

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2025**

Open to Public  
Inspection

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| <b>A</b> For the <b>2025</b> calendar year, or tax year beginning and ending                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization<br/><b>SOCIETY FOR CONSERVATION BIOLOGY</b></td> <td rowspan="4"><b>D</b> Employer identification number<br/><br/><b>33-0147824</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><b>1133 15TH STREET, NW</b></td> <td><b>300</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code<br/><b>WASHINGTON, DC 20005</b></td> <td><b>E</b> Telephone number<br/><b>202-234-4133</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>WARREN SANDER</b><br/><b>SAME AS C ABOVE</b></td> <td><b>G</b> Gross receipts \$ <b>4,475,648.</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.CONBIO.ORG</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1987</b></td> <td><b>M</b> State of legal domicile: <b>CA</b></td> </tr> </table> | <b>C</b> Name of organization<br><b>SOCIETY FOR CONSERVATION BIOLOGY</b>                                                       |  | <b>D</b> Employer identification number<br><br><b>33-0147824</b> | Doing business as |  | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | <b>1133 15TH STREET, NW</b> | <b>300</b> | City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20005</b> |  | <b>E</b> Telephone number<br><b>202-234-4133</b> | <b>F</b> Name and address of principal officer: <b>WARREN SANDER</b><br><b>SAME AS C ABOVE</b> |  | <b>G</b> Gross receipts \$ <b>4,475,648.</b> | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>J</b> Website: <b>WWW.CONBIO.ORG</b> |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |  | <b>H(c)</b> Group exemption number | <b>L</b> Year of formation: <b>1987</b> |  | <b>M</b> State of legal domicile: <b>CA</b> |
| <b>C</b> Name of organization<br><b>SOCIETY FOR CONSERVATION BIOLOGY</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>D</b> Employer identification number<br><br><b>33-0147824</b>                                                               |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
| Doing business as                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
| Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                                                                                                     | Room/suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
| <b>1133 15TH STREET, NW</b>                                                                                                                                                                                                                                                                                    | <b>300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
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| <b>F</b> Name and address of principal officer: <b>WARREN SANDER</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>G</b> Gross receipts \$ <b>4,475,648.</b>                                                                                   |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
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| <b>J</b> Website: <b>WWW.CONBIO.ORG</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |
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| <b>L</b> Year of formation: <b>1987</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>M</b> State of legal domicile: <b>CA</b>                                                                                    |  |                                                                  |                   |  |                                                                            |            |                             |            |                                                                                                         |  |                                                  |                                                                                                |  |                                              |                                                                                                                                                                                                |  |                                                                                                                                |                                         |  |                                                                                                     |                                                                                                                                                                                   |  |                                    |                                         |  |                                             |

|                                    |                                                                                 |                                                                                                                                                                    |                                                                  |
|------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Part I Summary</b>              |                                                                                 |                                                                                                                                                                    |                                                                  |
| <b>Activities &amp; Governance</b> | <b>1</b>                                                                        | Briefly describe the organization's mission or most significant activities: <b>TO ADVANCE THE SCIENCE AND PRACTICE OF CONSERVING EARTH'S BIOLOGICAL DIVERSITY.</b> |                                                                  |
|                                    | <b>2</b>                                                                        | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                            |                                                                  |
|                                    | <b>3</b>                                                                        | Number of voting members of the governing body (Part VI, line 1a)                                                                                                  | <b>10</b>                                                        |
|                                    | <b>4</b>                                                                        | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                      | <b>10</b>                                                        |
|                                    | <b>5</b>                                                                        | Total number of individuals employed in calendar year 2025 (Part V, line 2a)                                                                                       | <b>10</b>                                                        |
|                                    | <b>6</b>                                                                        | Total number of volunteers (estimate if necessary)                                                                                                                 | <b>11</b>                                                        |
|                                    | <b>7a</b>                                                                       | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                               | <b>2,451.</b>                                                    |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>543.</b>                                                                                                                                                        |                                                                  |
| <b>Revenue</b>                     | <b>8</b>                                                                        | Contributions and grants (Part VIII, line 1h)                                                                                                                      | <b>2,008,061.</b>                                                |
|                                    | <b>9</b>                                                                        | Program service revenue (Part VIII, line 2g)                                                                                                                       | <b>1,504,281.</b>                                                |
|                                    | <b>10</b>                                                                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                      | <b>122,160.</b>                                                  |
|                                    | <b>11</b>                                                                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                           | <b>144,598.</b>                                                  |
|                                    | <b>12</b>                                                                       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                 | <b>3,779,100.</b>                                                |
|                                    | <b>Expenses</b>                                                                 | <b>13</b>                                                                                                                                                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| <b>14</b>                          |                                                                                 | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                      | <b>0.</b>                                                        |
| <b>15</b>                          |                                                                                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                  | <b>974,718.</b>                                                  |
| <b>16a</b>                         |                                                                                 | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                      | <b>0.</b>                                                        |
| <b>b</b>                           |                                                                                 | Total fundraising expenses (Part IX, column (D), line 25)                                                                                                          | <b>0.</b>                                                        |
| <b>17</b>                          |                                                                                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                       | <b>1,388,537.</b>                                                |
| <b>18</b>                          |                                                                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                          | <b>3,565,447.</b>                                                |
| <b>19</b>                          |                                                                                 | Revenue less expenses. Subtract line 18 from line 12                                                                                                               | <b>213,653.</b>                                                  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>                                                                       | Total assets (Part X, line 16)                                                                                                                                     | <b>3,689,391.</b>                                                |
|                                    | <b>21</b>                                                                       | Total liabilities (Part X, line 26)                                                                                                                                | <b>902,582.</b>                                                  |
|                                    | <b>22</b>                                                                       | Net assets or fund balances. Subtract line 21 from line 20                                                                                                         | <b>2,786,809.</b>                                                |
|                                    |                                                                                 |                                                                                                                                                                    | <b>3,656,925.</b>                                                |

