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Form **990**

Return of Organization Exempt From Income Tax

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

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

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2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SOCIETY FOR CONSERVATION BIOLOGY Name change 33-0147824 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202-234-4133 1133 15TH STREET, 300 NW 1,604,471. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 20005 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WARREN SANDER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► WWW.CONBIO.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1987 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE THE SCIENCE AND **Activities & Governance** PRACTICE OF CONSERVING EARTH'S BIOLOGICAL DIVERSITY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 213,506. 305,275. Contributions and grants (Part VIII, line 1h) 8 1,746,106. 1,156,589. Program service revenue (Part VIII, line 2g) 49,946. 126,041. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,570. 9,776. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,027,128. 1,597,681. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,306,567. 1,236,069. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,073,278. 694,984. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,665,253. 550,895. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,481,948. 4,045,098. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,017,970. -884,267. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 6,850,642. 5,699,715. 20 Total assets (Part X, line 16) 678,924. 1,010,095. 21 Total liabilities (Part X, line 26) 三年 5,840,547. 5,020,791 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign WARREN SANDER, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00173692 RAYMOND BARBAGALLO Paid self-employed Firm's name ► CHERRY BEKAERT LLP Firm's EIN ▶ 56-0574444 Preparer Firm's address 6116 EXECUTIVE BLVD. SUITE 600 Use Only Phone no. 301-589-9000 ROCKVILLE, MD 20852

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

. u.	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE THE SCIENCE AND PRACTICE OF CONSERVING EARTH'S BIOLOGICAL
	DIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 456, 073
	PROJECTS: SCB CONFERENCES: THE SOCIETY FOR CONSERVATION BIOLOGY HOSTS
	THE WORLD'S PREMIERE CONSERVATION CONFERENCE, THE INTERNATIONAL
	CONGRESS FOR CONSERVATION BIOLOGY (ICCB). ICCB IS A FORUM FOR
	ADDRESSING CONSERVATION CHALLENGES AND PRESENTING LATEST RESEARCH AND
	DEVELOPMENTS IN CONSERVATION SCIENCE AND PRACTICE.
4b	(Code:) (Expenses \$ 319,974. including grants of \$ 143,929.) (Revenue \$ 923,980.)
	PUBLICATIONS: THE SOCIETY FOR CONSERVATION BIOLOGY PUBLISHES THREE
	SCIENTIFIC JOURNALS. CONSERVATION BIOLOGY, FOUNDED IN 1987, IS THE
	LEADING PUBLICATION IN ITS DISCIPLINE AND ONE OF THE MOST FREQUENTLY
	CITED JOURNALS IN ITS FIELD. CONSERVATION LETTERS, FOUNDED IN 2008, IS
	KNOWN FOR ITS GLOBALLY IMPORTANT, POLICY-RELEVANT PAPERS ON ADVANCES IN
	THE SCIENCE AND PRACTICE OF CONSERVATION. CONSERVATION SCIENCE AND
	PRACTICE, FOUNDED IN 2019, PUBLISHES PAPERS THAT ADDRESS POLICY,
	PLANNING AND THE PRACTICE OF CONSERVING BIOLOGICAL DIVERSITY.
	THE SOCIETY ALSO OFFERS ITS MEMBERS DISCOUNTS TO THE SCIENTIFIC JOURNAL
	BIOLOGICAL CONSERVATION, PUBLISHED BY ELSEVIER. FOR MEMBER-ORIENTED
	NEWS AND HAPPENINGS IN AND AROUND SCB, THE SOCIETY MAINTAINS THE SCB
4c	(Code:) (Expenses \$ 412 , 497including grants of \$) (Revenue \$ 147 , 902 .)
	MEMBERSHIP: THE SOCIETY FOR CONSERVATION BIOLOGY WAS FOUNDED TO
	PROVIDE A STRONG COLLECTIVE VOICE FOR THE SCIENCE AND PRACTICE OF
	CONSERVATION AND TO INFORM POLICY AND DECISION-MAKERS.
4d	Other program services (Describe on Schedule O.)
·u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,188,544.

Form 990 (2020) SOCIETY FOR CONSERVATION BIOLOGY 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?	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		X
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	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		X
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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		
	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	44.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Α.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TTE	- 25	
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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	· , , ,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 (2020) SOCIETY FOR CONSERVATION BIOLOGY 33-014	7824	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			9-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		1
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┝
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			\ _V
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٠,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	1		

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	X	

Form 990 (2020) SOCIETY FOR CONSERVATION BIOLOGY

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

				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	2a 9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).						
5a			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X			
	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				v			
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۵.					
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).				Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a 7b		Λ			
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		76					
C	to file Form 8282?	•	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		- 25			
u _		•	7e		Х			
f	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 							
g g	If the organization received a contribution of qualified intellectual property, did the organization file For		7f 7g		X			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
			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	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	1						
		11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
h	Note: See the instructions for additional information the organization must report on Schedule O.							
D	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	13b						
_		13c						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see 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		Х			
	If "Yes," complete Form 4720, Schedule O.							

