt purpose expenditures	7,386,628.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,501,628.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	525,081.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	131,270.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	574,918.	575,539.	520,260.	525,081.	2,195,798.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,293,697.
c Total lobbying expenditures				115,000.	115,000.
d Grassroots nontaxable amount	143,730.	143,885.	130,065.	131,270.	548,950.
e Grassroots ceiling amount (150% of line 2d, column (e))					823,425.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2020

Open to Public Inspection

Name of the organization **NATURESERVE** Employer identification number **52-1884438**

Part I 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
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,349,781.	6,272,266.	6,170,810.	7,036,455.	6,824,613.
b Contributions	378,362.	750.	621.	350.	500.
c Net investment earnings, gains, and losses	1,553,270.	245,061.	406,627.	367,569.	644,341.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,090,049.	298,206.	305,792.	1,233,564.	432,999.
f Administrative expenses					
g End of year balance	7,191,364.	6,219,871.	6,272,266.	6,170,810.	7,036,455.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 55.5400 %
 - b Permanent endowment 44.4600 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		57,227.	45,314.	11,913.
d Equipment		446,428.	444,918.	1,510.
e Other		841,162.	712,124.	129,038.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				142,461.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(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 990, Part IV, line 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)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) DEFERRED RENT	507,506.
(3) TENANT DEPOSITS	24,167.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	531,673.

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...

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	9,252,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	589,847.	
b	Donated services and use of facilities	2b	1,097,757.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,687,604.	
3	Subtract line 2e from line 1	3	7,564,644.	
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	36,196.	
b	Other (Describe in Part XIII.)	4b	-458,657.	
c	Add lines 4a and 4b	4c	-422,461.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,142,183.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,021,846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,097,757.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,097,757.	
3	Subtract line 2e from line 1	3	7,924,089.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,196.	
b	Other (Describe in Part XIII.)	4b	-458,657.	
c	Add lines 4a and 4b	4c	-422,461.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,501,628.	

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 V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S PERMANENT ENDOWMENT FUNDS IS FOR THE INVESTMENT RETURN TO BE USED TO HELP SUPPORT OPERATIONS.

THE INTENDED USE OF THE ORGANIZATION'S QUASI-ENDOWMENT FUNDS IS FOR (1) THE INVESTMENT RETURN TO BE USED TO HELP SUPPORT OPERATIONS AND (2) TRANSFER FUNDS TO THE PROJECT INVESTMENT FUND TO EXECUTE THE STRATEGIC PLAN.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

Part XIII Supplemental Information (continued)

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SUBLEASE EXPENSE REPORTED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST SUBLEASE REVENUE ON FORM 990, PART VIII, LINE 6B. -458,657.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SUBLEASE EXPENSE REPORTED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST SUBLEASE REVENUE ON FORM 990, PART VIII, LINE 6B. -458,657.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization

NATURESERVE

Employer identification number

52-1884438

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate 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.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- 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 organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEAN T. O'BRIEN PRESIDENT & CEO	(i)	228,274.	0.	0.	12,795.	6,699.	247,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN CROCHET VP OF DEVELOPMENT (UNTIL JUNE 2021)	(i)	125,174.	0.	0.	8,295.	18,754.	152,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

STEPHEN CROCHET RECEIVED A SEVERANCE PAYMENT OF \$22,977.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NATURESERVE

Employer identification number

52-1884438

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NETWORK CAPACITY BUILDING AND PROGRAM DEVELOPMENT: NATURESERVE WORKS

WITH A NETWORK OF 64 ORGANIZATIONS AND 1,000+ CONSERVATION SCIENTISTS

ACROSS NORTH AMERICA. WE OFFER CENTRALIZED EDUCATION AND TRAINING

OPPORTUNITIES FOR OUR NETWORK PARTNERS FOCUSED ON ISSUES SUCH AS

EMERGING TOPICS IN CONSERVATION, CONTINUING EDUCATION IN CORE

METHODOLOGY AND THE ROLE OF CITIZEN SCIENCE PROGRAMS. ADDITIONALLY, WE

HOST THE PREMIER CONFERENCE FOR CONSERVATION PROFESSIONALS, REGULAR

WORKSHOPS ON BIODIVERSITY AND PROVIDE SCIENCE SUPPORT SERVICES,

INCLUDING PROGRAM DEVELOPMENT, FOR OUR NETWORK PARTNERS.

