

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**CONSERVATION X LABS, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1066 31ST STREET NW**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**WASHINGTON, DC 20007****F** Name and address of principal officer: **ALEX DEHGAN****SAME AS C ABOVE****D** Employer identification number**47-4066524****E** Telephone number**919-694-3784****G** Gross receipts \$ **5,355,275.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CONSERVATIONXLABS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2015** **M** State of legal domicile: **DC****Part I Summary**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE EFFICACY, SPEED, COST, SUSTAINABILITY, AND SCALING OF CONSERVATION SOLUTIONS THROUGH</b> |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) <b>10</b>  |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) <b>8</b>   |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>21</b>   |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary) <b>8</b>  |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>   |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b> |  |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h) <b>3,145,557.</b>  |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g) <b>0.</b>   |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>0.</b>  |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>   |
|                                    | <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,145,557.</b>   |
|                                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>214,383.</b>   |
| <b>Expenses</b>                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>  |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,352,944.</b>  |
|                                    | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>  |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) <b>49,541.</b>   |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>553,734.</b>   |
|                                    | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,121,061.</b>  |
| <b>Net Assets or Fund Balances</b> | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 <b>1,024,496.</b>   |
|                                    | <b>20</b>  | Total assets (Part X, line 16) <b>2,585,919.</b>   |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26) <b>28,084.</b>   |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 <b>2,557,835.</b>   |

**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.

|                               |   |                                |                 |   |                  |
|-------------------------------|---|--------------------------------|-----------------|---|------------------|
| <b>Sign Here</b>              | Signature of officer  | Date                           |                 |   |                  |
|                               | <b>ALEX DEHGAN, CEO</b><br>Type or print name and title                                   |                                |                 |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature           | Date            | Check if self-employed <input type="checkbox"/> | PTIN             |
|                               | <b>BRENT A CROGHAN, CPA</b>   | <b>BRENT A CROGHAN, CPA</b>    | <b>11/15/21</b> |   | <b>P00846741</b> |
|                               | Firm's name ▶ <b>DEMBO JONES, P.C.</b>  | Firm's EIN ▶ <b>52-1073331</b> |                 |   |                  |
|                               | Firm's address ▶ <b>6116 EXECUTIVE BLVD, SUITE 500</b><br><b>NORTH BETHESDA, MD 20852</b> | Phone no. (301) 770-5100       |                 |   |                  |

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 IMPROVE THE EFFICACY, SPEED, COST, SUSTAINABILITY, AND SCALING OF CONSERVATION SOLUTIONS THROUGH HARNESSING EXPONENTIAL TECHNOLOGY, INNOVATION, AND ENTREPRENEURSHIP TO PREVENT HUMAN-INDUCED EXTINCTION.**
- 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 ☒ 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 ☒ 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 \$ 2,336,268. including grants of \$ 0.) (Revenue \$ 0.)  
**NUCLEIC ACID BARCODE IDENTIFICATION TOOL (NABIT): FORMERLY THE DNA BARCODE SCANNER, CONSERVATION X LABS HAS BEEN DEVELOPING ON A PORTABLE, BATTERY-POWERED, RAPID, LOW-COST TOOL TO PERMIT DETECTION OF A DNA OR RNA TARGET IN THE FIELD WITHOUT THE USE OF A LAB, REAGENTS, EXPENSIVE EQUIPMENT, OR SPECIALIZED TRAINING OR EXPERTISE. THE DEVELOPMENT OF THIS TOOL WILL ENABLE THOSE AT THE FRONT LINES OF CONSERVATION AND PLANETARY HEALTH - INSPECTORS, ENFORCEMENT OFFICIALS, AND PARK RANGERS, TO PERFORM ON-SITE DETECTION USING DNA OR RNA BARCODES - SHORT GENE SEQUENCES, SUCH AS THE CO1 GENE, THAT CORRESPOND TO A SPECIES OR STRAIN IDENTITY. THE DEVELOPMENT OF THIS TOOL HAS FOCUSED APPLICATIONS IN COMBATTING ILLEGAL TIMBER AND WILDLIFE TRAFFICKING, MAINTAINING TRACEABILITY IN SUPPLY CHAINS, AND DETECTING PATHOGENS AND INVASIVE**
- 4b** (Code: ) (Expenses \$ 573,764. including grants of \$ 11,313.) (Revenue \$ 4,668.)  
**GARAGE: DURING 2020, CXL'S ENGINEERING TEAM - THE GARAGE - CONTINUED DEVELOPMENT OF A CONSERVATION TECHNOLOGY TOOL - THE SENTINEL. THE SENTINEL IS A PLUGIN PRODUCT TO TURN TODAY'S ENVIRONMENTAL DATA LOGGERS (CAMERA TRAPS, ACOUSTIC RECORDERS) INTO SMART IOT DEVICES WITH THE POWER TO RUN COMPUTER VISION MODELS LOCALLY WITH LOW BATTERY PROCESSING POWER. ESSENTIALLY, WE CAN LEARN ABOUT WHAT HAS BEEN CAPTURED IN AN IMAGE OF AN ANIMAL BEFORE WE HAVE EVEN LOOKED AT THE IMAGE ITSELF WITH HUMAN EYES. THIS PRODUCT DEVELOPMENT INCLUDED HARDWARE DESIGN AND PROTOTYPING, SOFTWARE DEVELOPMENT, BUSINESS DEVELOPMENT, AND MARKET RESEARCH AND ANALYSIS.**
- OTHER PROGRAMS: CONSERVATION X LABS IN 2020 HAD A NUMBER OF OTHER**
- 4c** (Code: ) (Expenses \$ 1,635,433. including grants of \$ 1,030,057.) (Revenue \$ 0.)  
**GRAND CHALLENGES: IN EARLY 2020, CONSERVATION X LABS RECEIVED FUNDING FOR THE GLOBAL MICROFIBER INNOVATION CHALLENGE WWW.MICROFIBERINNOVATION.ORG (ANNOUNCED IN 2020, LAUNCHED IN 2021). AHEAD OF LAUNCHING THE MICROFIBER INNOVATION CHALLENGE, OUR TEAM BUILT A COALITION OF STRATEGIC PARTNERS AND DESIGNED THE PROCESS TO ADMINISTER THE COMPETITION. CONSERVATION X LABS CONCLUDED THE ARSX2020 CHALLENGE IN MAY 2020 CONSERVATIONXLABS.COM/ARSX. ARSX2020 WAS A COMPETITION INTERNAL TO USDA ARS TO SUPPORT INNOVATIONS THAT ADDRESS DISRUPTIVE AGRICULTURAL PESTS AND PATHOGENS. IN OCTOBER 2020, CONSERVATION X LABS CONCLUDED THE FIRST ROUND OF THE GLOBAL ARTISANAL MINING GRAND CHALLENGE BY ANNOUNCING FIVE PRIZE-WINNING TEAMS (WWW.ARTISANALMININGCHALLENGE.COM/PREVIOUS-ROUND). IN 2020 WE**
- 4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ 373,018. including grants of \$ 100,289.) (Revenue \$ 0.)
- 4e** Total program service expenses **4,918,483.**

Form **990** (2020)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | <b>22</b> X |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | <b>23</b> X |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | <b>24d</b>  |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | <b>25a</b>  | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | <b>25b</b>  | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | <b>26</b>   | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | <b>27</b>   | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |             |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  | <b>28a</b>  | X  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | <b>28b</b>  | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV   | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | <b>29</b>   | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | <b>31</b>   | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | <b>32</b>   | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | <b>33</b>   | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | <b>34</b> X |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b>  | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | <b>35b</b>  |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | <b>36</b>   | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | <b>38</b> X |    |

