#### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

ΑF	or the	2021 calendar year, or tax year beginning	and	ending		
<b>B</b> c	Check if pplicable	C Name of organization			D Employer identific	cation number
	Addres change	SAHARA CONSERVATION FUND				
	Name change	Doing business as			26-01719	39
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to stree 1 GOVERNMENT DRIVE	t address)	Room/suite	E Telephone number 314-781-	
	termin- ated	City or town, state or province, country, and ZIP or foreign	n postal code		G Gross receipts \$	2,366,783.
	Amend				H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: F KED NELDO	ON		for subordinates	
	pending	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
<u> 1 T</u>	ax-exe	mpt status: $X = 501(c)(3) = 501(c)(0)$ (insert no	.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		E:► SAHARACONSERVATION.ORG			H(c) Group exemptio	n number 🕨
<b>K</b> F	orm of	organization: X Corporation Trust Association	Other >	<b>L</b> Year	of formation: 2007 n	■ State of legal domicile: MO
Pa		Summary				
ø)		Briefly describe the organization's mission or most significant a				
Governance	9	CONSERVATION FUND INCLUDES BUT I				
rns	2 (	Check this box 🕨 🔛 if the organization discontinued its or	perations or dispos	sed of more	than 25% of its net ass	_
ŏ	1	Number of voting members of the governing body (Part VI, line	,		3	7
<u>ھ</u>		Number of independent voting members of the governing body				7
		otal number of individuals employed in calendar year 2021 (Pa				0
Activities		otal number of volunteers (estimate if necessary)				10
Act		otal unrelated business revenue from Part VIII, column (C), line				0.
	l bi	Net unrelated business taxable income from Form 990-T, Part I,	line 11	·····		
	, ,	Contributions and grants (Dort VIII line 1h)			Prior Year 2,637,725.	Current Year 2,351,584.
Revenue	l	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)			0.	0.
	ı	Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			329.	218.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			1,479.	
	ı	otal revenue - add lines 8 through 11 (must equal Part VIII, coli			2,639,533.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			595,259.	646,276.
	ı				0.	0.
"	45 6	Salaries, other compensation, employee benefits (Part IX, colun			0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
þe	b 1	otal fundraising expenses (Part IX, column (D), line 25)	7,5	12.		
ñ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,806,495.	2,166,316.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A)			2,401,754.	2,812,592.
		Revenue less expenses. Subtract line 18 from line 12			237,779.	-445,809.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sets	20	otal assets (Part X, line 16)			2,096,611.	1,650,804.
t As	21	otal liabilities (Part X, line 26)			0.	0.
25	22	Net assets or fund balances. Subtract line 21 from line 20			2,096,611.	1,650,804.
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including acco			· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on	all information of wr	iich preparer	nas any knowledge.	
<u> </u>	_	Signature of officer			I Date	
Sigi		KAREN SAUSMAN, TREASURER			Dato	
Her	e	Type or print name and title				
		Print/Type preparer's name Preparer's signal Preparer's signal Preparer's Preparer's Signal Preparer's Preparer's Signal	anatura		Date Check	PTIN
Paid	, [	JEFF PARKER  JEFF PARKER	-		.0/25/22 self-employ	<b> </b>
	arer	Firm's name CLIFTONLARSONALLEN LLP		-		41-0746749
		Firm's address 475 REGENCY PARK, SUITE	175		T IIIII O LIIV	
	´	O'FALLON, IL 62269	-		Phone no. (6	18) 233-1200
 Mav	the IR	S discuss this return with the preparer shown above? See instr	uctions		1	X Yes No

Form 990 (2021)

# Form 990 (2021) SAHARA CONSERVATION FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
15		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	- 21	
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا جد ا		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>v</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ <b>.</b> ,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2021) SAHARA CONSERVATION FUND

Yes   No   Part IX, column (A), line 2?   f''yes," complete Schedule  , Part   and
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  20 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 I.  21 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  22 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  23 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  27 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? If "Yes," complete Schedule L, Part IV.  28 Was the organization engage thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  29 Did the organization and party to a business transaction with one of the followin
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Schedule K. If "No." go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I as the organization are 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 II as Did the organization average 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 these persons? If "Yes," complete Schedule L, Part II as 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 III as A 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 or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III as A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III as A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L,
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any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 24d 25s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(p)(3), 501(p)(4), and 501(p)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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-E2? If "Yes," complete Schedule L, Part II  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, clirector, 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  The organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  27
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?
Note: All Form 990 filers are required to complete Schedule O
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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