EXPENSES \$ 661,991. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF DIRECTORS ADOPTED A RESTATEMENT AND REVISION OF THE BYLAWS OF

NATURESERVE ON JANUARY 28, 2021. THE RESTATEMENT AND REVISION UPDATE AND

CLARIFY THE ORGANIZATION AND OPERATION OF NATURESERVE, THE REQUIREMENTS FOR

BEING A NATURESERVE NETWORK MEMBER PROGRAM AND ASSOCIATE PROGRAM, AND

NATURESERVE'S RELATIONSHIP WITH ITS NETWORK OF PARTNERING PROGRAMS. THIS IS

THE FIRST COMPLETE RESTATEMENT OF THE BYLAWS SINCE THE INCEPTION OF

NATURESERVE.

FORM 990, PART VI, SECTION A, LINE 6:

CONSTITUENT MEMBERS INCLUDE NATURESERVE'S NETWORK OF 64 BIODIVERSITY

INFORMATION CENTERS, CONSISTING OF ORGANIZATIONS UTILIZING NATURESERVE'S

STANDARD METHODOLOGY, APPROVING THE OBJECTIVES OF NATURESERVE, AND SERVING

IN THE ROLE OF USING SCIENCE TO INFORM CONSERVATION ACTION. THESE MEMBERS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization NATURESERVE	Employer identification number 52-1884438
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HAVE THE RIGHT TO VOTE FOR REPRESENTATIVES TO THEIR SECTION COUNCIL, TO VOTE FOR THE SECTION REPRESENTATIVES TO THE BOARD OF DIRECTORS, AND TO VOTE ON RESOLUTIONS AT MEETINGS OF THE MEMBERSHIP. (AFTER THE END OF THE FISCAL YEAR, THE BOARD OF DIRECTORS ADOPTED A REVISION OF THE BYLAWS OF NATURESERVE ON OCTOBER 28, 2021, THAT UPDATED THE ORGANIZATIONAL STRUCTURE TO DISCONTINUE THE LATIN AMERICA AND CARIBBEAN SECTION.)

FORM 990, PART VI, SECTION A, LINE 7A:

THREE SEATS ON THE BOARD OF DIRECTORS ARE SELECTED BY THE CONSTITUENT MEMBERS TO REPRESENT THE TWO SECTION COUNCILS: ONE SEAT FOR THE CANADIAN SECTION AND TWO SEATS FOR THE UNITED STATES SECTION.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON RECEIPT OF A DRAFT FORM 990 FROM ITS ACCOUNTING AND TAX FIRM, THE ORGANIZATION PROVIDES COPIES TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS TO REVIEW. UPON SATISFACTORY REVIEW WITH THE ORGANIZATION MANAGEMENT AND THE AUDIT COMMITTEE, THE FINAL FORM 990 IS PROVIDED TO THE FULL BOARD FOR COMMENT IN A TIMELY FASHION AND THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF NATURESERVE'S BOARD OF DIRECTORS AND EACH OF ITS CORPORATE OFFICERS ANNUALLY SIGNS A STATEMENT DISCLOSING ANY AND ALL REAL, POTENTIAL, OR PERCEIVED CONFLICTS OF INTEREST. IN CASE OF ANY BOARD MEMBER OR CORPORATE OFFICER DISCLOSED CONFLICT, THE BOARD (ABSENT THE MEMBER IN QUESTION IF NEEDED), DETERMINES HOW TO RESOLVE THE CONFLICT; INCLUDING: (1) WHETHER THE BOARD MEMBER OR CORPORATE OFFICER SHOULD BE REMOVED FROM THE DISCUSSION OF THE MATTER; AND (2) WHETHER THE RELATIONSHIP WITH THE INDIVIDUAL OR ENTITY PRESENTING THE CONFLICT SHOULD BE TERMINATED.