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.

	to mile ea, es, et res selen, accerned the circumstances, proceeded, or changes on concaun c.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		T.,	Τ
		-	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a. above, who are independent 1b	-		
b	, , , ,	긱		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			₩
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	 ^
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		37	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٦,
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Т	Τ
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	, , , , , , , , , , , , , , , , , , , ,	12a	_	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	_	-
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			١
	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, MD, MA, NY, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) availa	able
	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, are	ıd finar	ncial	
	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 WARREN SANDER - 202-234-4133			
	1133 15TH STREET, NW, NO. 300, WASHINGTON, DC 20005			

032007 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.			
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do	Posi		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of		
	week	-	cer an	nd a d	irecto	ector/trustee)		from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	ord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
	organizations	rustee	trust		99	n be u		(00-2/1099-00150)		organization and related		
	below	dual t	rtiona	L	nploy	st cor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. gaa		
(1) ADINA MERENLENDER	1.00		_			1						
PRESIDENT		Х		Х				0.	0.	0.		
(2) ANTONY LYNAM	1.00											
PRESIDENT ELECT		Х		Х				0.	0.	0.		
(3) LIONEL YAMB	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(4) JENNIFER THORNHILL	1.00								-			
TREASURER		Х		Х				0.	0.	0.		
(5) ELLEN HINES	1.00								-			
DIRECTOR		Х						0.	0.	0.		
(6) ISRAEL BOROKINI	1.00								-			
DIRECTOR		Х						0.	0.	0.		
(7) EDWARD HIND-OZAN	1.00								-			
DIRECTOR		Х						0.	0.	0.		
(8) VIVEK MENON	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) KAREN ROOT	1.00											
DIRECTOR		Х						0.	0.	0.		
(10) BENGT GUNNAR JONNSON	1.00											
DIRECTOR		Х						0.	0.	0.		
(11) VANESSA ADAMS	1.00											
DIRECTOR (THRU 6/30/20)		Х						0.	0.	0.		
(12) KARLA PELZ SERRANO	1.00											
DIRECTOR		Х						0.	0.	0.		
(13) EDUARDO GALLO CAJIAO	1.00											
DIRECTOR		Х						0.	0.	0.		
(14) KEVIN NJABO	1.00											
DIRECTOR		Х						0.	0.	0.		
(15) MELISSA PRICE	1.00											
DIRECTOR		Х			L	L		0.	0.	0.		
(16) NICOLA NELSON	1.00											
DIRECTOR (BEGIN 7/1/20)		Х			L	L		0.	0.	0.		

Form **990** (2020)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F)	
Name and title	Average	(do			sition more than one			Reportable	Reportable	Estima	ıted
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amoun	ıt of
	week		cer an	iu a d	recto	or/trus	iee)	from	from related	othe	
	(list any hours for	recto						the	organizations	compens	
	related	or di	99			sated		organization	(W-2/1099-MISC)	from t	
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC)		organiza	
	below	dual t	ntiona	_	nploy	st cor				organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
										1	
										<u> </u>	
		-									
	-					┝				<u> </u>	
		-									
							Ļ	_	0		
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>				<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d an	ove	e) wh	o re	eceived more than \$100,	000 of reportable		0
compensation from the organization										Yes	
Did the organization list any former officer.	director truct	00 1	.0	mnl	01/0	0 0	hia	hast componented amp	lovoo on	163	, 140
	•	-	•	•	•		_		•	3	Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3	+22
										4	х
and related organizations greater than \$150Did any person listed on line 1a receive or a	eccrue comper	CO "	mpie on fr	ete s	ocne anv	auie	elate	or such individual ad organization or individ	dual for services	4	+**
rendered to the organization? If "Yes." com										5	х
Section B. Independent Contractors	ipiete Scrieduli	3	UI SL	<u>ICIT I</u>	JEIS	OII .					
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100.000 of compens	ation from	
the organization. Report compensation for											
(A)								(B)		(C)	
Name and business	address	NO	ONE	C				Description of s	services	Compensati	ion
				_	_						
2 Total number of independent contractors (i		ot lin	nited	to t	_		ted	above) who received me	ore than		
\$100,000 of compensation from the organi	zation >				(J				- 000	(0000)