|                                                                                                                                                                                                                                                                                                                       |                                                                                 |                              |                           |                                                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------|---------------------------|-------------------------------------------------|--------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                                                 |                              |                           |                                                 |                          |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                                                                                 |                              |                           |                                                 |                          |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer                                                            | Date <b>July 17, 2026</b>    |                           |                                                 |                          |
|                                                                                                                                                                                                                                                                                                                       | <b>WARREN SANDER, MANAGING DIRECTOR</b><br>Type or print name and title         |                              |                           |                                                 |                          |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Preparer's name<br><b>BREE-ANN WEIDNER</b>                                      | Preparer's signature<br>     | Date<br><b>2026.07.16</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01319397</b> |
|                                                                                                                                                                                                                                                                                                                       | Firm's name<br><b>CHERRY BEKAERT ADVISORY, LLC.</b>                             | Firm's EIN <b>88-2730877</b> |                           | Phone no. <b>301-589-9000</b>                   |                          |
|                                                                                                                                                                                                                                                                                                                       | Firm's address<br><b>6116 EXECUTIVE BLVD. SUITE 600<br/>ROCKVILLE, MD 20852</b> |                              |                           |                                                 |                          |

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 532001 12-15-25 Form **990** (2025) Created 4/30/25

**Part III** Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 2,410,219. including grants of \$ 1,255,218. ) (Revenue \$ 331,955. )**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 \$ 324,154. including grants of \$ 106,525. ) (Revenue \$ 1,042,274. )**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.****FOR MEMBER-ORIENTED NEWS AND HAPPENINGS IN AND AROUND SCB, THE SOCIETY MAINTAINS THE SCB NEWS BLOG, AND AN E-NEWSLETTER, PUBLISHED TEN TIMES PER YEAR.****4c** (Code: ) (Expenses \$ 256,857. including grants of \$ ) (Revenue \$ 163,005. )**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.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 2,991,230.

**Part IV Checklist of Required Schedules**

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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



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

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

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                          | 1a | 1b | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 10 |    |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....                                                                                                                                                                                                                        |    | 10 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....                                                                                                                                     |    |    | 2   | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....                                                                                         |    |    | 3   | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                          |    |    | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                |    |    | 5   | X  |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                        |    |    | 6   | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....                                                                                                                                                       |    |    | 7a  | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....                                                                                                                                                 |    |    | 7b  | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                               |    |    |     |    |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                       |    |    | 8a  | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                     |    |    | 8b  | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....                                                                                              |    |    | 9   | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....                                                                                                                                                                                                                         | 10a | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....                                                                   | 10b | X  |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....                                                                                                                                                                | 11a | X  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                      |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....                                                                                                                                                                                                    | 12a | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....                                                                                                                                                          | 12b | X  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....                                                                                                                                           | 12c | X  |
| <b>13</b> Did the organization have a written whistleblower policy? .....                                                                                                                                                                                                                                   | 13  | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....                                                                                                                                                                                                              | 14  | X  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                              |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official .....                                                                                                                                                                                                                       | 15a | X  |
| <b>b</b> Other officers or key employees of the organization .....                                                                                                                                                                                                                                          | 15b | X  |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                          |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....                                                                                                                                      | 16a | X  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | 16b |    |

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**WARREN SANDER - 202-234-4133**  
**1133 15TH STREET, NW, 300, WASHINGTON, DC 20005**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                    |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) WARREN SANDER<br>MANAGING DIRECTOR             | 40.00<br>0.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 193,274.                                                                      | 0.                                                                                 | 22,566.                                                                                       |
| (2) NICOLE CRANE<br>SMITH FELLOWS PROGRAM DIRECTOR | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 158,101.                                                                      | 0.                                                                                 | 5,033.                                                                                        |
| (3) NATHAN SPILLMAN<br>DEPUTY DIRECTOR             | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 122,520.                                                                      | 0.                                                                                 | 7,427.                                                                                        |
| (4) VANESSA ADAMS<br>PRESIDENT (THRU 6/30/25)      | 1.00<br>0.00                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (5) MWEZI MUGERWA<br>PRESIDENT (START 7/1/25)      | 1.00<br>0.00                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (6) MATTHEW SELINSKE<br>PRESIDENT ELECT            | 1.00<br>0.00                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (7) JENNIFER THORNHILL<br>TREASURER                | 1.00<br>0.00                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) JANE VINESKY<br>SECRETARY                      | 1.00<br>0.00                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) ROBYN JAMES<br>DEIJ OFFICER                    | 1.00<br>0.00                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) KOUSTUBH SHARMA<br>DIRECTOR (THRU 6/30/25)    | 1.00<br>0.00                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) SHAILI JOHRI<br>DIRECTOR                      | 1.00<br>0.00                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12) JOHN CIGLIANO<br>DIRECTOR                     | 1.00<br>0.00                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13) COURTNEY MELTON<br>DIRECTOR                   | 1.00<br>0.00                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) KARLA PELZ SERRANO<br>DIRECTOR                | 1.00<br>0.00                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (15) ANDERSON TATE<br>DIRECTOR (START 7/1/25)      | 1.00<br>0.00                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
|                                                    |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                    |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                    |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |



|                 |                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i> |
|-----------------|----------------------------------------------------------------------------------------------------------------------|

| (A)<br>Name and title                                                | (B)<br>Average<br>hours per<br>week<br><br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br><br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br><br>(W-2/1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                                 | Individual trustee or director                                                                                         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
|                                                                      |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        |                                                                                                      |                                                                                                    |                                                                                                                    |
| <b>1b Subtotal .....</b>                                             |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        | 473,895.                                                                                             | 0.                                                                                                 | 35,026.                                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A .....</b> |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        | 0.                                                                                                   | 0.                                                                                                 | 0.                                                                                                                 |
| <b>d Total (add lines 1b and 1c) .....</b>                           |                                                                                                                 |                                                                                                                        |                       |         |              |                              |        | 473,895.                                                                                             | 0.                                                                                                 | 35,026.                                                                                                            |

|   |                                                                                                                                                                 |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 3 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

