

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: X Address change; C Name of organization: SOCIETY FOR CONSERVATION BIOLOGY; D Employer identification number: 33-0147824; E Telephone number: 202-234-4133; F Accounting method: Accrual

G Website: WWW.CONBIO.ORG; J Organization type: 501(c)(3); K Check here: if the organization is not a 509(a)(3) supporting organization; M Check: if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,544,250.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue is 2,848,585 and total expenses is 2,386,758.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	128,898.	75,382.	36,380.	17,136.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	600,478.	493,126.	79,160.	28,192.
27 Pension plan contributions not included on lines 25a, b, and c	17,492.	13,416.	2,906.	1,170.
28 Employee benefits not included on lines 25a-27	105,616.	95,138.	7,443.	3,035.
29 Payroll taxes	42,006.	30,435.	8,296.	3,275.
30 Professional fundraising fees				
31 Accounting fees	73,821.	49,547.	17,982.	6,292.
32 Legal fees	2,022.	546.	1,476.	
33 Supplies	12,724.	11,038.	1,258.	428.
34 Telephone	12,103.	6,147.	5,333.	623.
35 Postage and shipping	131,144.	66,430.	64,545.	169.
36 Occupancy	2,212.	2,212.		
37 Equipment rental and maintenance	17,851.	12,149.	4,744.	958.
38 Printing and publications	344,942.	336,030.	8,912.	
39 Travel	176,211.	158,266.	16,679.	1,266.
40 Conferences, conventions, and meetings	351,115.	319,868.	31,068.	179.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	7,181.		7,181.	
43 Other expenses not covered above (itemize):				
a ADVERTISING	59,713.	59,403.	310.	
b PROFESSIONAL FEES	197,566.	164,372.	32,288.	906.
c MISCELLANEOUS	31,625.	9,229.	22,396.	
d BANK FEES	28,695.	11,401.	17,259.	35.
e INTERNET HOSTING	43,343.	34,853.	7,977.	513.
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,386,758.	1,948,988.	373,593.	64,177.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <b>SEE STATEMENT 3</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	915,673.
<b>b</b> <b>SEE STATEMENT 4</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	551,383.
<b>c</b> <b>THE DAVID H. SMITH CONSERVATION RESEARCH FELLOWSHIP PROGRAM SEEKS TO DEVELOP FUTURE WORLD LEADERS AND ENTREPRENEURS WHO ARE SUCCESSFUL AT LINKING CONSERVATION SCIENCE AND APPLICATION AND HAS SUPPORTED 42 FELLOWS SINCE ITS INCEPTION. SMITH FELLOWSHIPS PROVIDE TWO YEARS OF POSTDOCTORAL SUPPORT TO OUTSTANDING EARLY-CAREER SCIENTISTS.</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	192,309.
<b>d</b> <b>SEE STATEMENT 5</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	141,840.
<b>e</b> Other program services (attach schedule) <b>SEE STATEMENT 7</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	147,783.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ►	<b>1,948,988.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	371,141.	45 594,805.
	46 Savings and temporary cash investments	107,685.	46 482,563.
	47 a Accounts receivable	47a 424,430.	47c 424,430.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable	259,320.	49 95,253.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	15,107.	53 56,800.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,090,074.	54a 1,262,460.
b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a	55c	
b Less: accumulated depreciation	55b		
56 Investments - other	0.	56 0.	
57 a Land, buildings, and equipment: basis	57a 29,802.	57c 7,542.	
b Less: accumulated depreciation STMT 8	57b 22,260.		
58 Other assets, including program-related investments (describe ► DEPOSITS)	0.	58 25,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,302,218.	59 2,948,853.	
Liabilities	60 Accounts payable and accrued expenses	102,171.	60 208,473.
	61 Grants payable		61
	62 Deferred revenue	268,069.	62 353,601.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	370,240.	66 562,074.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,576,973.	67 2,220,004.
	68 Temporarily restricted	355,005.	68 166,775.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,931,978.	73 2,386,779.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,302,218.	74 2,948,853.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (1-4). Includes columns for descriptions, sub-rows (b1-b4, d1-d2), and total amounts. Total revenue is 2,848,585.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (1-4). Includes columns for descriptions, sub-rows (b1-b4, d1-d2), and total amounts. Total expenses is 2,386,758.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. One row is populated with 'SEE STATEMENT 10'.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 24