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
		Check ii Genedale o contains a respons	c or riote to arry iiri	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
β, B	С	Fundraising events					
ifts		Related organizations 1d					
Disi		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
e E	•		305,275.				
들 된		similar amounts not included above 1f	303,273.				
on t	_	Noncash contributions included in lines 1a-1f 1g \$		205 275			
<u>0</u> 8	h	Total. Add lines 1a-1f	<u> </u>	305,275.			
			Business Code				
ġ.		PUBLICATIONS	900099	923,980.			
ξ	b	MEMBERSHIP DUES	900099	147,902.	147,902.		
Ser	С	MEETINGS	900099	84,707.	84,707.		
E S	d			,	,		
gra	•						
Program Service Revenue	е	All other presures services recorded					
-		All other program service revenue		1 156 500			
\longrightarrow		Total. Add lines 2a-2f		1,156,589.			
	3	Investment income (including dividends, inte					
		other similar amounts)	>	45,193.			45,193.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties		2.			2.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 6,252					
		` ,	•	C 252			C 252
		Net rental income or (loss)		6,252.			6,252.
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory 7a 87,638	•				
	b	Less: cost or other basis					
ē		and sales expenses 7b 6,790	•				
en	С	Gain or (loss) 7c 80,848					
Revenue		Net gain or (loss)	-	80,848.			80,848.
er B		Gross income from fundraising events (not		00,0101			00,0101
	8 a						
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	а				
	b	Less: direct expenses8	b				
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	h		b				
			М				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10	Da				
	b	Less: cost of goods sold10	Ob				
	С	Net income or (loss) from sales of inventory	>				
			Business Code				
Snc	11 a						
nec Tue	b						
Miscellaneous Revenue							
Sce	C		900099	3,522.			3,522.
Ξ		All other revenue					3,344.
		Total. Add lines 11a-11d	>	3,522.	1 156 589.	0.	135 817.
	12	Total revenue See instructions	_	. האו לבר וו	ואר אאן.	ı U.	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,224,439. 1,224,439. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 11,630. 11,630. 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 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 569,633. 490,262. 79,371. 7 Pension plan accruals and contributions (include 23,890. 20,561. 3,329. section 401(k) and 403(b) employer contributions) 46,292. 53,786. 7,494. Other employee benefits 9 47,675. 41,032. 6,643. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 12,578. 12,578. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 125,178. 33,768. 91,410. column (A) amount, list line 11g expenses on Sch O.) 1,705. 1,705. Advertising and promotion 12 66,095. 28,010. 38,085. 13 Office expenses Information technology 14 15 Royalties 152,297. 105,034. 47,263. 16 Occupancy 10,456. 9,985. 471. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 125. 88,943. 88,818. Conferences, conventions, and meetings 19 2,867. 2,867. 20 Payments to affiliates 21 6,079. 6,079. Depreciation, depletion, and amortization 22 10,267. 10,267. 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.) 74,430. 74,430. FEES & LICENSES All other expenses 2,481,948. 2,188,544. 293,404. 0. 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		92,990.	1	355,299.	
	2	Savings and temporary cash investments	76,866.	2	21,985.		
	3	Pledges and grants receivable, net	4,657,168.	3	3,108,155.		
	4	Accounts receivable, net	573,459.	4	571,531.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified persor	ns (as defined			
		under section 4958(f)(1)), and persons descri	bed in sectior	n 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				24,803.	9	65,596.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	84,930.			
	b	Less: accumulated depreciation	10b	80,840.	10,169.	10c	4,090. 1,562,097.
	11	Investments - publicly traded securities			1,404,225.	11	1,562,097.
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	10,962.	15	10,962.		
	16	Total assets. Add lines 1 through 15 (must e	6,850,642.	16	5,699,715.		
	17	Accounts payable and accrued expenses		292,973.	17	266,629.	
	18	Grants payable			0.4.400	18	
	19	Deferred revenue			84,483.	19	288,438.
	20	Tax-exempt bond liabilities		l l		20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of t			F00 000	22	
_	23	Secured mortgages and notes payable to un	•	······	500,000.	23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	· ·	•	120 (20		100 057
		of Schedule D			132,639.		123,857.
	26	Total liabilities. Add lines 17 through 25			1,010,095.	26	678,924.
S		Organizations that follow FASB ASC 958, o	check here				
JCe		and complete lines 27, 28, 32, and 33.			1,163,379.	07	1,717,366.
alaı	27	Net assets without donor restrictions			4,677,168.	27	3,303,425.
Θ	28	Net assets with donor restrictions			4,0//,100.	28	3,303,423.
Ľ.		Organizations that do not follow FASB ASC	J 958, check	nere 🕨 🔛			
Net Assets or Fund Balances	00	and complete lines 29 through 33.	-1-			00	
ts (29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
³t A	31	Retained earnings, endowment, accumulated			5,840,547.	31	5,020,791.
ž	32	Total liebilities and not assets (fund balances		l l	6,850,642.	32	5,699,715.
	33	Total liabilities and net assets/fund balances			0,030,042.	33	J, 033, 113.

Form **990** (2020)

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,59		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,48		
3	Revenue less expenses. Subtract line 2 from line 1	3	-88	4,2	<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,84	0,5	<u>47.</u>
5	Net unrealized gains (losses) on investments	5	6	4,5	11.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,02	0,7	91.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		X
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		
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