Name of the organization NATURESERVE	Employer identification number 52-1884438
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FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE, A COMMITTEE COMPOSED OF INDEPENDENT DIRECTORS, MEETS ANNUALLY TO DETERMINE WHAT, IF ANY, MERIT INCREASE IS RECOMMENDED FOR THE CEO, TAKING INTO ACCOUNT COMPARABLE SALARY DATA BASED ON MARKET SURVEYS, AND CONTEMPORANEOUSLY DOCUMENTING ITS DELIBERATION AND DECISION-MAKING IN WRITING. THE EXECUTIVE COMMITTEE THEN RECOMMENDS THE SALARY TO THE BOARD AND THE INDEPENDENT BOARD MEMBERS THEN VOTE TO ADJUST THE SALARY, CONTEMPORANEOUSLY DOCUMENTING THEIR DELIBERATION AND DECISION-MAKING IN WRITING. THE REVIEW TOOK PLACE IN JANUARY, 2021.

WHEN KEY EMPLOYEES ARE HIRED, THE PRESIDENT/CEO USES COMPARABLE SALARY SURVEY INFORMATION TO DETERMINE THEIR ANNUAL COMPENSATION. MERIT INCREASES, IF ANY, FOR THESE INDIVIDUALS ARE DETERMINED BY THE PRESIDENT/CEO ON AN ANNUAL BASIS. COMPARABLE SALARY SURVEY INFORMATION IS OBTAINED THROUGH A SUBSCRIPTION TO COMPENSATION ANALYTICS FROM AN INDEPENDENT SOFTWARE PROVIDER.

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

THE ORGANIZATION HAS A PUBLIC DISCLOSURE POLICY WHICH STATES THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS ARE TO BE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATIONS'S WEBSITE.

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	NATURESERVE 2550 SOUTH CLARK STREET NO. 930 ARLINGTON, VA 22202
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

2020

California Exempt Organization
Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name NATURESERVE California corporation number 3231417

Additional information. See instructions. FEIN 52-1884438

Street address (suite or room) 2550 SOUTH CLARK STREET, NO. 930 PMB no.

City ARLINGTON State VA ZIP code 22202

Foreign country name Foreign province/state/country Foreign postal code

A First return [] Yes [X] No
B Amended return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final information return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
E Check accounting method: (1) [] Cash (2) [X] Accrual (3) [] Other
F Federal return filed? (1) [] 990T (2) [] 990PF (3) [] Sch H (990) (4) [X] Other 990 series
G Is this a group filing? See instructions [] Yes [X] No
H Is this organization in a group exemption [] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions [] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. [X] Yes [] No
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L Is the organization a limited liability company? [] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
O Is federal Form 1023/1024 pending? [] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-16).

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

Sign Here Signature of officer: [Signature] Title: PRESIDENT & CE Date: [Date] Telephone: [Number]

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 5/16/2022 Check if self-employed: [] PTIN: P00288314

Firm's name (or yours, if self-employed) and address: GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE SUITE 800N, BETHESDA, MD 20814-2930 Firm's FEIN: 52-1392008 Telephone: (301) 951-9090

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	144,560	00
	3	Dividends	•	3		00
	4	Gross rents	•	4	273,484	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	1,090,049	00
	7	Other income SEE STATEMENT 3	•	7	1,891,770	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	3,399,863	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	1,091,384	00
	12	Other salaries and wages	•	12	3,615,649	00
	13	Interest	•	13	10,558	00
	14	Taxes	•	14	342,401	00
	15	Rents	•	15	196,109	00
	16	Depreciation and depletion (See instructions)	•	16	52,440	00
	17	Other expenses and disbursements SEE STATEMENT 5	•	17	2,651,744	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	7,960,285	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		963,064		•	551,352
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments STMT 6		6,491,109		•	6,780,038
10 a Depreciable assets	1,744,078		1,344,817		
b Less accumulated depreciation	(1,581,333)	162,745	(1,202,356)		142,461
11 Land				•	
12 Other assets STMT 7		2,262,173		•	2,221,237
13 Total assets		9,879,091			9,695,088
Liabilities and net worth					
14 Accounts payable		752,378		•	900,869
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable		150,000		•	400,000
18 Other liabilities STMT 8		2,819,279			2,006,383
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		6,157,434		•	6,387,836
22 Total liabilities and net worth		9,879,091			9,695,088