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b  Yes  No

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c  Yes  No

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? 75d  Yes  No

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI Other Information** (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76  Yes  No

77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77  Yes  No  
If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a  Yes  No  
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b  Yes  No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79  Yes  No

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a  Yes  No  
b If "Yes," enter the name of the organization 80b  Yes  No  
N/A

81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0  exempt or  nonexempt

b Did the organization file Form 1120-POL for this year? 81b  Yes  No

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	107,000.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85a	N/A	
	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h
	85h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		88b
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g
90 a	List the states with which a copy of this return is filed CA, NY, PA, VA, DC, MD		
	b Number of employees employed in the pay period that includes March 12, 2007	90b	11
91 a	The books are in care of THE ORGANIZATION Telephone no 202-234-4133 Located at 1017 O ST., NW, WASHINGTON, DC ZIP + 4 20001		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		91b
			X

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MEETINGS					484,976.
b PUBLICATIONS	541800	2,800.			1,563,021.
c OTHER PROGRAM REVENUE					12,952.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					42,790.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	77,933.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	86,971.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MAILING LISTS	900004	5,062.			
b ROYALTIES			15	208.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		7,862.		165,112.	2,103,739.
105 Total (add line 104, columns (B), (D), and (E))					2,276,713.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

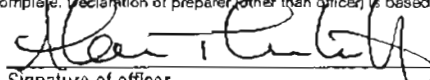
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						


107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here:  Date: 14 NOV 08  
 Signature of officer: ALAN THORNHILL, EXECUTIVE DIRECTOR  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 11/14/08 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: RUBINO & MCGEEHIN, CHARTERED  
 6903 ROCKLEDGE DRIVE, SUITE 1200  
 BETHESDA, MD 20817  
 EIN: Phone no.: 301-564-3636  
 Preparer's SSN or PTIN (See Gen. Inst. X)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(l), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