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Form 990 (2021) SAHARA CONSERVATION FUND

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

	i (continued)			T
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country NIGER, CAYMAN ISLANDS			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Α.
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
<b>h</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>
b	was and have dealered the O	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
Ŭ	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 4047(aV1) non-exempt charitable trusts. Is the examination filing Form 900 in liquid Form 10412	12a		
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves." complete Form 6069			

26-0171939 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI

The Enter the number of voting members of the governing body at the end of the tax year	Sec	tion A. Governing Body and Management						
If there are insterial differences in voting rights among members of the governing body dieglact broad submitty to an exclusive committee, explain on Schedule 0.  b. Enter the number of voting members included on line 1s, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management outles customarily performed by or under the direct supervision of officers, cirectors, trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  4 Did the organization become aware during the year of a significant diversion of the organization seasests?  5 Did the organization have members a stockholders?  6 Did the organization have members a stockholders?  7 Did the governing body?  7 Did the organization have members as tockholders?  8 Did the organization have members as tockholders, or the persons who had the power to elect or appoint one or more members of the governing body?  9 Did the organization become of the organization reserved to (or aubject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Section B. Politices (Finis Section B. Requests information about collides on Sectedule O.  12 Section B. Politices (Finis Section B. Requests information about collides on Section B. Politices (Finis Section B. Requests information about collides on sort frequency by the internal Revenue Code)  12 Note officers, the organization have written policides and procedures governing the activities of such chapters, affiliates, and branches to ensure their poperations are consistent with the organization to			-1		Yes	No		
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.    10 Either the number of voting mathems included on the 1a, above, who are independent    2	1a							
b Enter the number of voting members included on line 1a, above, who are independent								
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other of filters, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3			ار.					
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No  10a	Ŭ			9		x		
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13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a X  15a X  15b Other officers or key employees of the organization  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)  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 ★  KAREN SAUSMAN - (520)416-4649		on Schedule O how this was done	[	12c		Х		
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  15b	13	Did the organization have a written whistleblower policy?	[	13		Х		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)  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  KAREN SAUSMAN - (520)416-4649	14	Did the organization have a written document retention and destruction policy?		14		Х		
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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16b X  16b X  16b X  16b X  16c X	а	The organization's CEO, Executive Director, or top management official		15a				
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taxable entity during the year?  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 NONE  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 X 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 KAREN SAUSMAN - (520)416-4649								
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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 ▶ NONE  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 ★ KAREN SAUSMAN - (520)416-4649	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  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 ▶ KAREN SAUSMAN - (520)416-4649								
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<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain on Schedule O)</li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records  KAREN SAUSMAN - (520)416-4649</li> </ul>	Sec							
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Own website Another's website X 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 KAREN SAUSMAN - (520)416-4649	18		:)(3)s	only)	availal	ole		
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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  KAREN SAUSMAN - (520)416-4649		(						
20 State the name, address, and telephone number of the person who possesses the organization's books and records KAREN SAUSMAN - (520)416-4649	19		and	financ	cial			
KAREN SAUSMAN - (520)416-4649								
	20							
		13220 NORTH RED HILL ROAD, MARANA, AZ 85653						

132006 12-09-21

Form **990** (2021)

098-0181

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and title	(B) Average hours per week	box	not c unle	Pos heck i ss per	more rson i	than of structures to the structure to t	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations
(1) E. WILLIAM HOUSTON	6.00								•	_
VICE-PRESIDENT	4 00	Х		Х				0.	0.	0
(2) KAREN SAUSMAN TREASURER/DIRECTOR	4.00	х		х				0.	0.	0
(3) DR. KOEN DE SMET	4.00	^		^				0.	0.	U
SECRETARY/DIRECTOR	4.00	Х		х				0.	0.	0
(4) DR. MARK STANLEY PRICE	4.00					$\vdash$			J •	0
DIRECTOR	1.50	х						0.	0.	0
(5) DR. ROSELINE BEUDELS	4.00									
DIRECTOR		Х						0.	0.	C
(6) TIM WOODFINE	6.00									
DIRECTOR		Х						0.	0.	C
(7) FRED NELSON	8.00	<u> </u>								
PRESIDENT		Х		Х				0.	0.	0
		4								
		1								
		1								
		1								
		<u> </u>								
		<u> </u>								
		1								
		<u> </u>	_	_	_	_				
		-								
		<u> </u>								
		4	l	l		1				