<u>Total</u>

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

2020

Name of the organization

Go to www.iis.gov/Formago for instructions and the latest information

Open to Public Inspection

Employer identification number

				NSERVATION B.				3-014/824	
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	\Box	A medical research organiz					•	the hospital's name.	
•		city, and state:	a.i.o.i. opoiaioa iii oo.	ijanionom mini a neopitali		000110		and morphian o manne,	
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ad by a go	vernmental unit describ	ed in	
3				nege of difficerally owned	or operat	ed by a go	verninental unit describ	5u III	
_		section 170(b)(1)(A)(iv). (C							
6	\square	A federal, state, or local gov	-				-		
7		An organization that norma		ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe							
9		An agricultural research org	janization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or	
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, an	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	-	vely to test for public sat	ety. See	section 50	9(a)(4).		
12		An organization organized a	•	•	•			purposes of one or	
		more publicly supported or	· · · · · · · · · · · · · · · · · · ·	•	-		•		
		lines 12a through 12d that							
а		Type I. A supporting orga	* *					aivina	
<u> </u>		the supported organization	•	•	•	-			
		organization. You must o			majority c	i tric direc	tors or trustees or the st	арроппід	
L		¬ -			ion with its		d arganization(a) by bay	ina	
b	,		•					-	
		control or management o			ame perso	ns that coi	ntrol or manage the sup	ροπεα	
		organization(s). You mus							
С	;		= ::				• •	ed with,	
		its supported organization		·					
d	ı		=				• • • •		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness	
	_	requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е	•	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		, ,			, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	on qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	>

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	ciow, picade comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	,	, ,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	213,727.	3700909.	3997999.	213,506.	305,275.	8431416.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1684756.	1491759.	1278449.	1746106.	1156589.	7357659.
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	1898483.	5192668.	5276448.	1959612.	1461864.	15789075.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons		3558941.	3959171.			7518112.
k	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			371,984.			1547174.
	Add lines 7a and 7b	278,846.	3882329.	4331155.	553,124.	19,832.	9065286.
8	Public support. (Subtract line 7c from line 6.)						6723789.
		() 0040	# > 0047	() 0040	(1) 0040	() 0000	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2016 1898483.	(b) 2017 5192668.	(c) 2018 5276448.	(d) 2019 1959612.	(e) 2020 1 4 6 1 8 6 4	(f) Total 15789075.
	Amounts from line 6	1000400.	3132000.	3270440.	1737012.	1401004.	13703073.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	91,842.	89,098.	93,640.	73,872.	51,447.	399,899.
k	Unrelated business taxable income (less section 511 taxes) from businesses	·	·	·	·	·	
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	91,842.	89,098.	93,640.	73,872.	51,447.	399,899.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	336.	952.			3,522.	4,810.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1990661.	5282718.	5370088.	2033484.	1516833.	16193784.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
							>
	ction C. Computation of Publi					T	
	Public support percentage for 2020 (li		•	olumn (f))		15	41.52 %
	Public support percentage from 2019					16	39.18 %
	ction D. Computation of Inves			40 1 (6)		47	2.47 %
	Investment income percentage for 20					17	
	Investment income percentage from 2 a 33 1/3% support tests - 2020. If the			on line 14, and line		18 3 1/3% and line 17	
136	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2019. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, chec	· ·				•	
20	Private foundation. If the organizatio						

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
۵h		
9b		
9с		
33		
100		
10a		
10b		
.00		

Par	t IV Supporting Organizations _(continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	'		
2	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	2		
	tion of Type it cupperting organizations		Vaa	Na
4	Ways a majority of the averagination's divestors by twisters during the tay year also a majority of the divestors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	uon B. Ali Type in Supporting Organizations			NI.
	Did the constitution and the control of the constitution of the first described the fifth and the first described the first de		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	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).			
а	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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	′ I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expla	ain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990	-EZ) 2020	SOCIE	ETY F	OR	CONSE	ERVAT	NOI	BIOL	JOGY		33-0	147824	Page 8
Part VI	Part IV, Section Inne 1; Part IV, Section D, lines (See instructions	al Inforn A, lines 1, li ection D, li 5, 6, and 8	nation. 2, 3b, 3c, nes 2 and	Provide t 4b, 4c, 5 I 3; Part I\	he ex a, 6, /, Se	kplanations 9a, 9b, 9c ction E, lin	s require , 11a, 1 les 1c, 2	ed by Pa 1b, and a, 2b, 3	ırt II, line 11c; Par a, and 3l	10; Part II t IV, Section b; Part V, I	on B, lines [·] ine 1; Part \	r 17b; Par I and 2; Pa V, Section	t III, line 12; art IV, Sectio B, line 1e; F	on C,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

	SOCI	TY FOR CONSERVATION E	BIOLOGY	33-0147824					
Organizati	Organization type (check one):								
Filers of:	Sec	on:							
Form 990 c	or 990-EZ X	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust n	ot treated as a private foundation						
		527 political organization							
Form 990-F	PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		ed by the General Rule or a Special Ru or (10) organization can check boxes for	l e. both the General Rule and a Special Rule	e. See instructions.					
General Ru	ıle								
			d, during the year, contributions totaling structions for determining a contributor's						
Special Ru	les								
se ar	ections 509(a)(1) and 1 ny one contributor, du	O(b)(1)(A)(vi), that checked Schedule A (Fo	or 990-EZ that met the 33 1/3% support to form 990 or 990-EZ), Part II, line 13, 16a, o fiter of (1) \$5,000; or (2) 2% of the amour	or 16b, and that received from					
co	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.								
ye is pu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X 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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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.)