**Supplementary Information (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SOCIETY FOR CONSERVATION BIOLOGY**

Employer identification number

**33 0147824**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN FITZGERALD 1017 O ST, NW, WASHINGTON, DC 20001	POLICY DIRECTOR 35.00	73,159.	12,572.	0.
KATHRYN POWERS 1017 O ST, NW, WASHINGTON, DC 20001	OPS. & OUTREACH 35.00	54,436.	8,035.	0.
GWEN COAT 1017 O ST, NW, WASHINGTON, DC 20001	MEETING COORDINATOR 35.00	44,377.	10,148.	0.
THERESE CLUCK 1017 O ST, NW, WASHINGTON, DC 20001	DEV. COORDINATOR 35.00	47,413.	6,808.	0.
HEATHER DECALUWE 1017 O ST, NW, WASHINGTON, DC 20001	EXEC. ASST. 35.00	44,522.	7,641.	0.
Total number of other employees paid over \$50,000 ▶	1			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE, SEATTLE, WA 98105-6692	EDITORIAL SERVICES	110,127.
UNIVERSITY OF FLORIDA G040 MCCARTY HALL, BOX 110110, G'SVILLE, FL 32611	EDITORIAL SERVICES	96,416.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NELSON MANDELA METROPOLIT SOUTH AFRICA	MEETING HOST	225,000.
BLACKWELL SCIENCE 350 MAIN ST., MALDEN, MA 02148-8255	JOURNAL PRODUCTION	224,157.
KABLE NEWS CO. 4515 PAYSHERE CIRCLE, CHICAGO, IL 60674	MEMBERSHIP FULLFILLMENT	109,013.
CENVEO (VALCO GRAPHICS, INC.) 480 ANDOVER PARK EAST, SEATTLE, WA 98188	MAGAZINE PRODUCTION	67,655.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ <u>1,925.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</b>		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets? .....		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) .....		X
a	Did the organization have a section 403(b) annuity plan for its employees? .....		X
b	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
d	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
4	Did the organization make any taxable distributions under section 4966? .....		N/A
a	Did the organization make a distribution to a donor, donor advisor, or related person? .....		N/A
b	Enter the total number of donor advised funds owned at the end of the tax year .....		N/A
c	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		N/A
d	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		0.
e	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <span style="float: right;">▶</span>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	851,249.	581,852.	1,963,831.	466,314.	3,863,246.
16 Membership fees received	29,575.			215,213.	244,788.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,604,087.	1,496,369.		209,576.	3,310,032.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	58,206.	84,275.	84,275.	126,440.	353,196.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,543,117.	2,162,496.	2,048,106.	1,017,543.	7,771,262.
24 Line 23 minus line 17	939,030.	666,127.	2,048,106.	807,967.	4,461,230.
25 Enter 1% of line 23	25,431.	21,625.	20,481.	10,175.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					89,225.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					642,394.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,461,230.
d Add: Amounts from column (e) for lines: 18 353,196. 19 22 642,394.					995,590.
e Public support (line 26c minus line 26d total)					3,465,640.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					77.6835%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe: if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	307.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	1,618.
38 Total lobbying expenditures (add lines 36 and 37)	38	1,925.
39 Other exempt purpose expenditures	39	2,384,833.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	2,386,758.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
41		269,338.
42 Grassroots nontaxable amount (enter 25% of line 41)	42	67,335.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	269,338.	278,383.	258,125.		805,846.
46 Lobbying ceiling amount (150% of line 45(a))					1,208,769.
47 Total lobbying expenditures	1,925.	0.	0.		1,925.
48 Grassroots nontaxable amount	67,335.	69,596.	64,531.		201,462.
49 Grassroots ceiling amount (150% of line 48(a))					302,193.
50 Grassroots lobbying expenditures	307.	0.	0.		307.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL FURNITURE, FIXTURES, AND EQUIPMENT		VARIABLE SL	5.00	16	29,802.			29,802.	15,079.		7,181.
	* 990 PAGE 2 TOTAL					29,802.		0.	29,802.	15,079.	0.	7,181.
	MANAGEMENT AND GENERAL					29,802.		0.	29,802.	15,079.	0.	7,181.
	* GRAND TOTAL 990 PAGE 2 DEPR					29,802.		0.	29,802.	15,079.	0.	7,181.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN ON SALE OF INVESTMENTS	782,636.	695,665.	0.	86,971.
TO FORM 990, PART I, LINE 8	<u>782,636.</u>	<u>695,665.</u>	<u>0.</u>	<u>86,971.</u>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	<7,026.>
TOTAL TO FORM 990, PART I, LINE 20	<u>&lt;7,026.&gt;</u>

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FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

CONSERVATION BIOLOGY EMBARKED ON ITS 21ST YEAR OF PUBLICATION IN 2007. THE JOURNAL ADDRESSED A VAST DIVERSITY OF TOPICS INCLUDING: WILD VICUNA FIBER SUSTAINABLE USE; TRADITIONAL USE OF A TIBETAN SACRED LANDSCAPE; A DIVERSITY OF TANZANIAN WILDLIFE; BISON AND WOLVES IN YELLOWSTONE NATIONAL PARK; PRIMATE HUNTING BY INDIGENOUS PEOPLES IN MANU NATIONAL PARK, PERU; AND A RELICT WILDERNESS AREA IN A HUMAN-DOMINATED LANDSCAPE IN ITALY.

CONSERVATION MAGAZINE'S RECIPE IS A MIX OF WORLD-CLASS JOURNALISM AND PROVOCATIVE IDEAS SPICED WITH OFFBEAT ILLUSTRATIONS THAT ADD A TOUCH OF IRREVERENCE AND DELIGHT. IN THE FINAL ISSUE OF THE YEAR, THE COVER STORY LOOKED BEYOND THE HYPE SURROUNDING GLOBAL WARMING AND DROWNING POLAR BEARS AND EXPLORED WHY IT MIGHT BE UNWISE TO LIST THE GREAT WHITE BEAR AS A THREATENED SPECIES.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