Form **990** (2021)

Part VII   Section A. Officers, Directors, Tru (A)	(B)	<u> </u>			C)	J. 100		(D)	(E)			(F)	
• •	Average			Pos	•	1		1 ' '		Estimated			۵
Name and title	hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	,		ount o	
	week					is both or/trus		from	from related	'		other	וכ
	(list any	tor						the	organizations			pensa	tion
	hours for	director				_		organization	(W-2/1099-MIS			om the	
	related	e 0 r	stee			sate		(W-2/1099-MISC/	1099-NEC)	٠ <i>,</i>		anizati	
	organizations	ruste	E E		99/	m per		1099-NEC)	10001120)		_	relate	
	below	dual	ntio		oldu	st co	er	,				nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
		$\frac{1}{2}$											
		-											
1b Subtotal							<u> </u>	0.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)							<b></b>	0.		0.			0.
2 Total number of individuals (including but							o re	eceived more than \$100,	000 of reportable				
compensation from the organization												Yes	0 <b>N</b> o
3 Did the organization list any former office	r. director. trust	ee. k	cev e	lame	love	e. or	hia	hest compensated emp	ovee on	[			
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1											4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." co	•				•			•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion fro	m	
(A)								(B)			(C	)	
Name and busines		Description of s	ervices	С	ompen	satior	1						
MARC DETHIER, AVENUE DE LA GENDARMERIE,								CONCULUENTAGE C	EDITORO		1 0 0	0.	7 1
1041, N'DJAMENA, CHAD								CONSULTING S	ERVICES		TUE	3,97	<u>/ l .</u>
							_						
							_ ]						_
							$\dashv$						