Name of organization Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	000 000 FZ av 000 PE\(0000\)

Name of organization

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	g line entry. For or	rganizations
	Use duplicate copies of Part III if additional	space is needed.	1,000 or less for th	te year. (Eittel tills lillo. olice.)
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I	(2,1 222 21 3	(-, 3-		
		-		
L				
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZI P + 4	Re	elationship of transferor to transferee
				_
(a) No. from		•		
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		-	-	
		-	-	
F		(e) Transfe	r of gift	
		(e) Transie	a or girt	
	Transferrada nama addresa an	- J 7ID . 4	D	alationahin of turnafanan to turnafana
-	Transferee's name, address, ar	10 ZIP + 4	He	elationship of transferor to transferee
				_
			-	
(a) No			Т	
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I				
		-		-
		-		
-				
		(e) Transfe	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held
Part I	(b) i di pose di giit	(0) 030 01 91		(a) Description of now girt is need
Γ		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
Γ				
		-		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

•	section 50 r(c)(4), (5), or (6) organiza	tions. Complete Part III.			
Nam	e of organization			Emp	loyer identification number
	SOCIETY	FOR CONSERVATION	N BIOLOGY		33-0147824
Pa	rt I-A Complete if the org	janization is exempt und	ler section 501(c) (or is a section 527 or	ganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campa	ures ign activities		▶ \$	S
	·	ganization is exempt und		•	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		law as ation 501/a	avaont apation FO1/a	.\(0)
	rt I-C Complete if the org	-			
	Enter the amount directly expended				S
	Enter the amount of the filing organ		•		
	exempt function activities				·
	Total exempt function expenditures		,		
	line 17b				
	Did the filing organization file Form				
	Enter the names, addresses and en made payments. For each organiza			-	
	contributions received that were pr				•
	political action committee (PAC). If			· ·	3 3
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2020	SOCIETY	FOR	CONSERVATION	ON BIOLOGY	33-0	147824 Page 2
Schedule C (Form 990 or 990-EZ) 2020 Part II-A Complete if the org	anization	is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
expenses, and shar	e of excess l	obbying e			group member's name	, address, EIN,
Limit	ts on Lobbyi	ng Exper	nd "limited control" pro nditures nts paid or incurred.)	visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legisl	ative bod	y (direct lobbying)			
c Total lobbying expenditures (add lii	nes 1a and 1	b)			0.	
d Other exempt purpose expenditure	es				2,481,948.	
e Total exempt purpose expenditure	s (add lines 1	c and 1d))		2,481,948.	
f Lobbying nontaxable amount. Ente	er the amoun	t from the	following table in both	columns.	274,097.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
					60 504	
g Grassroots nontaxable amount (en		,			68,524.	
h Subtract line 1g from line 1a. If zero					0.	
i Subtract line 1f from line 1c. If zero	•				0.	
j If there is an amount other than zer		ne 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this						Yes No
(Some organizations th	nat made a s	ection 50	eraging Period Under D1(h) election do not l ate instructions for lin	nave to complete all o	f the five columns be	low.
	Lobbyi	ng Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	17	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	317	,270.	314,611.	352,255.	274,097.	1,258,233.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,887,350.
c Total lobbying expenditures						
d Grassroots nontaxable amount	79	,318.	78,653.	88,064.	68,524.	314,559.
e Grassroots ceiling amount (150% of line 2d, column (e))						471,839.

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020 SOCIETY FOR CONSERVATION BIOLOGY 33-01478 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbyi					
	ing activity.	Yes	No	Amo	ount
I During	g the year, did the filing organization attempt to influence foreign, national, state, or				
	egislation, including any attempt to influence public opinion on a legislative matter				
or refe	erendum, through the use of:				
a Volunt	teers?				
	staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?				
	gs to members, legislators, or the public?				
• Public	cations, or published or broadcast statements?				
f Grants	s to other organizations for lobbying purposes?				
g Direct	contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other	activities?				
j Total.	Add lines 1c through 1i				
	e activities in line 1 cause the organization to be not described in section 501(c)(3)?				
o If "Yes	s," enter the amount of any tax incurred under section 4912				
c If "Yes	s," enter the amount of any tax incurred by organization managers under section 4912				
l If the f	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	_ · · · · · · · · · · · · · · · · · · ·	n 501(c)(5	5), or se	ction	
rt III-A					
rt III-A	501(c)(6).				
				Yes	
Were s	substantially all (90% or more) dues received nondeductible by members?			Yes	
Were s	substantially all (90% or more) dues received nondeductible by members? e organization make only in-house lobbying expenditures of \$2,000 or less? e organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5	2 3 5), or sec	etion	
Did the Did the	substantially all (90% or more) dues received nondeductible by members? le organization make only in-house lobbying expenditures of \$2,000 or less? le organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Were s Did the Did the Irt III-B	substantially all (90% or more) dues received nondeductible by members? le organization make only in-house lobbying expenditures of \$2,000 or less? le organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." assessments and similar amounts from members	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Were s Did the Did the Int III-B	substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Were s Did th Did th rt III-B Dues, Sectio expen	substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political section 527(f) tax was paid).	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Were s Did the Did the IT III-B Dues, Section expen Currer	substantially all (90% or more) dues received nondeductible by members? le organization make only in-house lobbying expenditures of \$2,000 or less? le organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures). In tyear	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Did the Did the Tt III-B Dues, Section experiments Currer Control Carryon	substantially all (90% or more) dues received nondeductible by members? le organization make only in-house lobbying expenditures of \$2,000 or less? le organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political section 527(f) tax was paid). Interpretation of the section 527(f) tax was paid). Interpretation of the section 527(f) tax was paid).	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Dues, Section expens Control C	substantially all (90% or more) dues received nondeductible by members? le organization make only in-house lobbying expenditures of \$2,000 or less? le organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political section 527(f) tax was paid). Interpretation of the section 527(f) tax was paid). Interpretation of the section 527(f) tax was paid).	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Did the Did th	substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political section 527(f) tax was paid). In tyear over from last year agate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Did the Did the Did the Irt III-B Dues, Section expension Carryon Carryon Carryon Carryon Carryon Carryon Total Aggree If notice	substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political section 527(f) tax was paid). In tyear over from last year orgate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues complete amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part	etion	
Dues, Section Currer Cu	substantially all (90% or more) dues received nondeductible by members? le organization make only in-house lobbying expenditures of \$2,000 or less? le organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political sees for which the section 527(f) tax was paid). Int year over from last year organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) dues contains the amount on line 2c exceeds the amount on line 3, what portion of the exception of the exc	e prior year? n 501(c)(5 'No" OR (2 3 5), or see (b) Part	etion	
Did the Did the Did the Irt III-B Dues, Section expension Carryon Total Aggree If notice does to expension the Expension of the Expension Did the Did the Expension Did the Did the Did the Expension Did the Did	substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political section 527(f) tax was paid). In tyear over from last year orgate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues complete amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year? n 501(c)(5 'No" OR (2 3 5), or see (b) Part	etion	3, i