Note: All Form 990 filers are required to complete Schedule O

**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 ☐

|   | Yes          | No |
|---|--------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | <b>1a</b> 28 |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1b</b> 0  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> X  |    |

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

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....  | <b>2a</b> 21 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....  | <b>2b</b>    | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....   |              |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | <b>3a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....   | <b>3b</b>    |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... | <b>4a</b>    |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ .....   |              |     |    |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |              |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  | <b>5a</b>    |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....  | <b>5b</b>    |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....   | <b>5c</b>    |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    | <b>6a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....   | <b>6b</b>    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |              |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....   | <b>7a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....   | <b>7b</b>    |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....  | <b>7c</b>    |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....   | <b>7d</b>    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....   | <b>7e</b>    |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  | <b>7f</b>    |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....  | <b>7g</b>    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....  | <b>7h</b>    |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....   | <b>8</b>     |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |              |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....  | <b>9a</b>    |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....   | <b>9b</b>    |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |              |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....  | <b>10a</b>   |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....   | <b>10b</b>   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |              |     |    |
| <b>a</b> Gross income from members or shareholders .....   | <b>11a</b>   |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....  | <b>11b</b>   |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....  | <b>12a</b>   |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....   | <b>12b</b>   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |              |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....  | <b>13a</b>   |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |              |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....   | <b>13b</b>   |     |    |
| <b>c</b> Enter the amount of reserves on hand .....  | <b>13c</b>   |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....  | <b>14a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....   | <b>14b</b>   |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   | <b>15</b>    |     | X  |
| If "Yes," see instructions and file Form 4720, Schedule N.   |              |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  | <b>16</b>    |     | X  |
| If "Yes," complete Form 4720, Schedule O.  |              |     |    |

Form 990 (2020)

**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**

|  | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | 10 |    |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.          |    |    |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  |    | 8  |     |    |
| <b>2</b> 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  |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |    |    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  |    |    |     | X  |
| <b>6</b> Did the organization have members or stockholders?  |    |    |     | X  |
| <b>7a</b> 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>b</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  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |    |    |     |    |
| <b>a</b> The governing body?   |    |    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   |    |    | X   |    |
| <b>9</b> 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 |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy?   | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b> 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?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</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).   |     |    |
| <b>16a</b> 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>b</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? |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **DC, WA**

**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 **PAUL BUNJE - 919-694-3784**  
**1066 31ST STREET NW, WASHINGTON, DC 20007**

**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.

[illegible]

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

| (A)<br>Name and title  | (B)<br>Average hours per week<br>(list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal .....</b>   |  |  |                       |         |              |                              |        | 306,188.   | 30,263.   | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A .....</b> |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c) .....</b>                           |  |  |                       |         |              |                              |        | 306,188.   | 30,263.   | 0.  |

|   |   |   |
|---|---|---|
| 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 | 2 |
|---|---|---|

|   |   | Yes | No |
|---|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | 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? <i>If "Yes," complete Schedule J for such individual</i> ..... | 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? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>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 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1a</b>   |               |               |                                    |                            |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   |               |               |                                    |                            |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |               |               |                                    |                            |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |               |               |                                    |                            |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 499,281.      |               |                                    |                            |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 4,848,626.    |               |                                    |                            |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$ 9,500.     |               |                                    |                            |  |
|   | <b>h</b> Total. Add lines 1a-1f   |   |               |               |                                    |                            |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> PROGRAM INCOME   | Business Code 900099  |               | 4,668.        | 4,668.                             |                            |  |
|   | <b>b</b>  |   |               |               |                                    |                            |  |
|   | <b>c</b>  |   |               |               |                                    |                            |  |
|   | <b>d</b>  |   |               |               |                                    |                            |  |
|   | <b>e</b>  |   |               |               |                                    |                            |  |
|   | <b>f</b> All other program service revenue  |   |               |               |                                    |                            |  |
|   | <b>g</b> Total. Add lines 2a-2f   |   |               |               | 4,668.                             |                            |  |
|   | <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) |               |               | 2,700.                             |                            |  |
| <b>4</b> Income from investment of tax-exempt bond proceeds   |   |   |               |               |                                    |                            |  |
| <b>5</b> Royalties  |   |   |               |               |                                    |                            |  |
| <b>6 a</b> Gross rents  |   | (i) Real  | (ii) Personal |               |                                    |                            |  |
| <b>b</b> Less: rental expenses  |   |   |               |               |                                    |                            |  |
| <b>c</b> Rental income or (loss)  |   |   |               |               |                                    |                            |  |
| <b>d</b> Net rental income or (loss)  |   |   |               |               |                                    |                            |  |
| <b>7 a</b> Gross amount from sales of assets other than inventory   |   | (i) Securities  | (ii) Other    |               |                                    |                            |  |
| <b>b</b> Less: cost or other basis and sales expenses   |   |   | 25,000.       |               |                                    |                            |  |
| <b>c</b> Gain or (loss)   |   |   | -25,000.      |               |                                    |                            |  |
| <b>d</b> Net gain or (loss)   |   |   |               | -25,000.      |                                    |                            | -25,000.   |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |   |   |               |               |                                    |                            |  |
| <b>b</b> Less: direct expenses  |   |   |               |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |   |               |               |                                    |                            |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  |   |   |               |               |                                    |                            |  |
| <b>b</b> Less: direct expenses  |   |   |               |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |   |               |               |                                    |                            |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   |   |   |               |               |                                    |                            |  |
| <b>b</b> Less: cost of goods sold   |   |   |               |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |   |               |               |                                    |                            |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b>   | Business Code   |               |               |                                    |                            |  |
|   | <b>b</b>  |   |               |               |                                    |                            |  |
|   | <b>c</b>  |   |               |               |                                    |                            |  |
|   | <b>d</b> All other revenue  |   |               |               |                                    |                            |  |
|   | <b>e</b> Total. Add lines 11a-11d   |   |               |               |                                    |                            |  |
|   | <b>12</b> Total revenue. See instructions   |   |               |               | 5,330,275.                         | 4,668.                     | 0.   |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 808,259.              | 808,259.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 44,366.               | 44,366.                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 289,035.              | 289,035.                        |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 306,188.              | 195,213.                        | 75,566.                                | 35,409.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 1,482,971.            | 1,287,520.                      | 189,906.                               | 5,545.                      |
| <b>7</b> Other salaries and wages   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits  | 92,314.               | 64,088.                         | 26,423.                                | 1,803.                      |
| <b>10</b> Payroll taxes   | 151,436.              | 123,137.                        | 25,069.                                | 3,230.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | 82,741.               | 58,560.                         | 24,181.                                |                             |
| <b>c</b> Accounting   | 48,267.               | 48,267.                         |  |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 357,267.              | 351,937.                        | 5,330.                                 |                             |
| <b>12</b> Advertising and promotion   | 4,564.                | 2,650.                          | 1,914.                                 |                             |
| <b>13</b> Office expenses   | 9,694.                | 2,082.                          | 7,612.                                 |                             |
| <b>14</b> Information technology  | 24,786.               | 5,510.                          | 19,211.                                | 65.                         |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 139,214.              | 110,890.                        | 27,842.                                | 482.                        |
| <b>17</b> Travel  | 24,577.               | 10,771.                         | 10,799.                                | 3,007.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 24,975.               | 4,102.                          | 20,873.                                |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 9,859.                | 8,696.                          | 1,163.                                 |                             |
| <b>23</b> Insurance   | 2,006.                |                                 | 2,006.                                 |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> SCIENTIFIC & ENGINEERIN  | 1,503,400.            | 1,503,400.                      |  |                             |
| <b>b</b> 481(A) ADJUSTMENT  | 42,209.               |                                 | 42,209.                                |                             |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 5,448,128.            | 4,918,483.                      | 480,104.                               | 49,541.                     |
| <b>26</b> 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)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 2,443,511.               | <b>1</b>   | 3,240,859.         |
|  | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                    |
|  | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|  | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>   |                    |
|  | <b>5</b> 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 ..... |                          | <b>5</b>   |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 0.                       | <b>9</b>   | 2,808.             |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 133,455.      |            |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 14,313.       |            |                    |
|  |  | 125,421.                 | <b>10c</b> | 119,142.           |
|  | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
| <b>15</b> Other assets. See Part IV, line 11 .....                               | 16,987.  | <b>15</b>                | 41,987.    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,585,919.   | <b>16</b>                | 3,404,796. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 0.                       | <b>17</b>  | 686,506.           |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|  | <b>22</b> 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 .....     |                          | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|  | <b>25</b> 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 .....  | 28,084.                  | <b>25</b>  | 243,934.           |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 28,084.                  | <b>26</b>  | 930,440.           |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 171,203.                 | <b>27</b>  | 357,132.           |
|  | <b>28</b> Net assets with donor restrictions .....   | 2,386,632.               | <b>28</b>  | 2,117,224.         |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|  | <b>32</b> <b>Total net assets or fund balances</b> .....   | 2,557,835.               | <b>32</b>  | 2,474,356.         |
|  | <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....  | 2,585,919.               | <b>33</b>  | 3,404,796.         |