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

## Section B. Independent Contractors

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

| the organization report compensation for the calendar year ending with or without the organization's tax year.                                                     |                                |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| (A)<br>Name and business address                                                                                                                                   | (B)<br>Description of services | (C)<br>Compensation |
| NONE                                                                                                                                                               |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization |                                |                     |
| 0                                                                                                                                                                  |                                |                     |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                                                                                                    |                                                                                                |                                                                                                |                            | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                  | <b>1 a</b> Federated campaigns .....                                                           | <b>1a</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Membership dues .....                                                                 | <b>1b</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> Fundraising events .....                                                              | <b>1c</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> Related organizations .....                                                           | <b>1d</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> Government grants (contributions) .....                                               | <b>1e</b>                                                                                      | 58,318.                    |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ... | <b>1f</b>                                                                                      | 2,223,229.                 |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g</b> Noncash contributions included in lines 1a-1f .....                                   | <b>1g</b>                                                                                      | \$                         |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>h Total.</b> Add lines 1a-1f .....                                                          |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                                                                                                 | <b>2 a</b> PUBS & PROFIT SHARING .....                                                         | <b>Business Code</b>                                                                           | 900099                     | 1,042,274.           | 1,042,274.                                   |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> MEETINGS .....                                                                        |                                                                                                | 900099                     | 331,955.             | 331,955.                                     |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> MEMBERSHIP DUES .....                                                                 |                                                                                                | 900099                     | 163,005.             | 163,005.                                     |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other program service revenue .....                                               |                                                                                                |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g Total.</b> Add lines 2a-2f .....                                                          |                                                                                                |                            |                      | 1,537,234.                                   |                                      |                                                                 |
|                                                                                                                                                    | <b>Other Revenue</b>                                                                           | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                            |                      | 92,597.                                      |                                      | 2,451.                                                          |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>5</b> Royalties .....                                                                                                                           |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>6 a</b> Gross rents .....                                                                                                                       |                                                                                                | <b>6a</b>                                                                                      | (i) Real<br>99,672.        |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: rental expenses ...                                                                                                                 |                                                                                                | <b>6b</b>                                                                                      | 0.                         |                      |                                              |                                      |                                                                 |
| <b>c</b> Rental income or (loss) .....                                                                                                             |                                                                                                | <b>6c</b>                                                                                      | 99,672.                    |                      |                                              |                                      |                                                                 |
| <b>d</b> Net rental income or (loss) .....                                                                                                         |                                                                                                |                                                                                                |                            | 99,672.              |                                              |                                      | 99,672.                                                         |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                         |                                                                                                | <b>7a</b>                                                                                      | (i) Securities<br>428,582. |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     |                                                                                                | <b>7b</b>                                                                                      | 292,650.                   |                      |                                              |                                      |                                                                 |
| <b>c</b> Gain or (loss) .....                                                                                                                      |                                                                                                | <b>7c</b>                                                                                      | 135,932.                   |                      |                                              |                                      |                                                                 |
| <b>d</b> Net gain or (loss) .....                                                                                                                  |                                                                                                |                                                                                                |                            | 135,932.             |                                              |                                      | 135,932.                                                        |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |                                                                                                | <b>8a</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               |                                                                                                | <b>8b</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                        |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                      |                                                                                                | <b>9a</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               | <b>9b</b>                                                                                      |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                         |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....                                                                         | <b>10a</b>                                                                                     |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                                                                                            | <b>10b</b>                                                                                     |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                                        |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                                                                                                   | <b>11 a</b> MISCELLANEOUS REVENUE .....                                                        | <b>Business Code</b>                                                                           | 900099                     | 36,016.              |                                              |                                      | 36,016.                                                         |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> All other revenue .....                                                               |                                                                                                |                            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e Total.</b> Add lines 11a-11d .....                                                        |                                                                                                |                            |                      | 36,016.                                      |                                      |                                                                 |
|                                                                                                                                                    | <b>12 Total revenue.</b> See instructions .....                                                |                                                                                                |                            |                      | 4,182,998.                                   | 1,537,234.                           | 2,451.                                                          |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                    | 1,216,568.            | 1,216,568.                      |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                               | 46,535.               | 46,535.                         |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                        | 98,640.               | 98,640.                         |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                | 215,840.              | 215,840.                        |                                        |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                | 650,970.              | 496,028.                        | 154,942.                               |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      | 36,051.               | 12,001.                         | 24,050.                                |                             |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 | 127,402.              | 53,530.                         | 73,872.                                |                             |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          | 72,983.               | 27,513.                         | 45,470.                                |                             |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                                   | 900.                  |                                 | 900.                                   |                             |
| <b>c</b> Accounting                                                                                                                                                                                                                              | 49,919.               |                                 | 49,919.                                |                             |
| <b>d</b> Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                              | 18,768.               |                                 | 18,768.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 166,679.              | 67,108.                         | 99,571.                                |                             |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              | 7,603.                | 7,059.                          | 544.                                   |                             |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 181,369.              | 100,344.                        | 81,025.                                |                             |
| <b>14</b> Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                              | 153,969.              | 97,861.                         | 56,108.                                |                             |
| <b>17</b> Travel                                                                                                                                                                                                                                 | 165,628.              | 130,879.                        | 34,749.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 | 412,092.              | 410,339.                        | 1,753.                                 |                             |
| <b>20</b> Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              | 1,513.                |                                 | 1,513.                                 |                             |
| <b>23</b> Insurance                                                                                                                                                                                                                              | 17,648.               | 5,985.                          | 11,663.                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |                                        |                             |
| <b>a FEES &amp; LICENSES</b>                                                                                                                                                                                                                     | 35,013.               | 5,000.                          | 30,013.                                |                             |
| <b>b</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>c</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>d</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 3,676,090.            | 2,991,230.                      | 684,860.                               | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