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

26-0171939

Form 990 (2021) SAHARA
Part VIII Statement of Revenue

Total revenue Related or exempt Uniness revenue Uniness revenu			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
Table   Tabl					(A)	(B)	(C)	(D)
1 a   Federated campaigns   1 a					l otal revenue			
b						Tariotion revenue	Business revenue	
b	ts ts	1 a	Federated campaigns 1a					
Business Code   Business Cod	ran							
Business Code   Business Cod	Ω, E	С	Fundraising events 1c					
Business Code   Business Cod	iifts ar A							
Business Code   Business Cod	s, G mila							
Business Code   Business Cod	Sign							
Business Code   Business Cod	bet			351,584.				
Business Code   Business Cod	Ę K	g						
Business Code   Business Cod	Sor	h		<b>&gt;</b>	2,351,584.			
Section   Sect								
Boundary	o l	2 a						
g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents	ķ							
g Total. Add lines 2a:2!  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 10 Real (ii) Personal 6 a 13,480.  6 b 0. 6 Real (iii) Personal 6 a 13,480.  7 a Gross amount from sales of assets that than inventory 7 b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 d Net gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	Ser	С						
g Total. Add lines 2a:2!  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 10 Real (ii) Personal 6 a 13,480.  6 b 0. 6 Real (iii) Personal 6 a 13,480.  7 a Gross amount from sales of assets that than inventory 7 b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 d Net gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	an See	d						
g Total. Add lines 2a:2!  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 10 Real (ii) Personal 6 a 13,480.  6 b 0. 6 Real (iii) Personal 6 a 13,480.  7 a Gross amount from sales of assets that than inventory 7 b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 d Net gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	gr. Re	е						
g Total Add lines 2a 2f   1   218	Pro	f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 a Gross rents 6 a I 3, 480.  6 b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) for assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross income from fundraising events and sales expenses C Gain or (loss) 6 b Less: direct expenses 9 a Gross income from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  12 18. 218. 218. 218. 218. 218. 218. 218. 2								
other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royattes  6 a Gross rents								
4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental expenses (c) Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (c) Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (li) Securities (li) Other 7 a Rental income or (loss) 7 a Gross income from fundraising events (not including \$					218.			218.
The state of the		4						
10   10   10   10   10   10   10   10								
b Less: rental expenses c Rental income or (loss) d Net gain or (loss) d Netgain or (loss) d Netg			(i) Real					
b Less: rental expenses c Rental income or (loss) d Net gain or (loss) d Netgain or (loss) d Netg		6 a	Gross rents 6a 13,480.					
The second process of								
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  7 b C Gain or (loss)  6 Net gain or (loss)  7 c O O CONTRIBUTION OF THE SALES OF THE SAL								
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				<b></b>	13,480.			13,480.
b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold 10b c Net income or (loss) from sales of inventory    MEETING REVENUE   900099   1,501.   1,501.				(ii) Other				
b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost or goods sold 10b c Net income or (loss) from sales of inventory    MEETING REVENUE   900099   1,501.   1,501.			assets other than inventory <b>7a</b>					
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  900099  11,501.		b	-					
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  900099  11,501.	ē		and sales expenses 7b					
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  900099  11,501.	en	С						
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  900099  11,501.	Pe							
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  900099  11,501.	ē							
contributions reported on line 1c). See Part IV, line 18 Ba Bb Less: direct expenses C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 Business Code C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances B Less: cost of goods sold C Net income or (loss) from sales of inventory  Business Code 900099 1,501.  Business Code 900099 1,501.	됩							
Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9								
b Less: direct expenses			Part IV, line 18					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b  10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory  11 a MEETING REVENUE  9 a  9 a  9 a  9 a  9 b  10 a  9 a  9 a  9 b  10 a  9 a  9 a  9 a  9 a  9 a  9 a  9 a		b						
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory    10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns   10 a Gross sales of inventory, less								
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory    11 a MEETING REVENUE   900099   1,501.   1,501.								
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code 900099 1,501.    Total								
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code 900099 1,501.    HEETING REVENUE 900099 1,501.		b						
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory    The column   The								
b Less: cost of goods sold c Net income or (loss) from sales of inventory  The second of goods sold c Net income or (loss) from sales of inventory  Business Code 900099 1,501. 1,501.		10 a	Gross sales of inventory, less returns					
b Less: cost of goods sold c Net income or (loss) from sales of inventory  The second of goods sold c Net income or (loss) from sales of inventory  Business Code 900099 1,501. 1,501.			and allowances 10	a				
11 a   MEETING REVENUE   900099   1,501.   1,501.		b						
11 a   MEETING REVENUE   900099   1,501.   1,501.				<b>&gt;</b>				
11 a   MEETING REVENUE   900099   1,501.   1,501.     1,501.	" T	· <u> </u>						
b C All other revenue	oñ a	11 a	MEETING REVENUE	900099	1,501.			1,501.
d All other revenue	ane	b						
d All other revenue	Sell	С						
	Misc	d	All other revenue					
e Total. Add lines 11a-11d		е	Total. Add lines 11a-11d	<b></b>	1,501.			
12 Total revenue. See instructions ▶ 2,366,783. 0. 0. 15,199.		12	Total revenue. See instructions	<b>&gt;</b>	<u> 2,366,783.</u>	0.	0.	