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

Pa	organizations Maintaining Donor Advisorganization answered "Yes" on Form 990, Part IV, I		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the c		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recre	eation or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d		· ·	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the policy		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	•	
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial statem	nents that describes the
D	organization's accounting for conservation easements.	f Aut Historical Transcruss or O	they Cinciley Accets
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		ther Similar Assets.
10	If the organization elected, as permitted under FASB ASC 9		and balance about works
ıa			
	of art, historical treasures, or other similar assets held for pu	,	•
L	service, provide in Part XIII the text of the footnote to its final		
b	, .	· · · · · · · ·	
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tr		ai gain, provide
	the following amounts required to be reported under FASB	_	•
a	, , , , , , , , , , , , , , , , , , , ,		
n	Assets included in Form 990 Part X		▶ \$

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(contin	ued)	age —
3	Using the organization's acquisition, accession								(00,,,,,,	<u> </u>	
	collection items (check all that apply):			•	-	-					
а	Public exhibition	c	i 🔲	Loan or exc	hange progra	am					
b	Scholarly research	e									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered '	"Yes" on Fo	orm 990, I	Part IV, I	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other ass	sets not inc	luded		_		_
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount	<u> </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial acco	unt liability	?	L	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								ı		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c short	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are neld ar	nd administer	red for the o	organizati	on	Г	.,	
	by:								0-0	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment n	unas.							
ı uı	Complete if the organization answered) Dort IV	/ lino 11a S	00 Form 000	Dort V lin	0.10				
		(a) Cost or o			or other				(d) Pool	c volu	
	Description of property	basis (investr			or other (other)		umulated eciation		(d) Bool	valu	5
10	Land		,	54013	(501101)	аорго	23,44,011				
_	Land	I									
b	Buildings										
ر ا		I		Я	4,930.	۶	30,84	0.		1,0	90.
u	Equipment Other				_,,,,,,,,		, , , , , ,	-		_ , .	

Schedule D (Form 990) 2020

4,090.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Scriedule D	(FOIIII 990) 2020	
Part VII	Investments - C	H

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives	(1)	, ,	3
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	()		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colymn (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colymn (b) must equal Form 990, Part X, col. (B) line	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED RENT	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

	edule D (Form 990) 2020 SOCIETY FOR CONSERVATION 1				0147824 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			1 510 511
1	Total revenue, gains, and other support per audited financial statements			1	1,649,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		64,511.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-12,578.		
е	Add lines 2a through 2d			2e	51,933.
3	Subtract line 2e from line 1			3	1,597,681.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,597,681.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses per F	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,469,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,469,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,578.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	12,578.
5				5	2,481,948.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			; Part)	K, line 2; Part XI,
PAI	RT X, LINE 2:				
FOI	R THE YEARS ENDED DECEMBER 31, 2020 AND 20	19, THE	SOCIETY H	AS I	DOCUMENTED
ITS	S CONSIDERATION OF FASB ASC 740-10, INCOME	TAXES,	THAT PROV	IDE	GUIDANCE
FOI	R REPORTING UNCERTAINTY IN INCOME TAXES AN	ID HAS D	ETERMINED	THA	r no
MA:	TERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR	EITHER	RECOGNITI	ON (OR
DIS	SCLOSURE IN THE FINANCIAL STATEMENTS.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