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

|                                                                                                                                    |                                                                                                                                                                                                                                | (A)<br>Beginning of year                                                                                                                    |                   | (B)<br>End of year |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Assets</b>                                                                                                                      | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 913,013.                                                                                                                                    | <b>1</b>          | 1,225,480.         |
|                                                                                                                                    | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          | 127,473.                                                                                                                                    | <b>2</b>          | 88,734.            |
|                                                                                                                                    | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                                                                                                                                             | <b>3</b>          |                    |
|                                                                                                                                    | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 635,564.                                                                                                                                    | <b>4</b>          | 622,172.           |
|                                                                                                                                    | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                                                                                                                                             | <b>5</b>          |                    |
|                                                                                                                                    | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                                                                                                                                             | <b>6</b>          |                    |
|                                                                                                                                    | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                                                                                                                                             | <b>7</b>          |                    |
|                                                                                                                                    | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                                                                                                                                             | <b>8</b>          |                    |
|                                                                                                                                    | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 52,239.                                                                                                                                     | <b>9</b>          | 4,234.             |
|                                                                                                                                    | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 38,110.                                                                                                                          |                   |                    |
|                                                                                                                                    | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 37,675.                                                                                                                          | <b>10c</b> 1,948. | 435.               |
|                                                                                                                                    | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       | 1,717,884.                                                                                                                                  | <b>11</b>         | 2,014,859.         |
|                                                                                                                                    | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                                                                                                                                             | <b>12</b>         |                    |
|                                                                                                                                    | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                                                                                                                                             | <b>13</b>         |                    |
|                                                                                                                                    | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                                                                                                                                             | <b>14</b>         |                    |
|                                                                                                                                    | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             | 241,270.                                                                                                                                    | <b>15</b>         | 111,859.           |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....                                                   | 3,689,391.                                                                                                                                                                                                                     | <b>16</b>                                                                                                                                   | 4,067,773.        |                    |
| <b>Liabilities</b>                                                                                                                 | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 516,659.                                                                                                                                    | <b>17</b>         | 235,385.           |
|                                                                                                                                    | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                                                                                                                                             | <b>18</b>         |                    |
|                                                                                                                                    | <b>19</b> Deferred revenue .....                                                                                                                                                                                               | 104,194.                                                                                                                                    | <b>19</b>         | 51,062.            |
|                                                                                                                                    | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                                                                                                                                             | <b>20</b>         |                    |
|                                                                                                                                    | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                                                                                                                                             | <b>21</b>         |                    |
|                                                                                                                                    | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                                                                                                                                             | <b>22</b>         |                    |
|                                                                                                                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 |                                                                                                                                             | <b>23</b>         |                    |
|                                                                                                                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                                                                                                                                             | <b>24</b>         |                    |
|                                                                                                                                    | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          | 281,729.                                                                                                                                    | <b>25</b>         | 124,401.           |
|                                                                                                                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                              | 902,582.                                                                                                                                    | <b>26</b>         | 410,848.           |
|                                                                                                                                    | <b>Net Assets or Fund Balances</b>                                                                                                                                                                                             | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b> |                   |                    |
| <b>27</b> Net assets without donor restrictions .....                                                                              |                                                                                                                                                                                                                                | 2,786,809.                                                                                                                                  | <b>27</b>         | 3,656,925.         |
| <b>28</b> Net assets with donor restrictions .....                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                             | <b>28</b>         |                    |
| <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b> |                                                                                                                                                                                                                                |                                                                                                                                             |                   |                    |
| <b>29</b> Capital stock or trust principal, or current funds .....                                                                 |                                                                                                                                                                                                                                |                                                                                                                                             | <b>29</b>         |                    |
| <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                   |                                                                                                                                                                                                                                |                                                                                                                                             | <b>30</b>         |                    |
| <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                   |                                                                                                                                                                                                                                |                                                                                                                                             | <b>31</b>         |                    |
| <b>32</b> <b>Total net assets or fund balances</b> .....                                                                           |                                                                                                                                                                                                                                | 2,786,809.                                                                                                                                  | <b>32</b>         | 3,656,925.         |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....                                                              |                                                                                                                                                                                                                                | 3,689,391.                                                                                                                                  | <b>33</b>         | 4,067,773.         |

Form 990 (2025)

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

|           |                                                                                                                |           |            |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 4,182,998. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 3,676,090. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 506,908.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 2,786,809. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 198,472.   |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |            |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 164,736.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 3,656,925. |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                       |     |    |

Form 990 (2025)



Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2025

**Open to Public  
Inspection**

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

|                                |  |
|--------------------------------|--|
| Employer identification number |  |
|--------------------------------|--|

33-0147824

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                    |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                 |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |          |          |          |          |          |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12       |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          |           |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | <b>14</b> | % |
| <b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |           |   |
| <b>b 33 1/3% support test - 2024.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |           |   |
| <b>17a 10% -facts-and-circumstances test - 2025.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |   |
| <b>b 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |           |   |

Schedule A (Form 990) 2025

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       | 245,325. | 236,622. | 2023578. | 2008061. | 2281547. | 6795133.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 1294828. | 1047778. | 1611174. | 1544281. | 1537234. | 7035295.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             | 1540153. | 1284400. | 3634752. | 3552342. | 3818781. | 13830428. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          | 1874837. | 1911505. | 2058232. | 5844574.  |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           | 560,123. | 512,543. | 485,924. | 556,578. | 581,701. | 2696869.  |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      | 560,123. | 512,543. | 2360761. | 2468083. | 2639933. | 8541443.  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....                                                                                                                          |          |          |          |          |          | 5288985.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               | 1540153. | 1284400. | 3634752. | 3552342. | 3818781. | 13830428. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 52,567.  | 49,474.  | 124,576. | 193,554. | 189,818. | 609,989.  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             | 52,567.  | 49,474.  | 124,576. | 193,554. | 189,818. | 609,989.  |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      | 3,147.   | 2,490.   | 1,918.   | 3,560.   | 2,451.   | 13,566.   |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  | 1,749.   | 2,010.   |          |          | 36,016.  | 39,775.   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....                                                                                   | 1597616. | 1338374. | 3761246. | 3749456. | 4047066. | 14493758. |