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 (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 646,276. 646,276. Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 17,500. 17,500. Management а Legal 2,888. 2,888. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 3,477. 3,477 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) 1,553,569. 1,553,569. EAD CHAD PROJECT PHASE ORYX REINTRODUCTION 342,632. 342,632. 59,865. 59,865. NIGER REPRESENTATION EX 53,995. 53,995. d OSTRICHES NIGER PHASE 132,390. 126,397.1,958. All other expenses 2,812,592. 2,782,734. 22,346. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Part		Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,096,611.	1	1,530,804
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net		0.	7	120,000
Assets	8	Inventories for sale or use			8	
<b>ĕ</b>	9	Prepaid expenses and deferred charges			9	
•	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
-	11	Investments - publicly traded securities			11	
•	12	Investments - other securities. See Part IV, lin	e 11		12	
-	13	Investments - program-related. See Part IV, lir	ne 11		13	
•	14	Intangible assets			14	
-	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		2,096,611.	16	1,650,804
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
- 1	21	Escrow or custodial account liability. Comple		21		
နှု ဒ	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, su				
<u>ia</u>		controlled entity or family member of any of the			22	
_   1	23	Secured mortgages and notes payable to unr	-		23	
	24	Unsecured notes and loans payable to unrela			24	
2	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
		of Schedule D			25	
- 12	26	Total liabilities. Add lines 17 through 25	<b>.</b>	0.	26	0
ဖ		Organizations that follow FASB ASC 958, o	heck here 🕨 🔼			
ဦ	~=	and complete lines 27, 28, 32, and 33.		2 006 611	<b></b>	1 650 004
<u>aa</u>	27 22			2,096,611.	27	1,650,804
8 2	28	Net assets with donor restrictions			28	
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
<u>.</u>	00	and complete lines 29 through 33.	d-		00	
<u>i</u>	29 20	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
<b>-</b> □	31	Retained earnings, endowment, accumulated		2,096,611.	31	1 650 004
	32	Total net assets or fund balances		2,096,611.	32	1,650,804 1,650,804
:	33	Total liabilities and net assets/fund balances		4,030,011.	33	Eorm <b>990</b> (202

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,36	<u>6,7</u>	<u>83.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,81					
3	Revenue less expenses. Subtract line 2 from line 1	3	-44					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,65	0,8	04.			
Pai	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:	,						
	Separate basis Consolidated basis Both consolidated and separate basis							
С								
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	9	За		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		.   3b					
	, , , , , , , , , , , , , , , , , , , ,			990	(2021)			

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization SAHARA CONSERVATION FUND 26-0171939 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	731,455.	1670018.	1066619.	2072495.	1756253.	7296840.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	E24 455	160010	1066610	0050405	4556050	E006040
	Total. Add lines 1 through 3	731,455.	1670018.	1066619.	2072495.	1756253.	7296840.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						052 245
	column (f)						853,345.
	Public support. Subtract line 5 from line 4.						6443495.
	ction B. Total Support	( ) 2047	(1) 2010	( ) 2040	( 1) 0000	( ) 2004	(A.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 731, 455.	(b) 2018 1670018.	(c) 2019 1066619.	(d) 2020 2072495.	(e) 2021 1756253.	(f) Total 7296840.
	Amounts from line 4	/31,433.	10/0010.	1000019.	2012493.	1/30233.	1230040.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	502.	600.	491.	329.	218.	2,140.
_	and income from similar sources	302.	000.	491.	329.	210.	2,140.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on  Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		12,754.	4,531.	1,479.	14,981.	33,745.
11	Total support. Add lines 7 through 10		12,754.	4,331.	1,170	11,501.	7332725.
12	Gross receipts from related activities,	etc (see instruction	nne)			12	73327234
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax v		· ·	
	organization, check this box and <b>stor</b>	-		•			
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2021 (li			olumn (f))		14	87.87 %
15	- · · · · · · · · · · · · · · · · · · ·					15	85.49 %
16a	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>&gt;</b>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			_			
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	. —
80	check this box and stop here ction C. Computation of Public	c Support Por	rcentage				<b>P</b>
	•					1.5	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•			ing 10 galuman (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2						7 is not
198	a 33 1/3% support tests - 2021. If the						<b>▶</b> □
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2021

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
За		
- Gu		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
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9a		
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9b		
0-		
9c		
10a		
10b		L

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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		T	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <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			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	and or type it capper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b		1

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2

3

<u>4</u> 5

6

Schedule A (Form 990) 2021

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

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

Schedule A (Form 990) 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

**Employer identification number** 

SAHARA CONSERVATION FUND 26-0171939 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

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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 \_\_\_\_\_\_\_ \(\)

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### SAHARA CONSERVATION FUND

26-0171939

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,633,379</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

### SAHARA CONSERVATION FUND

26-0171939

Dord II	Name of Department ( )		0 0171939
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
100450 11 11	01	\$	
123453 11-11	-2		acnequie B (Form 990) (2021)