915,673.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

4

DESCRIPTION OF PROGRAM SERVICE TWO

THE 21ST ANNUAL MEETING OF SCB WAS HELD FROM 1 - 5 JULY 2007 IN PORT ELIZABETH, EASTERN CAPE, SOUTH AFRICA. THE CONFERENCE WAS HOSTED BY THE CENTRE FOR AFRICAN CONSERVATION ECOLOGY, NELSON MANDELA METROPOLITAN UNIVERSITY. THIS WAS THE FIRST SCB MEETING TO TAKE PLACE IN AFRICA AND THE LARGEST INTERNATIONAL CONFERENCE EVER HELD IN THE EASTERN CAPE OF SOUTH AFRICA. A TOTAL OF 1686 INDIVIDUALS FROM 88 COUNTRIES REGISTERED. THE THEME FOR THE MEETING, ONE WORLD, ONE CONSERVATION, ONE PARTNERSHIP, EMPHASIZED THE NEED TO MOVE AWAY FROM NATIONAL, REGIONAL, AND DISCIPLINARY TERRITORIALITY IN SUPPORT OF UNIQUE AND STRATEGIC COLLABORATIVE EFFORTS TO CONSERVE THE EARTH'S BIOLOGICAL DIVERSITY.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE B

551,383.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE FOUR

IN 2007, THE SOCIETY BEGAN A POLICY PROGRAM WITH THE GOAL OF BRINGING VITAL SCIENCE TO POLICY-MAKERS AND HELPING THEM MAKE SOUND JUDGMENTS WHEN CREATING POLICIES. SCB RECOGNIZES THAT "POLICY DECISIONS OF MAJOR INTERNATIONAL CONVENTIONS, GOVERNMENTS, ORGANIZATIONS, AND FOUNDATIONS SHOULD BE EFFECTIVELY INFORMED BY THE HIGHEST QUALITY SCIENTIFIC COUNSEL, ANALYSIS AND RECOMMENDATIONS SO AS TO ADVANCE THE CONSERVATION OF BIOLOGICAL DIVERSITY" (STRATEGIC PLAN 2005). SCB ALSO RECOGNIZES THE NEED TO INTERVENE ON CRITICAL POLICY ISSUES, WHILE NOT COMPROMISING SCB'S IDENTITY AND REPUTATION AS A SCIENTIFIC SOCIETY. IN FEBRUARY, THE BOARD ADOPTED THESE FIVE MAJOR ISSUE AREAS FOR THE GLOBAL POLICY PROGRAM FOR THE NEXT TWO YEARS: 1) CLIMATE CHANGE; 2) SCIENTIFIC INTEGRITY; 3) TREATIES; 4) BIOLOGICAL SECURITY; 5) GREEN INVESTING.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		141,840.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 6

EXPLANATION

TO ADVANCE THE SCIENCE AND PRACTICE OF CONSERVING THE EARTH'S BIOLOGICAL DIVERSITY.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
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THE SOCIETY FOR CONSERVATION BIOLOGY PROVIDES 3 IMPORTANT COLLABORATIVE NETWORKS TO ITS MEMBERS: REGIONAL SECTIONS, LOCAL CHAPTERS, AND WORKING GROUPS. THERE ARE SEVEN REGIONAL SECTIONS, ONE FOR THE MARINE REALM AND ONE EACH FOR AFRICA; ASIA; AUSTRALIA, NEW ZEALAND, AND PACIFIC ISLANDS; EUROPE; NORTH AMERICA;

AND SOUTH AND CENTRAL AMERICA AND THE CARIBBEAN. THESE SECTIONS HAVE HELPED SCB EXPAND INTERNATIONALLY AND ARE NOW VITAL ELEMENTS WITHIN THE SOCIETY WORKING INTERNATIONALLY ON ISSUES TO ACHIEVE OUR COMMON CONSERVATION GOALS. CHAPTERS WORK TO ADVANCE LOCAL CONSERVATION INITIATIVES. SOME CHAPTERS FOCUS ON A SINGLE CITY OR CAMPUS; OTHERS COVER BROADER GEOGRAPHIC REGIONS. FINALLY, WORKING GROUPS FOCUS ON TOPICALLY SPECIFIC CONSERVATION INITIATIVES.

OTHER PROGRAMS

TOTAL TO FORM 990, PART III, LINE E

0. 144,871.

0. 2,912.