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

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

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>15</b> Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 36.49 % |
| <b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15 .....                       | <b>16</b> | 41.92 % |

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

|                                                                                                              |           |        |
|--------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>17</b> Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | 4.21 % |
| <b>18</b> Investment income percentage from 2024 Schedule A, Part III, line 17 .....                         | <b>18</b> | 3.94 % |

**19a 33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                       |     |    |

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                           |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                             |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                      |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental supported organization. Describe in <b>Part VI</b> how you supported a governmental supported organization (see instructions).                                                                                                                                                                                                                                                                                           |     |    |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                               |     |    |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |  |
| <b>a</b> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                         |     |    |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |  |
| <b>b</b> Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                         |     |    |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |  |
| <b>c</b> Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                             |     |    |  |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |  |



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

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

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

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

| Section C - Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990) 2025



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

|          |                                                                                                                                                     | Current Year |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>     |
| <b>2</b> | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b> | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>     |
| <b>4</b> | Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>     |
| <b>5</b> | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>     |
| <b>6</b> | <b>Total annual distributions.</b> Add lines 1 through 5.                                                                                           | <b>6</b>     |
| <b>7</b> | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>7</b>     |
| <b>8</b> | Distributable amount for 2025 from Section C, line 6                                                                                                | <b>8</b>     |
| <b>9</b> | Line 7 amount divided by line 8 amount                                                                                                              | <b>9</b>     |

| <b>Section E - Distribution Allocations</b> (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2025 | (iii)<br>Distributable<br>Amount for 2025 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2025 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2025                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2020                                                                                                                                                                       |                             |                                        |                                           |
| <b>b</b> From 2021                                                                                                                                                                       |                             |                                        |                                           |
| <b>c</b> From 2022                                                                                                                                                                       |                             |                                        |                                           |
| <b>d</b> From 2023                                                                                                                                                                       |                             |                                        |                                           |
| <b>e</b> From 2024                                                                                                                                                                       |                             |                                        |                                           |
| <b>f</b> <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| <b>g</b> Applied to under distributions of prior years                                                                                                                                   |                             |                                        |                                           |
| <b>h</b> Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2020 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2025 from Section D, line 6: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| <b>7</b> <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| <b>b</b> Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| <b>c</b> Excess from 2023                                                                                                                                                                |                             |                                        |                                           |
| <b>d</b> Excess from 2024                                                                                                                                                                |                             |                                        |                                           |
| <b>e</b> Excess from 2025                                                                                                                                                                |                             |                                        |                                           |

Schedule A (Form 990) 2025

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS INCOME**

2021 AMOUNT: \$ 1,749.

2022 AMOUNT: \$ 2,010.

2025 AMOUNT: \$ 36,016.

**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

33-0147824

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

33-0147824

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   |                                   | \$ <u>2,058,232.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   |                                   | \$ <u>6,152.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   |                                   | \$ <u>9,609.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   |                                   | \$ <u>6,610.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   |                                   | \$ <u>35,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   |                                   | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                  |                                |
|----------------------------------|--------------------------------|
| Name of organization             | Employer identification number |
| SOCIETY FOR CONSERVATION BIOLOGY | 33-0147824                     |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          |                                   | \$ 58,318.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

33-0147824

## Part II

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



|                                  |                                |
|----------------------------------|--------------------------------|
| Name of organization             | Employer identification number |
| SOCIETY FOR CONSERVATION BIOLOGY | 33-0147824                     |

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2025

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number (EIN)

33-0147824

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each  
organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were  
promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).  
If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2025 Created 7/1/25

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                               |                                                    | (a) Filing organization's totals | (b) Affiliated group totals                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|----------------------------------------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)                                                                    |                                                    |                                  |                                                          |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |                                                    | 0.                               |                                                          |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                 |                                                    | 0.                               |                                                          |
| <b>d</b> Other exempt purpose expenditures                                                                                                                 |                                                    | 3,656,474.                       |                                                          |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           |                                                    | 3,656,474.                       |                                                          |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                            |                                                    | 332,824.                         |                                                          |
| IF the amount on line 1e, column (a) or (b), is:                                                                                                           | THEN the lobbying nontaxable amount is:            |                                  |                                                          |
| not over \$500,000                                                                                                                                         | 20% of the amount on line 1e.                      |                                  |                                                          |
| over \$500,000 but not over \$1,000,000                                                                                                                    | \$100,000 plus 15% of the excess over \$500,000.   |                                  |                                                          |
| over \$1,000,000 but not over \$1,500,000                                                                                                                  | \$175,000 plus 10% of the excess over \$1,000,000. |                                  |                                                          |
| over \$1,500,000 but not over \$17,000,000                                                                                                                 | \$225,000 plus 5% of the excess over \$1,500,000.  |                                  |                                                          |
| over \$17,000,000                                                                                                                                          | \$1,000,000.                                       |                                  |                                                          |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               |                                                    | 83,206.                          |                                                          |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         |                                                    | 0.                               |                                                          |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         |                                                    | 0.                               |                                                          |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                    |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |            |
|---------------------------------------------------------------------|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2022 | (b) 2023 | (c) 2024 | (d) 2025 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 289,144. | 330,183. | 327,392. | 332,824. | 1,279,543. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 1,919,315. |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |            |
| <b>d</b> Grassroots nontaxable amount                               | 72,286.  | 82,546.  | 81,848.  | 83,206.  | 319,886.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 479,829.   |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |            |

Schedule C (Form 990) 2025



SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private inurement.

Part II

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

Form section for Conservation Easements, including questions 1-9 and a table for line 2d (Held at the End of the Tax Year).