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	-949,292	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return STMT 9	•	589,847	Subtract line 9 from line 6	-359,445
6 Total. Add line 1 through line 5		-359,445		

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMERICAN BIRD CONSERVANCY	P.O. BOX 249, 4249 LOUDOUN AVENUE THE PLAINS, VA 20198		14,607.
ASEAN CENTRE FOR BIODIVERSITY	DOMINGO M. LANTICAN AVENUE, LOS BAOS LAGUNA 4031 PHILIPPINES		100,758.
ARIZONA GAME & FISH DEPARTMENT	GF-MANAGEMENT, 5000 WEST CAREFREE HIGHWAY PHOENIX, AZ 85086		66,153.
ARIZONA STATE UNIVERSITY	ROOM# LSA_269, MC-4501, 427 E TYLER MALL, LSE TEMPE, AZ 85281		10,000.
AMAZON WEB SERVICE	410 TERRY AVENUE NORTH SEATTLE, WA 98109		100,000.
THE BAHAMAS GOVERNMENT	1ST FLOOR, CAHRLLOTTE HOUSE, SHIRLEY & CHARLOTTE STREETS NASSAU, N.P.		7,268.
BUREAU OF LAND MANAGEMENT	1849 C STREET NW, 5665 WASHINGTON, DC 20240		436,450.
CAFF CONSERVATION OF ARCTIC FLORA & FAUNA WORKING GROUP	BORGIR, NORDURSLOD AKUREYRI ICELAND		14,325.
CHEVRON	1450 MARINA WAY SOUTH RICHMOND, CA 94804		50,000.
CHESAPEAKE CONSERVANCY CONSERVATION INNOVATION CENTER	716 GIDDINGS AVE, SUITE 42 ANNAPOLIS, MD 21401		11,693.
COLORADO NATURAL HERITAGE PROGRAM	COLORADO STATE UNIVERSITY, 1475 CAMPUS DELIVERY FORT COLLINS, CO 80523-1475		42,065.
COLORADO STATE UNIVERSITY	200 WEST LAKE STREET , 1490 CAMPUS DELIVERY FORT COLLINS, CO 80523-1490		44,078.
DEPARTMENT OF DEFENSE	1225 SOUTH CLARK ST. SUITE 910 ARLINGTON, VA 22203-1553		134,226.

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EXXON MOBIL CORPORATION	5959 LAS COLINAS BLVD IRVING, TX 75039-2298	53,500.
THE ECOLOGICAL SOCIETY OF AMERICA/ USGS	1990 M STREET, NW, SUITE 700 WASHINGTON, DC 20036	36,255.
FESTF - FIFRA ENDANGERED SPECIES TASK FORCE	COMPLIANCE SERVICES INTERNATIONAL, 7501 BRIDGEPORT WAY WEST LAKEWOOD, WA 984	178,191.
FRANKENBERG FOUNDATION	C/O JP MORGAN CHASE, 10 S DEARBORN IL1-011 CHICAGO, IL 60603	100,000.
GEORGIA-PACIFIC LLC	133 PEACHTREE ST., NE ATLANTA, GA 30303	37,818.
GERMAN CENTRE FOR INTEGRATIVE BIODIVERSITY	BUILDING 5A, 1ST FLOOR, ROOM 2.152 , DEUTSCHER PLATZ 5E LEIPZIG GERMANY 0410	11,563.
GOLDEN GATE NATIONAL PARKS CONSERVANCY	BUILDING 201 FORT MASON, 3RD FLOOR SAN FRANCISCO, CA 94123	15,499.
GULF OF MEXICO ALLIANCE	1151 ROBINSON ST. OCEAN SPRINGS, MS 39564	30,066.
MICROSOFT CORPORATION	ONE MICROSOFT WAY REDMOND, WA 98052-6399	60,000.
NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION	116 JOHN STREET LOWELL, MA 01852-1124	35,050.
STATE OF NEW JERSEY DEPT OF ENVIRONMENTAL PROTECTION	501 EAST STATE ST BLDG 5, PO BOX 420 4FL MC501-04 TRENTON, NJ 08625-0420	50,575.
NEW MEXICO ASSOCIATION OF CONSERVATION DISTRICTS	1102 VILLA RD SE RIO RANCHO, NM 87124	5,445.
NATIONAL PARK SERVICE	1849 C STREET NW WASHINGTON, DC 20240	137,648.
NATURESERVE CANADA	39 MCARTHUR AVE, LEVEL 1-1 OTTAWA, OTTOWA, CANADA K1L8L7	281,394.
OREGON STATE UNIVERSITY/BLM	A312 KERR ADMINISTRATION BLD. CORVALLIS, OR 97331-2140	417,965.
PEW CHARITABLE TRUST	2005 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19103-7077	39,429.