-12,578. INVESTMENT EXPENSE

Schedule D (Form 990) 2020	SOCIETY FOR	CONSERVATION	BIOLOGY	33-0147824	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	ormation (continued)				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 33-01/1782/

SOCIETY F	OR CONSER	VATION BIOL	OGY				33-0147824
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	55,000. Part II can	be duplicated if addit	tional space is need	ed.	(6) Madhaada 6		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
POMONA COLLEGE, OFFICE OF							
SPONSORED RESEARCH - 550 N COLLEGE							TO SUPPORT APPLIED
AVE CLAREMONT, CA 91711	95-1664112	501(C)(3)	92,859.	0.			CONSERVATION BIOLOGY
CORNELL UNIVERSITY, OFFICE OF							
SPONSORED PROGRAMS - 373 PINE TREE							TO SUPPORT APPLIED
ROAD - ITHICA, NY 14850	15-0532082	501(C)(3)	102,929.	0.			CONSERVATION BIOLOGY
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, BERKELEY SPONSORED							
PROJECTS OFFICE - 1608 4TH STREET,							TO SUPPORT APPLIED
SUITE 220 - BERKELEY, CA	94-6002123	501(C)(3)	91,639.	0.			CONSERVATION BIOLOGY
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, UC DAVIS GRADUATE							
STUDIES - ONE SHIELDS AVE. 250							TO SUPPORT APPLIED
MRAK HALL - DAVIS, CA 95616	94-6036494	501(C)(3)	98,582.	0.			CONSERVATION BIOLOGY
SOCIETY FOR CONSERVATION BIOLOGY							
NORTH AMERICA - P.O. BOX 9045 -							TO SUPPORT APPLIED
MISSOULA, MT 59807	81-1478046	501(C)(3)	39,985.	0.			CONSERVATION BIOLOGY
UNIVERSITY OF MASSACHUSETTS,							
OFFICE OF POST-AWARD MANAGEMENT -							
MASS VENTURE CENTER, 100 VENTURE							TO SUPPORT APPLIED
WAY, SUITE 201 - HADLEY, MA	04-3167352	170(B)(1)(A)	183,175.	0.			CONSERVATION BIOLOGY
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	ne line 1 table				> 6.
3 Enter total number of other organizations	s listed in the line	1 table					4

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY, OFFICE							
OF SPONSORED PROGRAMS - 2002							L
CAMPUS DELIVERY - FORT COLLINS, CO							TO SUPPORT APPLIED
0523-2002	84-6000545	3406(G)(1)(A)	98,401.	0.			CONSERVATION BIOLOGY
ORTHEASTERN UNIVERSITY, NU-RES							
INANCE - 360 HUNTINGTON AVE							TO SUPPORT APPLIED
40-177 - BOSTON, MA 02115	04-1679980	501(C)(3)	96,469.	0.			CONSERVATION BIOLOGY
20 277 2022011, 121 02220			30,103.				
UNIVERSITY OF CINCINNATI, SRS							
ACCOUNTING DIVISION - P.O. BOX							TO SUPPORT APPLIED
932641 - CLEVELAND, OH 44193	31-6000989	115	94,175.	0.			CONSERVATION BIOLOGY
NIVERSITY OF WASHINGTON, GRANT			, -	-			
ND CONTRACT ACCOUNTING - 12455							
OLLECTIONS DRIVE - CHICAGO, IL							TO SUPPORT APPLIED
50693	91-6001537	115	96,167.	0.			CONSERVATION BIOLOGY
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31 0001337		30,107.	•			CONDENSITION BIOLOGI

Schedule I (Form 990) 2020 SOCIETY FOR CON	SERVATIO	N BIOLOGY			33-0147824	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
SCB SERVICE AWARDS	3	1,330.	0.			
SCB GRADUATE STUDENT AWARDS	10	10,300.	0.			
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
DAVID H. SMITH CONSERVATION RESEAR	CH FELLOW	SHIP - THE	E APPLICATI	ONS RECEIVED		
ARE ASSIGNED TO AN INITIAL GROUP O	F REVIEWE	RS BY THE	AREA OF EX	PERTISE		
REQUIRED FOR THE PROGRAM. AT THE	END OF TH	IE INITIAL	REVIEW, EI	GHT		
APPLICANTS ARE INVITED FOR INTERVI	EWS. TWO	SEPARATE	PANELS OF	REVIEWERS		
MEET WITH EACH OF THE APPLICANTS TO						
AVAILABLE AWARDS. SCB MONITORS TH						