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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

Schedule D (Form 990) (Rev. 12-2024)

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                        | Amount    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

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

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

| Description of property                                                                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                        |                                      |                                 |                              |                |
| <b>b</b> Buildings                                                                                    |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements                                                                       |                                      |                                 |                              |                |
| <b>d</b> Equipment                                                                                    |                                      | 38,110.                         | 37,675.                      | 435.           |
| <b>e</b> Other                                                                                        |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 435.           |

Schedule D (Form 990) (Rev. 12-2024)



**Part VII Investments - Other Securities**

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                         |                |                                                           |
| (2) Closely held equity interests .....                                 |                |                                                           |
| (3) Other .....                                                         |                |                                                           |
| (A) .....                                                               |                |                                                           |
| (B) .....                                                               |                |                                                           |
| (C) .....                                                               |                |                                                           |
| (D) .....                                                               |                |                                                           |
| (E) .....                                                               |                |                                                           |
| (F) .....                                                               |                |                                                           |
| (G) .....                                                               |                |                                                           |
| (H) .....                                                               |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |                                                           |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                           | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) .....                                                               |                |                                                           |
| (2) .....                                                               |                |                                                           |
| (3) .....                                                               |                |                                                           |
| (4) .....                                                               |                |                                                           |
| (5) .....                                                               |                |                                                           |
| (6) .....                                                               |                |                                                           |
| (7) .....                                                               |                |                                                           |
| (8) .....                                                               |                |                                                           |
| (9) .....                                                               |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) .....                                                                 |                |
| (2) .....                                                                 |                |
| (3) .....                                                                 |                |
| (4) .....                                                                 |                |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1.                                                                 | (a) Description of liability | (b) Book value |
|--------------------------------------------------------------------|------------------------------|----------------|
| (1)                                                                | Federal income taxes         |                |
| (2)                                                                | LEASE LIABILITY              | 124,401.       |
| (3)                                                                |                              |                |
| (4)                                                                |                              |                |
| (5)                                                                |                              |                |
| (6)                                                                |                              |                |
| (7)                                                                |                              |                |
| (8)                                                                |                              |                |
| (9)                                                                |                              |                |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) |                              | 124,401.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

|   |                                                                                 |    |            |
|---|---------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 4,362,702. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 198,472.   |
| b | Donated services and use of facilities                                          | 2b |            |
| c | Recoveries of prior year grants                                                 | 2c |            |
| d | Other (Describe in Part XIII.)                                                  | 2d |            |
| e | Add lines 2a through 2d                                                         | 2e | 198,472.   |
| 3 | Subtract line 2e from line 1                                                    | 3  | 4,164,230. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 18,768.    |
| b | Other (Describe in Part XIII.)                                                  | 4b |            |
| c | Add lines 4a and 4b                                                             | 4c | 18,768.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 4,182,998. |

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

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

|   |                                                                                  |    |            |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 3,492,586. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities                                           | 2a |            |
| b | Prior year adjustments                                                           | 2b |            |
| c | Other losses                                                                     | 2c |            |
| d | Other (Describe in Part XIII.)                                                   | 2d | -164,736.  |
| e | Add lines 2a through 2d                                                          | 2e | -164,736.  |
| 3 | Subtract line 2e from line 1                                                     | 3  | 3,657,322. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 18,768.    |
| b | Other (Describe in Part XIII.)                                                   | 4b |            |
| c | Add lines 4a and 4b                                                              | 4c | 18,768.    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 3,676,090. |

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024, THE SOCIETY HAS DOCUMENTED ITS CONSIDERATION OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RETURN OF UNUSED PRIOR YEAR GRANT FUNDS -164,736.

|                  |                                                    |
|------------------|----------------------------------------------------|
| <b>Part XIII</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|------------------|----------------------------------------------------|

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There are no margins, text, or other markings present on the paper.

SCHEDULE F  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

33-0147824

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region                                                                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-----------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0                                   | 0                                                                          | GRANT/AWARDS TO ORGANIZATION/INDIVIDUALS IN REGION                                                                                                 |                                                                                                        | 5,451.                                                   |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,                 | 0                                   | 0                                                                          | GRANT/AWARDS TO ORGANIZATON/INDIVIDUALS IN REGION                                                                                                  |                                                                                                        | 8,202.                                                   |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,             | 0                                   | 0                                                                          | GRANT/AWARDS TO ORGANIZATION/INDIVIDUALS IN REGION                                                                                                 |                                                                                                        | 42,385.                                                  |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,       | 0                                   | 0                                                                          | GRANT/AWARDS TO ORGANIZATON/INDIVIDUALS IN REGION                                                                                                  |                                                                                                        | 35,402.                                                  |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES                | 0                                   | 0                                                                          | GRANT/AWARDS TO ORGANIZATION/INDIVIDUALS IN REGION                                                                                                 |                                                                                                        | 4,075.                                                   |
| SOUTH ASIA                                                                  | 0                                   | 0                                                                          | GRANT/AWARDS TO ORGANIZATIONS/INDIVIDUALS IN REGION                                                                                                |                                                                                                        | 3,125.                                                   |
|                                                                             |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                             |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| 3 a Subtotal .....                                                          | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 98,640.                                                  |
| b Total from continuation sheets to Part I .....                            | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 0.                                                       |
| c Totals (add lines 3a and 3b) .....                                        | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 98,640.                                                  |

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

Schedule F (Form 990) (Rev. 12-2024)

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

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region     | <b>(d)</b> Purpose of grant             | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|-----------------------------------------------------|-----------------------|-----------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------------------------|
|          |                                 |                                                     | EAST ASIA AND PACIFIC | TO SUPPORT APPLIED CONSERVATION BIOLOGY | 11,950.                         | CASH                                   | 0.                                      |                                              | BOOK                                                         |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                       |                                         |                                 |                                        |                                         |                                              |                                                              |