<u>NATURESERVE</u>		<u>52-1884438</u>
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	208 BRAY HALL, 1 FORESTRY DRIVE SYRACUSE, NY 13210	40,111.
SMALL BUSINESS ADMINISTRATION	409 3RD STREET, SW WASHINGTON, DC 20416	954,700.
SUSTAINABLE BIOMASS PROGRAM LTD.	C/O PKF LITTLEJOHN, 2ND FLOOR, 15 WESTFERRY CIRCUS, CANARY WHARF LONDON UNIT	13,000.
SUSTAINABLE FORESTRY INITIATIVE	2121 K ST. NW, SUITE 750 WASHINGTON, DC 20037	35,054.
THE BUILDING PEOPLE	113 E. MARKET ST. SUITE 210 LEESBURG, VA 20176	14,785.
THE NATURE CONSERVANCY/USFS	1822 SWISS OAKS STREET ST. JOHNS, FL 32259	76,182.
UNIVERSITY OF GEORGIA	ODUM SCHOOL OF ECOLOGY ATHENS, GA 30602-2152	30,426.
US BOTANIC GARDEN	100 MARYLAND AVENUE, SW WASHINGTON, DC 20001	25,411.
UNITED STATES FOREST SERVICE	1400 INDEPENDENCE AVE., SW WASHINGTON, DC 20250	281,256.
US FISH & WILDLIFE SERVICE	1875 CENTURY BOULEVARD ATLANTA, GA 30345	153,181.
WCMC	219 HUNTINGDON ROAD CAMBRIDGE UNITED KINGDOM CB3 0DL	145,467.
WILDLIFE CONSERVATION SOCIETY	2300 SOUTHERN BOULEVARD BRONX, NY 10460	18,057.
WEYERHAEUSER	1226 COOPER STORE RD MONCKS CORNER, SC 29461	10,184.
WESTERN PENNSYLVANIA CONSERVANCY	208 AIRPORT DRIVE MIDDLETOWN, PA 17057	13,341.
TOTAL INCLUDED ON LINE 3		<u><u>4,333,176.</u></u>

CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PUBLICLY TRADED SECURITIES			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	234,990.	0.	0.
			1,090,049.
TOTAL TO FORM 199, PAGE 2, LN 6	234,990.	0.	0.
			1,090,049.

CA 199	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
MISCELLANEOUS	17,369.
SOFTWARE SUPPORT&SVCS.	1,729,016.
DATA REQUESTS & MAPS	141,235.
REGISTRATION FEES	4,150.
TOTAL TO FORM 199, PART II, LINE 7	1,891,770.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
SEAN T. O'BRIEN 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	PRESIDENT & CEO 35.00	262,259.	
STEPHEN CROCHET 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	VP OF DEVELOPMENT (UNTIL J 35.00	144,867.	
LORI SCOTT 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	VP FOR TECHNOLOGY AND PART 35.00	184,040.	
HEALY HAMILTON 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	CHIEF SCIENTIST 35.00	177,560.	
KATHLEEN GOODIN 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	VP FOR DATA AND METHODS 35.00	119,054.	
STEPHEN SELLERS 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	COO/CBO 35.00	203,604.	
JAMES BRUMM 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	CHAIR 5.00	0.	
NICOLE FIRLOTTE 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	VICE CHAIR 3.00	0.	
URBAN LEHNER 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	VICE CHAIR 3.00	0.	
SABRA TONN 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	VICE CHAIR (UNTIL JUNE 202 3.00	0.	
SAYLES BRAGA 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	TREASURER 2.00	0.	