Form 990 (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 5,330,275. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,448,128. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -117,853.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 2,557,835. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 34,374.    |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 2,474,356. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>X</b> |          |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | <b>X</b> |          |
| <b>3a</b> 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? _____  |          | <b>X</b> |
| <b>b</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 _____   |          |          |

Form 990 (2020)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions. |
|---------------|---|

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| g Provide the following information about the supported organization(s). |          |   |   |    |   |   |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization                                       | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|  |          |   | Yes   | No |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
| <b>Total</b>   |          |   |   |    |   |   |

**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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 365,839. | 1440646. | 2031595. | 3145557. | 5343075. | 12326712. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 365,839. | 1440646. | 2031595. | 3145557. | 5343075. | 12326712. |
| <b>5</b> 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) ..... |          |          |          |          |          | 8789414.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 3537298.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....   | 365,839. | 1440646. | 2031595. | 3145557. | 5343075. | 12326712. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          | 2,700.   | 2,700.    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                              |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          | 38,000.  | 4,500.   |          |          | 42,500.   |
| <b>11 Total support.</b> Add lines 7 through 10 .....  |          |          |          |          |          | 12371912. |

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**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** ..... ☐

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....   | <b>14</b> | 28.59 % |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....   | <b>15</b> | %       |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>  |           |         |
| <b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>   |           |         |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... <input checked="" type="checkbox"/> |           |         |
| <b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>  |           |         |

Schedule A (Form 990 or 990-EZ) 2020

**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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 <b>Part VI</b> 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. |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |  |  |  |
| <b>3b</b>   |  |  |  |

**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) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                             |

| Section B - Minimum Asset Amount   |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by 0.035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

| Section C - Distributable Amount   |          |  | Current Year |
|--|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)   | <b>1</b> |  |              |
| <b>2</b> Enter 0.85 of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)  | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.  | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b> |  |              |
| <b>7</b> <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). |          |  |              |

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

CONSERVATION X LABS QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1 170A-9(F)(3) OF THE TREASURY REGULATIONS AS DEMONSTRATED IN THE FOLLOWING POINTS. (1) CONSERVATION X LABS' PUBLIC SUPPORT FOR THE 2020 YEAR IS 28.59%, THEREBY MEETING THE REQUIREMENT OF 1 170A-9(F)(3)(I). (2) CONSERVATION X LABS IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF 1 170A-9(F)(3)(II). CONSERVATION X LABS IS CONTINUALLY EXPLORING NEW AVENUES OF FUNDING AND OPPORTUNITIES TO DIVERSIFY OUR CURRENT FOUNDATION SUPPORT, INCLUDING FEDERAL FUNDING. IN MEETING THE REQUIREMENT OF 1 170A-9(F)(3)(I), CONSERVATION X LABS HAS RECEIVED SUPPORT FROM A NUMBER OF FOUNDATIONS AND INDIVIDUALS. CONSERVATION X LABS WILL CONTINUE TO SEEK OUT A VARIETY OF FUNDING SOURCES TO CONTINUE TO DIVERSIFY ITS SUPPORT AND REVENUE STREAMS. (3) CONSERVATION X LABS MEETS THE REQUIREMENT OF 1 170A-9(F)(3)(III)(B), AS CONSERVATION X LABS HAS RECEIVED SUPPORT FROM A NUMBER OF FOUNDATIONS AND INDIVIDUALS RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM A SINGLE FOUNDATION. (4) CONSERVATION X LABS HAS AN INDEPENDENT GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC AND DOES NOT REPRESENT THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS, THEREBY MEETING THE REQUIREMENTS OF 1 170A-9(F)(3)(III)(C). (5) CONSERVATION X LABS MEETS THE REQUIREMENTS OF 1 170A-9(F)(3)(III)(D) BY DEVELOPING A DIGITAL MAKERSPACE IN WHICH THE COMMUNITY CAN CONTRIBUTE TOWARDS INNOVATION WITHIN CONSERVATION AND THROUGH THE USE OF PRIZES AND CHALLENGES WHICH ENGAGES THE LARGER PUBLIC TO FIND SOLUTIONS TO THE EXTINCTIONS CRISIS.

## 2020

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

|   |            |
|---|------------|
| Total Excess Contributions to Schedule A, Part II, Line 5 ..... | 8,789,414. |
|---|------------|

023171 04-01-20

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

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 foundationCheck 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 |
| CONSERVATION X LABS, INC. | 47-4066524                     |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | CENTER FOR COMPLEX INTERVENTIONS<br>15 WALNUT STREET, SUITE 150<br>WELLESLEY, MA 02481  | \$ 1,986,146.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | GORDON AND BETTY MOORE FOUNDATION<br>1661 PAGE MILL ROAD<br>PALO ALTO, CA 94304   | \$ 1,477,800.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | STITCHING THE FLOTILLA CHARITABLE FOUNDATION<br>WTC TOWER E, 23RD FLOOR, PRINSES MARGRIETPLANTSOEN 88, 2595<br>THE HAGUE, NETHERLANDS | \$ 730,250.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | UNITED STATES DEPARTMENT OF AGRICULTURE<br>5601 SUNNYSIDE AVENUE<br>BELTSVILLE, MD 20705  | \$ 385,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | THE SCHMIDT FAMILY FOUNDATION<br>555 BRYANT STREET #370<br>PALO ALTO, CA 94301  | \$ 350,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | NATIONAL PHILANTHROPIC TRUST<br>165 TOWNSHIP LINE ROAD, SUITE 1200<br>JENKINTOWN, PA 19046  | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                           |                                |
|---------------------------|--------------------------------|
| Name of organization      | Employer identification number |
| CONSERVATION X LABS, INC. | 47-4066524                     |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT<br><br>1300 PENNSYLVANIA AVENUE, NW<br><br>WASHINGTON, DC 20523   | \$ 89,281.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | THE MOXIE FOUNDATION<br><br>9191 TOWNE CENTRE DR.<br><br>SAN DIEGO, CA 92122   | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | THE GENERAL HOSPITAL CORPORATION D/B/A MASSACHUSETTS GENERAL HOSPITAL<br><br>55 FRUIT STREET<br><br>BOSTON, MA 02214 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Employer identification number

47-4066524

## Part II

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

|                           |                                |
|---------------------------|--------------------------------|
| Name of organization      | Employer identification number |
| CONSERVATION X LABS, INC. | 47-4066524                     |

**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.<br>from<br>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 |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**

CONSERVATION X LABS, INC.