Page 4

Name of organization **Employer identification number** CONSERVATION FUND 26-0171939 SAHARA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

lame of	ne of the organization Employer identification					cation number	
SAHAF	RA CONSERVA	TION FUNI	)			26-017193	9
Part I				side the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
				ds to substantiate the amount of its gra			[ <b>T</b> F]
the	e grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
0 5-		uiba in Daut VAba					-l - 4l
	r grantmakers. Desc ited States.	ribe in Part v trie	organization's p	procedures for monitoring the use of its	grants and ou	ner assistance outsi	ue trie
		ne following Part	L line 3 table ca	n be duplicated if additional space is n	eeded.)		
- 7.10	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	· · · · · · · · · · · · · · · · · · ·	vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	agents, and independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
			in the region	recipients located in the region)	Of Service		in the region
					CONSERVATIO		
	TAGE AND				1	ABITATS AND AL RESOURCES	
IIDDLE IORTH A	EAST AND	1	20	PROGRAM SERVICES, GRANTS		AL RESOURCES RA DESERT AND	2 058 071
OKIH A	ITRICA		20	FROGRAM SERVICES, GRANIS	OF THE SANA	KA DESEKI AND	2,058,071.
<b>3 a</b> Su	htotal	0	20				2,058,071.
	btotaltal from continuation						
	eets to Part I	0	0				0.
	tals (add lines 3a						
and	d 3b)	0	20				2,058,071.

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

Schedule F (Form 990) 2021

132071 12-20-21

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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 n	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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)
			TO FUND AND/OR CARRY					
			OUT ANY ACTIVITIES TO PROTECT THE NATURAL					
			ENVIRONMENT.	646 276	WIRE TRANSFER	0.		
		indiani, internati,	ENVIRONIENT.	010,270.	WIRE TRINGFER	<u> </u>		
0.51.111					<u> </u>			
			recognized as charities by the f or counsel has provided a sect			<b>&gt;</b>		1

**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 ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2021 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2021

Page 5

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.

PART I, LINE 2:

FINANCIAL RECORDS OF GRANTS ARE KEPT BY THE CEO AND SUBMITTED TO THE TREASURER OF SCF FOR TRACKING AND FOR FINANCIAL STATEMENTS. FINANCIAL RECORD RETAINED BY SCF INCLUDE THE NAME OF THE RECIPIENT ORGANIZATION, THE DATE OF THE DISTRIBUTION, THE AMOUNT OF THE DISTRIBUTION AND THE PURPOSE OF THE DISTRIBUTION. THE CEO AND OTHER INDEPENDENT CONTRACTORS HIRED BY SCF CONDUCT SITE VISITS AND SUPERVISE THE RECIPIENT ORGANIZATIONS TO ENSURE THAT THE FUNDS ARE USED APPROPRIATELY.

THE CEO SELECTS ORGANIZATIONS THAT MIGHT FURTHER THE EXEMPT PURPOSES OF THE RELEVANT PROJECT. GRANT PROPOSALS ARE BY INVITATION ONLY. **PROPOSALS** ARE SELECTED BY THE CEO FOR CONSIDERATION AND SUPPORT BY SCF. WHERE APPROPRIATE, THE CONSERVATION AND SCIENCE COMMITTEE OF SCF MAY EVALUATE AND ADVISE THE CEO ON PROPOSALS. THE MEMBERS OF THE CONSERVATION AND SCIENCE COMMITTEE CONSIST OF THE CEO AND DIRECTORS OF SCF. THE BOARD HAS FINAL APPROVAL.

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR ON THE CASH BASIS OF ACCOUNTING.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONSERVATION OF WILDLIFE, HABITATS AND OTHER NATURAL RESOURCES OF THE SAHARA DESERT AND BORDERING SAHELIAN GRASSLANDS.

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAHARA CONSERVATION FUND

**Employer identification number** 26-0171939

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WILDLIFE, HABITATS, AND OTHER NATURAL RESOURCES OF THE SAHARA DESERT
AND BORDERING SAHELIAN GRASSLANDS.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS DISTRIBUTED ELECTRONICALLY TO EACH BOARD MEMBER BEFORE FILING.
EACH MEMBER THEN REVIEWS THE 990 AND RETURNS ANY CORRECTIONS TO BE MADE.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY
WAY OF REQUEST AT THE SAHARA CONSERVATION FUND OFFICE. KAREN SAUSMAN
(TREASURER) SHOULD BE CONTACTED TO REQUEST DOCUMENTATION.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 2.