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JANE BRECKINRIDGE 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	SECRETARY 2.00	0.
CAROLYN HENDRICKS 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER 2.00	0.
LUCAS JOPPA 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER (UNTIL JUNE 2020) 2.00	0.
BRYCE MAXELL 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER 2.00	0.
STEVE QUARLES 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER 2.00	0.
ALBERTO SZKELY 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER 2.00	0.
JOHN TREZISE 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER 2.00	0.
CARLOS ZAMBRANA-TORRELIO 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER 2.00	0.
NANCY WEISS 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER (FROM JAN 2021) 2.00	0.
BRIAN KLATT 2550 SOUTH CLARK STREET, NO. 930 ARLINGTON, VA 22202	MEMBER (FROM JUNE 2020) 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

1,091,384.

CA 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
SUBAGREEMENTS (DATA)		142,176.	
PAYROLL FEES		79,304.	
DUES AND SUBSCRIPTIONS		22,845.	
TAXES, LICENSES & FEES		14,802.	
SUBLEASE EXPENSE		458,657.	
PENSION PLAN CONTRIBUTIONS		158,205.	
OTHER EMPLOYEE BENEFITS		387,822.	
LEGAL FEES		1,213.	
ACCOUNTING FEES		40,406.	
LOBBYING FEES		115,000.	
INVESTMENT MANAGEMENT FEES		36,196.	
OTHER PROFESSIONAL FEES		533,018.	
ADVERTISING AND PROMOTION		1,242.	
OFFICE EXPENSES		48,559.	
INFORMATION TECHNOLOGY		415,764.	
TRAVEL		110,676.	
CONFERENCES AND CONVENTIONS		31,018.	
INSURANCE		32,438.	
ALL OTHER EXPENSES		22,403.	
TOTAL TO FORM 199, PART II, LINE 17		2,651,744.	

CA 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PUBLICLY TRADED SECURITIES	6,491,109.	6,780,038.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	6,491,109.	6,780,038.	

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	2,050,549.	2,007,458.	
PREPAID EXPENSES AND DEFERRED CHARGES	122,039.	121,436.	
DEPOSITS	89,585.	92,343.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,262,173.	2,221,237.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED RENT	699,415.	507,506.	
TENANT DEPOSITS	19,167.	24,167.	
DEFERRED REVENUE	1,145,997.	1,474,710.	
UNSECURED NOTES AND LOANS PAYABLE	954,700.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,819,279.	2,006,383.	

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	9
DESCRIPTION		AMOUNT	
UNREALIZED GAIN		589,847.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		589,847.	

2020 Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name, California corporation number, Street address, FEIN, City, State, ZIP code.

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 [] Yes [X] No

4a Has the organization, during the 2020 taxable year, filed a federal Form 5768? 4a [] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [] Yes [] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description of expenditure, Amount. Rows include Exempt Purpose Expenditures, Lobbying Expenditures, and Grass Roots Expenditures.

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name NATURESERVE	Identifying number 52-1884438
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>7,835,830</u>
2 Total gross income (Form 199, line 8)	2	<u>7,600,840</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>7,960,285</u>

Part II Settle Your Account Electronically for Taxable Year 2020

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

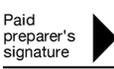
Sign Here  | 5/16/22 | **PRESIDENT & CEO**
Signature of officer | Date | Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign  | 5/16/2022 | Check if also paid preparer | Check if self-employed | ERO's PTIN **P00288314**
Firm's name (or yours if self-employed) and address: **GELMAN ROSENBERG & FREEDMAN** | Firm's FEIN **52-1392008**
4550 MONTGOMERY AVE SUITE 800N | ZIP code **20814-2930**
BETHESDA, MD

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign  | _____ | Check if self-employed | Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address: _____ | Firm's FEIN _____
ZIP code _____