**Employer identification number**

47-4066524

**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).

|   |   |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> 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? .....

☐ Yes ☐ No

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)? .....

☐ Yes ☐ No

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

032051 12-01-20

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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:

(i) Unrelated organizations

(ii) Related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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   |                                      |                                 |                              |                |
| d Equipment  |                                      | 133,455.                        | 14,313.                      | 119,142.       |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 119,142.       |

Schedule D (Form 990) 2020

**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) .....   |                |   |
| <b>Total.</b> (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) .....   |                |   |
| <b>Total.</b> (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) .....   |                |
| <b>Total.</b> (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) PPP LOAN  | 243,934.       |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 243,934.       |

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... ☒

Schedule D (Form 990) 2020

**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.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 5,355,275. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 5,355,275. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -25,000.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -25,000.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 5,330,275. |

**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.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 5,430,919. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> | 25,000.    |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 25,000.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 5,405,919. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 42,209.    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 42,209.    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 5,448,128. |

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

CONSERVATION X LABS IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNDER THESE PROVISIONS, NO TAX IS IMPOSED ON ANY INCOME RELATED TO CONSERVATION X LABS'S TAX-EXEMPT PURPOSE. CONSERVATION X LABS HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2020. CONSERVATION X LABS'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAX AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

LOSS ON DISPOSAL -25,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

481(A) ADJUSTMENT 42,209.

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2020

**Open to Public Inspection**

Employer identification number

47-4066524

**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Schedule F (Form 990) 2020



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant                       | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | GERMANY    | TO DEVELOP<br>CONSERVATION<br>TECHNOLOGIES | 100,000.                 | WIRE                            | 0.                               | NA                                    | FMV   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |
|                               |  |            |  |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance      | (b) Region     | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--------------------------------------|----------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| TO DEVELOP CONSERVATION TECHNOLOGIES | UNITED KINGDOM | 2                        | 6,012.                   | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | AUSTRALIA      | 2                        | 7,033.                   | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | PHILIPPINES    | 3                        | 15,570.                  | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | SPAIN          | 2                        | 23,587.                  | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | SOUTH AFRICA   | 1                        | 2,512.                   | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | CANADA         | 3                        | 124,779.                 | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | NEW ZEALAND    | 1                        | 3,517.                   | WIRE                            | 0.                               |                                       | FMV   |
| TO DEVELOP CONSERVATION TECHNOLOGIES | COLUMBIA       | 2                        | 6,025.                   | WIRE                            | 0.                               |                                       | FMV   |
|                                      |                |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2020

|               |                                 |
|---------------|---------------------------------|
| <b>Part V</b> | <b>Supplemental Information</b> |
|---------------|---------------------------------|

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization  
**CONSERVATION X LABS, INC.**

Employer identification number  
**47-4066524**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| AGRICULTURAL RESEARCH SERVICE<br>2001 SOUTH ROCK ROAD<br>FORT PIERCE, FL 34945 | 72-0564834     | NOT APPLICABLE                         | 280,000.                        | 0.                                       | FMV  |  | CONSERVATION TECHNOLOGY                   |
| MERCER UNIVERSITY<br>3001 MERCER UNIVERSITY DR<br>ATLANTA, GA 30341            | 58-0566167     | 501(C)(3)                              | 200,000.                        | 0.                                       | FMV  |  | CONSERVATION TECHNOLOGY                   |
| SKY TRUTH<br>213 W WASHINGTON ST BOX 3283<br>SHEPHERDSTOWN, WV 25443           | 54-2059475     | 501(C)(3)                              | 118,750.                        | 0.                                       | FMV  |  | CONSERVATION TECHNOLOGY                   |
| DUKE UNIVERSITY<br>116 ALLEN BUILDING, WEST CAMPUS<br>DURHAM, NC 27708         | 56-0532129     | 501(C)(3)                              | 7,000.                          | 0.                                       | FMV  |  | CONSERVATION TECHNOLOGY                   |
| PURE EARTH<br>475 RIVERSIDE DRIVE, SUITE 860<br>NEW YORK, NY 10115             | 13-4075779     | 501(C)(3)                              | 2,509.                          | 0.                                       | FMV  |  | CONSERVATION TECHNOLOGY                   |
|  |                |  |                                 |  |  |  |   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **4**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **5**

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

Schedule I (Form 990) 2020

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| GRANTS FOR CREATING PROTOTYPES IN CONSERVATION | 10                       | 44,366.                  | 0.                                | FMV   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

**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 type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input 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

|           |  |   |
|-----------|--|---|
|           |  |   |
| <b>1b</b> |  |   |
| <b>2</b>  |  |   |
|           |  |   |
| <b>4a</b> |  | X |
| <b>4b</b> |  | X |
| <b>4c</b> |  | X |
|           |  |   |
| <b>5a</b> |  | X |
| <b>5b</b> |  | X |
|           |  |   |
| <b>6a</b> |  | X |
| <b>6b</b> |  | X |
|           |  |   |
| <b>7</b>  |  | X |
| <b>8</b>  |  | X |
| <b>9</b>  |  |   |

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

Schedule J (Form 990) 2020

**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.

Schedule J (Form 990) 2020



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.

[illegible]

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number  
47-4066524

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

HARNESSING EXPONENTIAL TECHNOLOGY, INNOVATION, AND ENTREPRENEURSHIP TO  
PREVENT HUMAN-INDUCED EXTINCTION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPECIES USING ENVIRONMENTAL DNA OR RNA. IN 2020, WE HAVE BEEN IMPROVING  
THE CAPABILITIES OF OUR FULLY FUNCTIONAL HAND-HELD PROTOTYPE AND  
TRANSLATING THE DESIGN FOR MANUFACTURING. WE HAVE ALSO PREPARED  
MULTIPLE REPLICATES OF THIS PROTOTYPE IN PREPARATION FOR ANALYTICAL  
STUDIES AND USER STUDIES TO BENCHMARK ITS PERFORMANCE.