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

**3** Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance  | (b) Region                                                   | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|----------------------------------|--------------------------------------------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| LASA REGION GRANTS               | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | 4                        | 4,000. CHECK             |                                 | 0.                               |                                       | BOOK                                                  |
| ICCB STUDENT PRESENTATION AWARDS | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,   | 2                        | 250. CHECK               |                                 | 0.                               |                                       | BOOK                                                  |
| ICCB STUDENT PRESENTATION AWARDS | NORTH AMERICA                                                | 1                        | 75. CHECK                |                                 | 0.                               |                                       | BOOK                                                  |
| ICCB STUDENT PRESENTATION AWARDS | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,        | 3                        | 250. CHECK               |                                 | 0.                               |                                       | BOOK                                                  |
| ICCB STUDENT PRESENTATION AWARDS | SOUTH ASIA                                                   | 2                        | 125. CHECK               |                                 | 0.                               |                                       | BOOK                                                  |
| SCB GRADUATE STUDENT AWARDS      | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,        | 1                        | 1,000. CHECK             |                                 | 0.                               |                                       | BOOK                                                  |
| SCB GRADUATE STUDENT AWARDS      | SOUTH ASIA                                                   | 3                        | 3,000. CHECK             |                                 | 0.                               |                                       | BOOK                                                  |
| SCB GRADUATE STUDENT AWARDS      | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,  | 3                        | 3,000. CHECK             |                                 | 0.                               |                                       | BOOK                                                  |
| EDITOR HONORARIUMS               | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | 2                        | 31,402. CHECK            |                                 | 0.                               |                                       | BOOK                                                  |

Schedule F (Form 990) (Rev. 12-2024)





**Part IV Foreign Forms**

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

Schedule F (Form 990) (Rev. 12-2024)

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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 I  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](https://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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                                                                                 | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|-----------------------------------------|
| SOCIETY FOR CONSERVATION BIOLOGY<br>NORTH AMERICA - 333 W BROWN DEER ROAD, UNIT G-580 - MILWAUKEE, WI 53217                          | 81-1478046 | 501(C)(3)                       | 12,000.                  | 0.                               |                                                       |                                       | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SPONSORED PROJECTS OFFICE 1608 FOURTH STREET, SUITE 220 MAIL CODE 5940 - BERKELEY, CA  | 94-6002123 | 501(C)(3)                       | 105,305.                 | 0.                               |                                                       |                                       | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SANTA CRUZ - OFFICE OF SPONSORED PROJECTS 1156 HIGH STREET - SANTA CRUZ, CA 95064-1077 | 94-1539563 | 501(C)(3)                       | 111,714.                 | 0.                               |                                                       |                                       | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| MICHIGAN STATE UNIVERSITY<br>535 CHESTNUT ROAD, ROOM 300<br>EAST LANSING, MI 48824                                                   | 38-6005984 | 501(C)(3)                       | 117,528.                 | 0.                               |                                                       |                                       | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| THE UNIVERSITY OF CHICAGO<br>5801 SOUTH ELLIS AVENUE<br>CHICAGO, IL 60637-5418                                                       | 36-2177139 | 501(C)(3)                       | 112,067.                 | 0.                               |                                                       |                                       | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| JOHNS HOPKINS UNIVERSITY<br>3400 N. CHARLES STREET<br>BALTIMORE, MD 21218                                                            | 52-0595110 | 501(C)(3)                       | 111,185.                 | 0.                               |                                                       |                                       | TO SUPPORT APPLIED CONSERVATION BIOLOGY |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

| <b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                  |                                                       |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| (a) Name and address of organization or government                                                                                              | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
| UNIVERSITY OF FLORIDA BOARD OF TRUSTEES DIVISION OF SPONSORED PROGRAMS - 207 GRINTER HALL P.O. BOX 115500 - GAINESVILLE, FL                     | 59-6002052 | 170(C)(1)                     | 14,868.                  | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| COLORADO STATE UNIVERSITY<br>555 S HOWES STREET<br>FORT COLLINS, CO 80523-6003                                                                  | 84-6000545 | 170(C)(1)                     | 17,270.                  | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| WISDOM GOOD WORKS<br>1120 W UNIVERSITY AVENUE<br>FLAGSTAFF, AZ 86001                                                                            | 92-2163224 | 501(C)(3)                     | 30,674.                  | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 3201 STUDENT AFFAIRS AND ADMIN SVCS BLDG - SANTA BARBARA, CA                       | 95-6006145 | 501(C)(3)                     | 17,607.                  | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| NOVA SOUTHEASTERN UNIVERSITY<br>3300 S UNIVERSITY DRIVE<br>FORT LAUDERDALE, FL 3328-2004                                                        | 59-1083502 | 501(C)(3)                     | 113,426.                 | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| PURDUE UNIVERSITY-SPONSORED PROGRAM SERVICES - 2550 NORTHWESTERN AVENUE - WEST LAFAYETTE, IN 47906                                              | 35-6002041 | 501(C)(3)                     | 114,226.                 | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| TULANE UNIVERSITY<br>6823 ST. CHARLES AVENUE<br>NEW ORLEANS, LA 70118-5665                                                                      | 72-0423889 | 501(C)(3)                     | 110,229.                 | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| OREGON STATE UNIVERSITY<br>1500 SW JEFFERSON AVENUE<br>CORVALLIS, OR 97331-8655                                                                 | 61-1730890 | 501(C)(3)                     | 112,140.                 | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |
| GEORGETOWN UNIVERSITY<br>37TH AND O STREETS, NW BOX 571173<br>WASHINGTON, DC 20057                                                              | 53-0196603 | 501(C)(3)                     | 116,329.                 | 0.                               |                                                       |                                        | TO SUPPORT APPLIED CONSERVATION BIOLOGY |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| EDITOR HONORARIUM               | 5                        | 35,535.                  | 0.                                |                                                       |                                       |
| SCB GRADUATE STUDENT AWARDS     | 3                        | 3,000.                   | 0.                                |                                                       |                                       |
| PANELIST HONORARIUM             | 7                        | 8,000.                   | 0.                                |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

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

PART I, LINE 2:  
DAVID H. SMITH CONSERVATION RESEARCH FELLOWSHIP - THE APPLICATIONS RECEIVED ARE ASSIGNED TO AN INITIAL GROUP OF REVIEWERS BY THE AREA OF EXPERTISE REQUIRED FOR THE PROGRAM. AT THE END OF THE INITIAL REVIEW, EIGHT APPLICANTS ARE INVITED FOR INTERVIEWS. TWO SEPARATE PANELS OF REVIEWERS MEET WITH EACH OF THE APPLICANTS TO DETERMINE WHO WILL RECEIVE THE FOUR AVAILABLE AWARDS. SCB MONITORS THE USE OF GRANT FUNDS BY REQUIRING AN 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 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 J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number