147,783.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, FIXTURES, AND EQUIPMENT	29,802.	22,260.	7,542.
TOTAL TO FORM 990, PART IV, LN 57	29,802.	22,260.	7,542.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
FIXED INCOME	FMV		394,801.		394,801.
EQUITY SECURITIES	FMV	867,659.			867,659.
TO FORM 990, LINE 54A, COL B		867,659.	394,801.		1,262,460.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 10  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL BEIER 1017 O ST., NW WASHINGTON, DC 20001	SECRETARY 2.00	0.	0.	0.
KATRINA BRANDON 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
GERARDO CEBALLOS 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
TRACY DOBSON 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
MAC HUNTER 1017 O ST., NW WASHINGTON, DC 20001	PRIOR PAST PRESIDENT 2.00	0.	0.	0.
BORAH JENSEN 1017 O ST., NW WASHINGTON, DC 20001	PAST PRESIDENT 1.00	0.	0.	0.
DAVID JOHNS 1017 O ST., NW WASHINGTON, DC 20001	TREASURER 4.00	0.	0.	0.
GEORGINA MACE 1017 O ST., NW WASHINGTON, DC 20001	PRESIDENT ELECT 4.00	0.	0.	0.
MICHAEL MASCIA 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 3.00	0.	0.	0.
SHEDRACK MASHAURI 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
RODRIGO MEDELLIN 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.

CRAIG MORLEY 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
REED NOSS 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.
ANDREW PULLIN 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.
JOHN ROBINSON 1017 O ST., NW WASHINGTON, DC 20001	PRESIDENT 4.00	0.	0.	0.
JONPAUL RODRIGUEZ 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.
MARY ROWEN 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.
MARK SCHWARTZ 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
^M SISK 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.
STUART STRAHL 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
LUIGI BOITANI 1017 O ST., NW WASHINGTON, DC 20001	PRESIDENT ELECT 2.00	0.	0.	0.
ELLEN HINES 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
JEFF MCNEELY 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 1.00	0.	0.	0.
GARY TABOR 1017 O ST., NW WASHINGTON, DC 20001	DIRECTOR 2.00	0.	0.	0.



SOCIETY FOR CONSERVATION BIOLOGY

33-0147824

ALAN THORNHILL 1017 O ST., NW WASHINGTON, DC 20001	EXECUTIVE DIRECTOR 35.00	120,000.	8,898.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>120,000.</u>	<u>8,898.</u>	<u>0.</u>

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FORM 990                    PART VIII - RELATIONSHIP OF ACTIVITIES TO                    STATEMENT 11  
   ACCOMPLISHMENT OF EXEMPT PURPOSES

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<u>LINE</u>	<u>EXPLANATION OF RELATIONSHIP OF ACTIVITIES</u>
93A	THE FOCUS OF MEETINGS IS TO PROVIDE A FORUM FOR THE DISCUSSION OF CONSERVATION-RELATED TOPICS.
93B	PUBLICATIONS ARE DISTRIBUTED GLOBALLY AND INCREASE AWARENESS OF CONSERVATION ISSUES.
93C	OTHER REVENUE TO ADVANCE THE SCIENCE AND PRACTICE OF CONSERVING THE EARTH'S BIOLOGICAL DIVERSITY.
94	MEMBERSHIP DUES TO SUPPORT THE ONGOING PROGRAMS OF THE SOCIETY.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>SOCIETY FOR CONSERVATION BIOLOGY</b>	Employer identification number <b>33-0147824</b>
	Number, street, and room or suite no. If a P.O. box, see Instructions. <b>4245 NORTH FAIRFAX DRIVE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22203</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

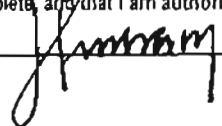
- The books are in the care of **SOCIETY FOR CONSERVATION BIOLOGY**  
Telephone No. **703-276-2384** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **C.P.A.** Date **8/01/08**  
Form 8868 (Rev. 4-2008)

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - ▶ If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>SOCIETY FOR CONSERVATION BIOLOGY</b>	Employer identification number <b>33-0147824</b>
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4245 NORTH FAIRFAX DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22203</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SOCIETY FOR CONSERVATION BIOLOGY**  
Telephone No. ▶ **703-276-2384** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2007** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.