WE PLAN TO CONDUCT THESE ANALYTIC STUDIES AND REFINE THE USABILITY OF  
THIS TOOL AND THE ACCOMPANYING TEST KITS THROUGH 2021, COMPLETING  
DESIGN FOR MANUFACTURING AND GEARING UP FOR A PRODUCT LAUNCH IN 2022.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS, INCLUDING THE CONTINUATION OF THE GLOBAL COOLING PRIZE. WHICH  
IN PARTNERSHIP WITH THE ROCKY MOUNTAIN INSTITUTE AND THE GOVERNMENT OF  
INDIA, IS A PRIZE FOR A FIVE-FOLD INCREASE IN EFFICIENCY OF IN ROOM AIR  
CONDITIONING UNITS, WHICH IF ADOPTED, WOULD RESULT IN A .5 DEGREE  
CELSIUS REDUCTION IN GLOBAL WARMING BY 2100. CONSERVATION X LABS ALSO  
CONTINUED WORK AROUND ADDRESSING THE EXTINCTION THREAT OF INVASIVE  
SPECIES THROUGH INNOVATION THROUGH SETTING UP ITS OWN ENGINEERING  
LABORATORY IN WASHINGTON DC (THE GARAGE), PARTNERING WITH MULTIPLE US  
UNIVERSITIES INCLUDING DUKE UNIVERSITY, ARIZONA STATE UNIVERSITY,  
VIRGINIA TECH UNIVERSITY AND GEORGE MASON UNIVERSITY. FINALLY,

CONSERVATION X LABS CONTINUED ITS WORK ON LAUNCHING A PROGRAM TO

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

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

TRANSFORM THE FIELD OF CONSERVATION BY CHANGING HOW THE NEXT GENERATION OF CONSERVATIONISTS ARE TRAINED. SPECIFICALLY, TO SHIFT CONSERVATION FROM A PASSIVE DESCRIPTIVE SCIENCE TO A MULTIDISCIPLINARY SOLUTIONS-ORIENTED FIELD THAT WILL HELP CREATE THE NEXT GENERATION OF CONSERVATION INNOVATORS AND ENTREPRENEURS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FUNDRAISED FOR A SECOND ROUND OF THE ARTISANAL MINING GRAND CHALLENGE. AT THE CLOSING EVENT OF THE FIRST ROUND OF THIS CHALLENGE IN OCTOBER, WE ANNOUNCED THE ARTISANAL MINING GRAND CHALLENGE: THE AMAZON, WWW.ARTISANALMININGCHALLENGE.COM. AHEAD OF LAUNCHING THE AMAZON-FOCUSED CHALLENGE, OUR TEAM ADAPTED THE DESIGN TO REACH MORE INNOVATORS AND STAKEHOLDERS IN THE AMAZON REGION. THESE GRAND CHALLENGE COMPETITIONS HAVE THE POWER TO TRANSFORM ENTIRE FIELDS AND CREATE WHOLE NEW FIELDS AND COMMUNITIES OF INVENTORS TO SUPPORT SOLUTIONS. THEY ARE COMPETITIONS THAT PAY FOR PERFORMANCE MECHANISMS THAT ALLOW US TO FOCUS GLOBAL ATTENTION ON A PROBLEM, AND ATTRACT NEW SOLVERS, NEW IDEAS, NEW DISCIPLINES, AND NEW SOLUTIONS.

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

DIGITAL MARKET SPACE: CONSERVATION X LABS HAS DEVELOPED THE WORLD'S FIRST DIGITAL MAKERSPACE - A MASS COLLABORATION PLATFORM TO DEVELOP CONSERVATION TECHNOLOGIES AND INNOVATIONS AND CREATE A COMMUNITY FOR INNOVATION WITHIN CONSERVATION. WE HAVE DESIGNED THE DIGITAL MAKERSPACE AS A DIGITAL ENGINEERING WORKSHOP, COLLABORATION SPACE, AND PROJECT PIPELINE WHERE IDEAS CAN BE BORN, TESTED, AND DEVELOPED, TEAMS CREATED, AND PRODUCTS BROUGHT TO REALIZATION, SCALE AND IMPACT. THE DMS SUPPORTS ALL OF CONSERVATION X LABS' PROGRAMS AND ACTIVITIES, IT IS AN

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

INNOVATION PIPELINE FROM IDEA TO SCALED SOLUTION - AS WELL AS HOSTS THE CONSERVATION 3.0 TRIBE. IT IS WHERE SCIENCE, ENTREPRENEURSHIP, AND TECHNOLOGY COMMUNITIES COME TOGETHER TO START PROJECTS AND CO CREATE TECH-ENABLED SOLUTIONS TO CONSERVATION PROBLEMS. IT IS OUR ONLINE, OPEN COMMUNITY THAT FACILITATES IDEATION, DEVELOPMENT AND THE SCALING OF SOLUTIONS BY THE CROWD.

EXPENSES \$ 373,018. INCLUDING GRANTS OF \$ 100,289. REVENUE \$ 0.

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

FORM 990 AND ITS ASSOCIATED SCHEDULES WAS PREPARED AND REVIEWED INTERNALLY WITH ASSISTANCE FROM OUR FINANCE DIRECTOR AND OFFICERS OF THE ORGANIZATION. THE PREPARATION WAS GOVERNED BY INTERNAL PROTOCOL, POLICIES AND PROCEDURES. THE INFORMATION WAS GATHERED BY INTERNAL ACCOUNTING THAT IS COMPILED DAILY AND RECONCILED MONTHLY TO BANK STATEMENTS AND IS RECORDED INTO A CLOUD-BASED ACCOUNTING SOFTWARE. OUR BOARD OF DIRECTORS IS BRIEFED TWICE ANNUALLY ON THAT STATE OF OUR FINANCIALS AND IS GIVEN A COPY OF OUR 990 SUBMISSIONS TO REVIEW. CONSERVATION X LABS HAS ALSO SOUGHT LEGAL COUNSEL FROM NONPROFIT LAW EXPERTS TO REVIEW OUR TAX POSITIONS AND ACTIONS TO ENSURE COMPLIANCE WITH FEDERAL TAX LAWS. THE 990 WILL BE PREPARED AND SUBMITTED BY A PUBLIC ACCOUNTING FIRM. AS CONSERVATION X LABS GROWS AS AN ORGANIZATION OUR GOAL IS TO INCREASINGLY FORMALIZE OUR POLICIES AND SAFEGUARDS TO ENSURE OR MISSION IS BEING CARRIED OUT IN THE PUBLIC INTEREST.

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

ALL BOARD MEMBERS INCLUDING THE CEO AND COO ARE SUBJECT TO CONSERVATION X LABS'S CONFLICT OF INTEREST POLICY. ALL ARE REQUIRED TO REVIEW AND SIGN THE POLICY ANNUALLY. DETERMINATIONS OF CONFLICTS ARE MADE AT THE BOARD OF

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

DIRECTORS LEVEL AND IF THERE IS A CONFLICT THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE DELIBERATION AND DISCUSSION OF THE TRANSACTION OR EVENT UNDER REVIEW. THIS EVENT IS THEN DOCUMENTED AND STORED IN OUR CONTEMPORANEOUS NOTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

ALL COMPENSATION IS SET BY A CALCULATION THAT ASSESSES COMPARABILITY DATA FOR SIMILAR SOCIAL ENTERPRISES IN WASHINGTON DC (I.E, GLASSDOOR DATE), BY THE GENERAL SCHEDULE FOR FEDERAL EMPLOYEES, THOUGH ANALYSIS OF SALARY INFORMATION REPORTED ON 990'S FOR COMPARABLE ORGANIZATIONS, AND BY THE EMPLOYEE'S SALARY HISTORY AND PERFORMANCE. SALARIES FOR SCIENTIFIC, ENGINEERING AND COMPUTER SCIENCE POSITION RE SET BY THE MARKET FOR THOSE POSITION IN THE UNITED STATES AS THERE IS A NATIONAL MARKETPLACE FOT THOSE SKILLS. SALARIES ARE AVAILABLE FOR REVIEW BY OUR FUNDERS, OUR BOARD, AND ARE INCLUDED WITH OUR USG CONTRIBUTIONS AND ARE CONSISTENT WITH THE GOVERNMENT RATES FOR THOSE POSITIONS. CXL HIRED A SALARY CONSULTANT IN 2021 TO FURTHER OUR EVALUATION OF OUR COMPENSATION.