ANNUAL REPORT FROM THE FELLOW AND THEIR SPONSORING INSTITUTION. AN ANNUAL

BUDGET MUST BE OUTLINED IN THE REPORT AS WELL AS A DETAILED REPORT ON ALL

Part IV Supplemental Information
EXPENSES MADE WITH GRANT FUNDS.
AWARDS - APPLICATIONS AND/OR REQUESTS ARE RECEIVED AND PROCESSED AND
VETTED AT THE PROGRAMMATIC LEVEL AND MONITORED AGAINST AVAILABLE BUDGETARY
FUNDS. AUTHORIZED PROGRAM OFFICIALS SELECT INDIVIDUALS AND SUBMIT
INDIVIDUAL GRANT REQUEST TO THE EXECUTIVE OFFICE FOR FINAL APPROVAL.
GRANTS - SCB REQUIRES ANNUAL REPORTING THAT SHALL INCLUDE BOTH A) A
FINANCIAL REPORT SHOWING FUNDS RECEIVED AND THE PURPOSES FOR WHICH THEY
WERE DISBURSED AND B) A PROGRAMMATIC REPORT IN NARRATIVE FORM PROVIDING AN
OVERVIEW OF THE PROGRAMS AND ACTIVITIES THAT WERE ACCOMPLISHED AS A RESULT
OF THE USE OF THE GRANT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
NEWS BLOG, AND AN E-NEWSLETTER, PUBLISHED TEN TIMES PER YEAR.
FORM 990, PART VI, SECTION A, LINE 6:
SCB IS A MEMBERSHIP SOCIETY, OPEN TO INDIVIDUALS THROUGHOUT THE WORLD.
MEMBERS PAY DUES, HAVE VOTING RIGHTS, MAY BE ELECTED TO OFFICE, AND MAY
SERVE AS MEMBERS OF COMMITTEES. SCB OFFERS THREE TYPES OF MEMBERSHIP,
DEPENDING UPON WHERE A MEMBER IS IN HIS/HER CAREER, AND AN ORGANIZATIONAL
MEMBERSHIP.
INDIVIDUAL MEMBERSHIP TYPES INCLUDE:
- PROFESSIONAL MEMBER - A MEMBER WHO IS NEITHER RETIRED NOR A STUDENT.
TYPICALLY THIS INCLUDES CONSERVATION SCIENTISTS, EDUCATORS, RESOURCE
MANAGERS, AND GOVERNMENT AND NON-PROFIT PERSONNEL.
- STUDENT MEMBER - A STUDENT MEMBER IS WORKING TOWARD A DEGREE (HIGH
SCHOOL, UNDERGRADUATE, AND GRADUATE DEGREES ALL QUALIFY).
- RETIRED MEMBER - A MEMBER WHO IS RETIRED FROM THE FIELD AND WHO IS NO
LONGER A WORKING PROFESSIONAL.
SCB ORGANIZATIONAL MEMBERSHIP IS RESERVED FOR NON-PROFIT BUSINESSES, SUCH
AS NGO ENVIRONMENTAL ORGANIZATIONS, UNIVERSITIES AND COLLEGES, ZOOS AND
AQUARIUMS, AND GOVERNMENT AGENCIES THAT INCLUDE CONSERVATION OR
CONSERVATION SCIENCE AS PART OF THEIR MISSION STATEMENT OR WORK.

Name of the organization SOCIETY FOR CONSERVATION BIOLOGY SOCIETY SOCI

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

THE MEMBERS OF THE SOCIETY VOTE TO ELECT THE BOARD OF GOVERNORS.

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

THE ARTICLES OF INCORPORATION MAY BE MODIFIED BY A MAJORITY VOTE OF THE

ENTIRE MEMBERSHIP. THE CONSTITUTION AND BYLAWS MAY BE MODIFIED BY A

MAJORITY OF THE MEMBERS PRESENT AND VOTING AT ANY SCHEDULED GENERAL MEETING

OF THE SOCIETY.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

AUDIT COMMITTEE. THE FORM WAS DISTRIBUTED TO THE FULL BOARD PRIOR TO

APPROVAL AND FILING WITH THE IRS.

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

EVERY NEW OFFICER, EMPLOYEE AND MEMBER OF THE BOARD OF GOVERNORS, IS

REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND

ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. IN ADDITION, EACH

OFFICER, EMPLOYEE AND MEMBER OF THE BOARD OF GOVERNORS MUST ANNUALLY

COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS OR CIRUMSTANCES IN

WHICH THE INDIVIDUAL IS INVOLVED THAT HE OR SHE BELIEVES COULD RESULT IN

CONFLICT OF INTEREST. ALL INFORMATION REGARDING BUSINESS INTERESTS OF A

RESPONSIBLE PERSON OR FAMILY MEMBER ARE TREATED AS CONFIDENTIAL AND ARE

GENERALLY MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY

COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT

ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF

THIS POLICY. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THE

Name of the organization SOCIETY FOR CONSERVATION BIOLOGY	Employer identification number 33-0147824
PERSON WHO HAS THE CONFLICT DOES NOT PARTIPATE IN, AND IS	NOT PERMITTED TO
HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER,	EXCEPT TO
DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH	PERSON DOES NOT
ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPEC	T TO THE MATTER,
EITHER AT OR OUTSIDE THE MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR IS PROVIDED A WRITTEN EMPLOYMENT CO	NTRACT THAT IS
APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERN	ORS. THE MOST
RECENT CONTRACT TERMINATED EFFECTIVE SEPTEMBER 13, 2019. E	XECUTIVE DIRECTOR
CONTRACTS ARE REVIEWED ANNUALLY PRIOR TO THE NEXT YEAR BUD	GET CYCLE BY THE
BOARD PRESIDENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.