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

CONSERVATION X LABS IS COMMITTED TO TRANSPARENCY, OUR GOVERNING DOCUMENTS POLICIES, AND TAXES ARE AVAILABLE ON REQUEST AND THIS IS STATED ON OUR WEBSITE. WE ALSO POST OUR 990 DOCUMENTS PUBLICLY ON GUIDESTAR AND ON OUR WEBSITE AND PROVIDE EXTENSIVE FINANCIAL REPORTS TO ALL PARTNERS AND FOUNDATIONS THAT FUND US.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS AND THE CEO ARE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS

Name of the organization

CONSERVATION X LABS, INC.

Employer identification number

47-4066524

HAS NOT CHANGED FROM THE PREVIOUS YEAR.

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Name of the organization

CONSERVATION X LABS, INC.

**Employer identification number**  
47-4066524

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
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|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes       | No |
|---|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....  | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....  | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....  | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....   | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....  | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....   | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....  | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....  | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....  | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....   | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....   | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....   | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....  | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....  | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....   | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....   | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....   | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....  | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....  | <b>1s</b> | X  |
| <b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |           |    |

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) CONSERVATION X LABS, PBC        | D                                | 25,000.                |  |
| (2) CONSERVATION X LABS, PBC        | O                                | 30,263.                |  |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

# Application for Change in Accounting Method

OMB No. 1545-2070

► Go to [www.irs.gov/Form3115](http://www.irs.gov/Form3115) for instructions and the latest information.

|  |  |  |  |
|--|--|--|--|
| Name of filer (name of parent corporation if a consolidated group) (see instructions)                    |  | Identification number (see instructions)<br><b>47-4066524</b>    |  |
| Principal business activity code number (see instructions)<br><b>813000</b>                              |  | Tax year of change begins (MM/DD/YYYY) <b>01/01/2020</b>         |  |
| Tax year of change ends (MM/DD/YYYY) <b>12/31/2020</b>   |  | Name of contact person (see instructions)<br><b>MATT SUNDAHL</b> |  |
| Number, street, and room or suite no. If a P.O. box, see the instructions.<br><b>1066 31ST STREET NW</b> |  | Contact person's telephone number                                |  |
| City or town, state, and ZIP code<br><b>WASHINGTON, DC 20007</b>   |  |  |  |
| Name of applicant(s) (if different than filer) and identification number(s) (see instructions)           |  |  |  |

If the applicant is a member of a consolidated group, check this box ☐

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box ☐

**Check the box to indicate the type of applicant.**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Cooperative (Sec. 1381)     |
| <input type="checkbox"/> Corporation   | <input type="checkbox"/> Partnership                 |
| <input type="checkbox"/> Controlled foreign corporation (Sec. 957)                             | <input type="checkbox"/> S corporation               |
| <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E))                                 | <input type="checkbox"/> Insurance co. (Sec. 816(a)) |
| <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2))               | <input type="checkbox"/> Insurance co. (Sec. 831)    |
| <input checked="" type="checkbox"/> Exempt organization. Enter Code section ► <b>501(C)(3)</b> | <input type="checkbox"/> Other (specify) ► _____     |

**Check the appropriate box to indicate the type of accounting method change being requested. See instructions.**

- |   |
|---|
| <input type="checkbox"/> Depreciation or Amortization   |
| <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions |
| <input checked="" type="checkbox"/> Other (specify) ► <b>CASH TO ACCRUAL</b>                      |

**Caution:** To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes (1) all relevant information requested on this Form 3115 (including its instructions), and (2) any other relevant information, even if not specifically requested on Form 3115.

The taxpayer must attach all applicable statements requested throughout this form.

**Part I Information for Automatic Change Request**

|   | Yes      | No       |
|---|----------|----------|
| 1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions. |          |          |
| a (1) DCN: <b>122</b> (2) DCN: _____ (3) DCN: _____ (4) DCN: _____ (5) DCN: _____ (6) DCN: _____ (7) DCN: _____ (8) DCN: _____ (9) DCN: _____ (10) DCN: _____ (11) DCN: _____ (12) DCN: _____   |          |          |
| b Other <input type="checkbox"/> Description ► _____  |          |          |
| 2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation   |          | <b>X</b> |
| 3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions   | <b>X</b> |          |

**Note:** Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.

**Part II Information for All Requests**

|  | Yes | No       |
|--|-----|----------|
| 4 During the tax year of change, did or will the applicant (a) cease to engage in the trade or business to which the requested change relates, or (b) terminate its existence? See instructions. |     | <b>X</b> |
| 5 Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)?                                  |     | <b>X</b> |
| If "No," go to line 6a.  |     |          |
| If "Yes," the applicant cannot file a Form 3115 for this change. See instructions.   |     |          |

|  |   |                      |   |
|--|---|----------------------|---|
| <b>Sign Here</b>                             | Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge. |                      |   |
|  | Signature of filer (and spouse, if joint return)  | Date                 | Name and title (print or type)<br><b>ALEX DEHGAN, CEO</b> |
| <b>Preparer (other than filer/applicant)</b> | Print/type preparer's name<br><b>BRENT A CROGHAN, CPA</b>   | Preparer's signature | Date  |
|  | Firm's name ► <b>DEMBO JONES, P.C.</b>  |                      |   |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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**Part II** Information for All Requests *(continued)*

|  | Yes      | No       |
|--|----------|----------|
| <b>6a</b> Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? .....<br>If "No," go to line 7a.  |          | <b>X</b> |
| <b>b</b> Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions .....   |          |          |
| <b>c</b> Enter the name and telephone number of the examining agent and the tax year(s) under examination.<br>Name ▶ ..... Telephone no. ▶ ..... Tax year(s) ▶ .....   |          |          |
| <b>d</b> Has a copy of this Form 3115 been provided to the examining agent identified on line 6c? .....  |          |          |
| <b>7a</b> Does audit protection apply to the applicant's requested change in method of accounting? See instructions .....<br>If "No," attach an explanation.   | <b>X</b> |          |
| <b>b</b> If "Yes," check the applicable box and attach the required statement.<br><input checked="" type="checkbox"/> Not under exam <input type="checkbox"/> 3-month window <input type="checkbox"/> 120 day: Date examination ended ▶ .....<br><input type="checkbox"/> Method not before director <input type="checkbox"/> Negative adjustment <input type="checkbox"/> CAP: Date member joined group ▶ .....<br><input type="checkbox"/> Audit protection at end of exam <input type="checkbox"/> Other              |          |          |
| <b>8a</b> Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? .....<br>If "No," go to line 9.  |          | <b>X</b> |
| <b>b</b> Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions .....<br>If "Yes," attach an explanation.  |          |          |
| <b>c</b> If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court.<br>Name ▶ ..... Telephone no. ▶ ..... Tax year(s) ▶ .....   |          |          |
| <b>d</b> Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c? .....  |          |          |
| <b>9</b> If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court.   |          |          |
| <b>10</b> If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity? .....  |          | <b>X</b> |
| <b>11a</b> Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the five tax years ending with the tax year of change? .....  |          | <b>X</b> |
| If "No," go to line 12.  |          |          |
| <b>b</b> If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.  |          |          |
| <b>c</b> If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.  |          |          |
| <b>12</b> Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? .....<br>If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s). |          | <b>X</b> |
| <b>13</b> Is the applicant requesting to change its <b>overall</b> method of accounting? .....   | <b>X</b> |          |
| If "Yes," complete Schedule A on page 4 of the form.   |          |          |

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| <b>Part II Information for All Requests</b> <i>(continued)</i>   |  | <b>Yes</b>   | <b>No</b>  |                      |                      |                      |  |  |  |
|--|--|--|--|----------------------|----------------------|----------------------|--|--|--|
| <b>14</b> If the applicant is either <b>(i) not</b> changing its overall method of accounting, or <b>(ii)</b> changing its overall method of accounting <b>and</b> changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions): <ul style="list-style-type: none"> <li><b>a</b> The item(s) being changed.</li> <li><b>b</b> The applicant's present method for the item(s) being changed.</li> <li><b>c</b> The applicant's proposed method for the item(s) being changed.</li> <li><b>d</b> The applicant's present overall method of accounting (cash, accrual, or hybrid).</li> </ul>  |  |  |  |                      |                      |                      |  |  |  |
| <b>15a</b> Attach a detailed and complete description of the applicant's trade(s) or business(es). See section 446(d). <ul style="list-style-type: none"> <li><b>b</b> If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe <b>(i)</b> whether each trade or business is accounted for separately; <b>(ii)</b> the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; <b>(iii)</b> the overall method of accounting for each trade or business; and <b>(iv)</b> which trade or business is requesting to change its accounting method as part of this application or a separate application.</li> </ul> <p><b>Note:</b> If you are requesting an automatic method change, see the instructions to see if you are required to complete lines 16a-16c.</p>   |  |  |  |                      |                      |                      |  |  |  |
| <b>16a</b> Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. <ul style="list-style-type: none"> <li><b>b</b> Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.</li> <li><b>c</b> Include either a discussion of the contrary authorities or a statement that no contrary authority exists.</li> </ul>  |  |  |  |                      |                      |                      |  |  |  |
| <b>17</b> Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions .....<br>If "No," attach an explanation.  | X  |  |  |                      |                      |                      |  |  |  |
| <b>18</b> Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?...   |  |  | X  |                      |                      |                      |  |  |  |
| <b>19a</b> If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 33%; padding: 2px;">               1st preceding year ended: mo. <u>12</u> yr <u>2019</u> </td> <td style="width: 33%; padding: 2px;">               2nd preceding year ended: mo. <u>12</u> yr <u>2018</u> </td> <td style="width: 33%; padding: 2px;">               3rd preceding year ended: mo. <u>12</u> yr <u>2017</u> </td> </tr> <tr> <td style="padding: 2px;">\$ <u>3,145,557.</u></td> <td style="padding: 2px;">\$ <u>2,036,095.</u></td> <td style="padding: 2px;">\$ <u>1,478,646.</u></td> </tr> </table> | 1st preceding year ended: mo. <u>12</u> yr <u>2019</u> | 2nd preceding year ended: mo. <u>12</u> yr <u>2018</u> | 3rd preceding year ended: mo. <u>12</u> yr <u>2017</u> | \$ <u>3,145,557.</u> | \$ <u>2,036,095.</u> | \$ <u>1,478,646.</u> |  |  |  |
| 1st preceding year ended: mo. <u>12</u> yr <u>2019</u>   | 2nd preceding year ended: mo. <u>12</u> yr <u>2018</u> | 3rd preceding year ended: mo. <u>12</u> yr <u>2017</u> |  |                      |                      |                      |  |  |  |
| \$ <u>3,145,557.</u>   | \$ <u>2,036,095.</u>                                   | \$ <u>1,478,646.</u>                                   |  |                      |                      |                      |  |  |  |
| <b>b</b> If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change:<br>4th preceding year ended: mo. <u>12</u> yr. <u>2016</u> \$ <u>365,839.</u>   |  |  |  |                      |                      |                      |  |  |  |

  

| <b>Part III Information for Non-Automatic Change Request</b>   |  | <b>Yes</b> | <b>No</b> |
|--|--|------------|-----------|
| <b>20</b> Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? .....<br>If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures. |  |            |           |
| <b>21</b> Attach a copy of all documents related to the proposed change (see instructions).  |  |            |           |
| <b>22</b> Attach a statement of the applicant's reasons for the proposed change.   |  |            |           |
| <b>23</b> If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? .....<br>If "No," attach an explanation.   |  |            |           |
| <b>24a</b> Enter the amount of <b>user fee</b> attached to this application (see instructions). ► \$ _____   |  |            |           |
| <b>b</b> If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).   |  |            |           |

**Part IV Section 481(a) Adjustment**

|  | Yes      | No       |
|--|----------|----------|
| <b>25</b> Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? .....  |          | <b>X</b> |
| If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.  |          |          |
| <b>26</b> Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ► \$ + <u>42,209</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant. <b>SEE STATEMENT 1</b> |          |          |
| <b>27</b> Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? .....  | <b>X</b> |          |
| If "Yes," check the box for the applicable elective provision used to make the election (see instructions).  |          |          |
| <input checked="" type="checkbox"/> \$50,000 de minimis election <input type="checkbox"/> Eligible acquisition transaction election  |          |          |
| <b>28</b> Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? .....  |          | <b>X</b> |
| If "Yes," attach an explanation.   |          |          |

**Schedule A - Change in Overall Method of Accounting** (If Schedule A applies, Part I below must be completed.)**Part I Change in Overall Method** (see instructions)

**1** Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.

**Present method:** ☒ Cash ☐ Accrual ☐ Hybrid (attach description)

**Proposed method:** ☐ Cash ☒ Accrual ☐ Hybrid (attach description)

**2** Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.

|   | Amount            |
|---|-------------------|
| <b>a</b> Income accrued but not received (such as accounts receivable) .....  | \$                |
| <b>b</b> Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method .....   |                   |
| <b>c</b> Expenses accrued but not paid (such as accounts payable) .....   | <b>42,209.</b>    |
| <b>d</b> Prepaid expenses previously deducted .....   |                   |
| <b>e</b> Supplies on hand previously deducted and/or not previously reported .....  |                   |
| <b>f</b> Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II .....   |                   |
| <b>g</b> Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ► .....   | <b>NONE</b>       |
| <b>h Net section 481(a) adjustment</b> (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26 ..... | \$ <b>42,209.</b> |

**3** Is the applicant also requesting the recurring item exception under section 461(h)(3)? ☐ Yes ☒ No

**4** Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with the amounts shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

**5** Is the applicant making a change to the overall cash method as a small business taxpayer (see instructions)? ☐ Yes ☒ No

**Part II Change to the Cash Method for Non-Automatic Change Request** (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

**Schedule B - Change to the Deferral Method for Advance Payments** (see instructions)

- 1** If the applicant is requesting to change to the deferral method for advance payments, as described in the instructions, attach the following information:
  - a** Explain how the advance payments meet the definition of advance payment, as described in the instructions.
  - b** Does the taxpayer use an applicable financial statement as described in the instructions and, if so, identify it.
  - c** Describe the taxpayer's allocation method, if there is more than one performance obligation, as defined in the instructions.
  - d** Describe the taxpayer's legal basis for deferral. See instructions.
  - e** If the applicant is filing under the non-automatic change procedures, see the instructions for the information required.

**Schedule C - Changes Within the LIFO Inventory Method** (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
  - a** Valuing inventory (for example, unit method or dollar-value method).
  - b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
  - c** Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
  - d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

**Part II Change in Pooling Inventories**

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
  - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
  - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
  - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
  - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
  - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
  - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
  - g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3** If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4** If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

**Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other****Section 263A Assets** (see instructions)**Part I Change in Reporting Income From Long-Term Contracts** (Also complete Part III on pages 7 and 8.)

- 1** To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
- 2a** Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? ☐ Yes ☐ No
- b** If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ☐ Yes ☐ No  
If line 2b is "No," attach an explanation.
- c** Is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? ☐ Yes ☐ No
- d** If line 2c is "Yes," in computing the completion factor of a contract, will the applicant use the simplified cost-to-cost method described in Regulations section 1.460-5(c)? ☐ Yes ☐ No
- e** If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? ☐ Yes ☐ No  
If line 2e is "Yes," attach an explanation of what method the applicant will use to determine a contract's completion factor.  
If line 2e is "No," attach an explanation of what method the applicant is using and the authority for its use.
- 3a** Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No
- b** If "Yes," attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
- 4a** Does the applicant enter into cost-plus long-term contracts? ☐ Yes ☐ No
- b** Does the applicant enter into federal long-term contracts? ☐ Yes ☐ No

**Part II Change in Valuing Inventories Including Cost Allocation Changes** (Also complete Part III on pages 7 and 8.)

- 1** Attach a description of the inventory goods being changed.
- 2** Attach a description of the inventory goods (if any) NOT being changed.
- 3a** Is the applicant subject to section 263A? If "No," go to line 4a ☐ Yes ☐ No
- b** Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? ☐ Yes ☐ No  
If "No," attach a detailed explanation
- 4a** Check the appropriate boxes in the chart.
- |  | Inventory Method Being Changed |                 | Inventory Method Not Being Changed |
|--|--------------------------------|-----------------|------------------------------------|
|  | Present method                 | Proposed method | Present method                     |
| <b>Identification methods:</b>   |                                |                 |                                    |
| Specific identification  |                                |                 |                                    |
| FIFO   |                                |                 |                                    |
| LIFO   |                                |                 |                                    |
| Other (attach explanation)   |                                |                 |                                    |
| <b>Valuation methods:</b>  |                                |                 |                                    |
| Cost   |                                |                 |                                    |
| Cost or market, whichever is lower   |                                |                 |                                    |
| Retail cost  |                                |                 |                                    |
| Retail, lower of cost or market  |                                |                 |                                    |
| Other (attach explanation)   |                                |                 |                                    |
| <b>b</b> Enter the value at the end of the tax year preceding the year of change | \$                             | \$              |                                    |
- 5** If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
- a** Copies of Form(s) 970 filed to adopt or expand the use of the method.
- b** **Only for applicants requesting a non-automatic change.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- c** **Only for applicants requesting an automatic change.** The statement required by section 23.01(5) of Rev. Proc. 2018-31 (or its successor).

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**Part III Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

**Section A - Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to allocation of such costs to long-term indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

**Section B - Direct and Indirect Costs Required to be Allocated**

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

|  | Present method | Proposed method |
|--|----------------|-----------------|
| 1 Direct material .....  |                |                 |
| 2 Direct labor .....   |                |                 |
| 3 Indirect labor .....   |                |                 |
| 4 Officers' compensation (not including selling activities) .....  |                |                 |
| 5 Pension and other related costs .....  |                |                 |
| 6 Employee benefits .....  |                |                 |
| 7 Indirect materials and supplies .....  |                |                 |
| 8 Purchasing costs .....   |                |                 |
| 9 Handling, processing, assembly, and repackaging costs .....  |                |                 |
| 10 Offsite storage and warehousing costs .....   |                |                 |
| 11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle ..... |                |                 |
| 12 Depletion .....   |                |                 |
| 13 Rent .....  |                |                 |
| 14 Taxes other than state, local, and foreign income taxes .....   |                |                 |
| 15 Insurance .....   |                |                 |
| 16 Utilities .....   |                |                 |
| 17 Maintenance and repairs that relate to a production, resale, or long-term contract activity .....                                     |                |                 |
| 18 Engineering and design costs (not including section 174 research and experimental expenses) .....                                     |                |                 |
| 19 Rework labor, scrap, and spoilage .....   |                |                 |
| 20 Tools and equipment .....   |                |                 |
| 21 Quality control and inspection .....  |                |                 |
| 22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant .....   |                |                 |
| 23 Licensing and franchise costs .....   |                |                 |
| 24 Capitalizable service costs (including mixed service costs) .....   |                |                 |
| 25 Administrative costs (not including any costs of selling or any return on capital) .....  |                |                 |
| 26 Research and experimental expenses attributable to long-term contracts .....  |                |                 |
| 27 Interest .....  |                |                 |
| 28 Other costs (Attach a list of these costs.) .....   |                |                 |

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**Part III Method of Cost Allocation** (continued) See instructions.**Section C - Other Costs Not Required To Be Allocated** (Complete Section C only if the applicant is requesting to change its method for these costs.)

|  | Present method | Proposed method |
|--|----------------|-----------------|
| <b>1</b> Marketing, selling, advertising, and distribution expenses .....                                  |                |                 |
| <b>2</b> Research and experimental expenses not included in Section B, line 26 .....                       |                |                 |
| <b>3</b> Bidding expenses not included in Section B, line 22 .....   |                |                 |
| <b>4</b> General and administrative costs not included in Section B .....                                  |                |                 |
| <b>5</b> Income taxes .....  |                |                 |
| <b>6</b> Cost of strikes .....   |                |                 |
| <b>7</b> Warranty and product liability costs .....  |                |                 |
| <b>8</b> Section 179 costs .....   |                |                 |
| <b>9</b> On-site storage .....   |                |                 |
| <b>10</b> Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 ..... |                |                 |
| <b>11</b> Other costs (Attach a list of these costs.) .....  |                |                 |

**Schedule E - Change in Depreciation or Amortization.** See instructions.

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section.

Applicants **must** provide this information for each item or class of property for which a change is requested.**Note:** See the **Summary of the List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1** Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes ☐ No  
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2** Is any of the depreciation or amortization required to be capitalized under any Code section, such as section 263A? ☐ Yes ☐ No  
If "Yes," enter the applicable section **▶** \_\_\_\_\_
- 3** Has a depreciation, amortization, expense, or disposition election been made for the property, such as the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)? ☐ Yes ☐ No  
If "Yes," state the election made **▶** \_\_\_\_\_
- 4a** To the extent not already provided, attach a statement describing the property subject to the change. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b** If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No
- c** Is the property public utility property? ☐ Yes ☐ No
- 5** To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6** If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7** If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
- a** The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
- b** The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
- c** The facts to support the asset class for the proposed method.
- d** The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
- e** The useful life, recovery period, or amortization period of the property.
- f** The applicable convention of the property.
- g** Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
- h** Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

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FORM 3115                      PART IV - SECTION 481(A) ADJUSTMENT                      STATEMENT      1

| LINE | DESCRIPTION OR EXPLANATION |
|------|----------------------------|
|------|----------------------------|

26 IN 2019, UNDER THE CASH METHOD, CONSERVATION X LABS, INC. DID NOT REPORT  
EXPENSES OF \$42,209 RELATED TO ACCOUNTS PAYABLE UNDER THE OVERALL  
ACCRUAL METHOD IN 2020, CONSERVATION X LABS, INC. REPORTS A NEGATIVE  
481(A) ADJUSTMENT OF \$42,209.