33-0147824

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? .....
- b Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)





| Part III | Supplemental Information |
|----------|--------------------------|
|----------|--------------------------|

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://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

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

SCB IS A MEMBERSHIP SOCIETY, OPEN TO INDIVIDUALS THROUGHOUT THE WORLD. FULL MEMBERS PAY DUES, HAVE VOTING RIGHTS, MAY BE ELECTED TO OFFICE, AND MAY SERVE AS MEMBERS OF COMMITTEES. ASSOCIATE MEMBERS DO NOT PAY DUES, HAVE VOTING RIGHTS, AND MAY SERVE AS MEMBERS OF CHAPTERS OR REGIONS, PROGRAMS COUNCIL, AND REGIONAL COUNCIL, BUT MAY NOT SERVE ON THE GLOBAL NETWORK BOARD. 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.

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 CIRCUMSTANCES 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number

33-0147824

THIS POLICY. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THE PERSON WHO HAS THE CONFLICT DOES NOT PARTICIPATE 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 RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING.

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

THE COMPENSATION OF THE MANAGING DIRECTOR IS APPROVED BY THE FULL BOARD OF GOVERNORS AND DETERMINED THROUGH A BENCHMARKING EXERCISE PERFORMED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF UNUSED PRIOR YEAR GRANT FUNDS 164,736.

Form **990-T**

Department of the Treasury  
Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2026  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2025**

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** ☐ Check box if  
address changed.

**B** Exempt under section  
☒ 501(c)(3) ☐  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a) ☐ 529A

Name of organization ( ☐ Check box if name changed and see instructions.)

**SOCIETY FOR CONSERVATION BIOLOGY**

Number and street. If a P.O. box, see instructions.

**1133 15TH STREET, NW**

Room or suite no.

**300**

City or town

**WASHINGTON**

State or province

**DC**

Country

ZIP or foreign postal code

**20005**

**C** Book value of all assets at end of year **4,067,773.**

**D** Employer identification number

**33-0147824**

**E** Group exemption number  
(see instructions)

**F** ☐ Check box if  
an amended return.

**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university  
☐ 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

**J** Enter the number of attached Schedules A (Form 990-T) **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **WARREN SANDER** Telephone number **202-234-4133**

**Part I Total Unrelated Business Taxable Income**

|           |                                                                                                                                 |           |               |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b>  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...              | <b>1</b>  | <b>1,603.</b> |
| <b>2</b>  | Reserved for future use                                                                                                         | <b>2</b>  |               |
| <b>3</b>  | Add lines 1 and 2                                                                                                               | <b>3</b>  | <b>1,603.</b> |
| <b>4</b>  | Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b>                                           | <b>4</b>  | <b>60.</b>    |
| <b>5</b>  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                                | <b>5</b>  | <b>1,543.</b> |
| <b>6</b>  | Deduction for net operating loss. See instructions                                                                              | <b>6</b>  |               |
| <b>7</b>  | Total of unrelated business taxable income before specific deduction and section 199A deduction.<br>Subtract line 6 from line 5 | <b>7</b>  | <b>1,543.</b> |
| <b>8</b>  | Specific deduction (generally \$1,000, but see instructions for exceptions)                                                     | <b>8</b>  | <b>1,000.</b> |
| <b>9</b>  | <b>Trusts.</b> Section 199A deduction. See instructions                                                                         | <b>9</b>  |               |
| <b>10</b> | <b>Total deductions.</b> Add lines 8 and 9                                                                                      | <b>10</b> | <b>1,000.</b> |
| <b>11</b> | <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7,<br>enter zero        | <b>11</b> | <b>543.</b>   |

**Part II Tax Computation**

|           |                                                                                                                                                                                                                                 |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21)                                                                                                                                            | <b>1</b>  | <b>114.</b> |
| <b>2</b>  | <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on<br>Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>2</b>  |             |
| <b>3</b>  | <b>Proxy tax.</b> See instructions                                                                                                                                                                                              | <b>3</b>  |             |
| <b>4a</b> | Amount from Form 4255, Part I, line 3, column (q)                                                                                                                                                                               | <b>4a</b> |             |
| <b>b</b>  | Other tax amounts. See instructions                                                                                                                                                                                             | <b>4b</b> |             |
| <b>5</b>  | Alternative minimum tax                                                                                                                                                                                                         | <b>5</b>  |             |
| <b>6</b>  | <b>Tax on noncompliant facility income.</b> See instructions                                                                                                                                                                    | <b>6</b>  |             |
| <b>7</b>  | <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies                                                                                                                                                           | <b>7</b>  | <b>114.</b> |

**Part III Tax and Payments**

|           |                                                                                                                                                                          |           |             |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                              | <b>1a</b> |             |
| <b>b</b>  | Other credits (see instructions)                                                                                                                                         | <b>1b</b> |             |
| <b>c</b>  | General business credit. Attach Form 3800 (see instructions)                                                                                                             | <b>1c</b> |             |
| <b>d</b>  | Credit for prior-year minimum tax (attach Form 8801 or 8827)                                                                                                             | <b>1d</b> |             |
| <b>e</b>  | <b>Total credits.</b> Add lines 1a through 1d                                                                                                                            | <b>1e</b> |             |
| <b>2</b>  | Subtract line 1e from Part II, line 7                                                                                                                                    | <b>2</b>  | <b>114.</b> |
| <b>3a</b> | Amount from Form 4255, Part I, line 3, column (r) (see instructions)                                                                                                     | <b>3a</b> |             |
| <b>b</b>  | Amount due from Form 8611                                                                                                                                                | <b>3b</b> |             |
| <b>c</b>  | Amount due from Form 8697                                                                                                                                                | <b>3c</b> |             |
| <b>d</b>  | Amount due from Form 8866                                                                                                                                                | <b>3d</b> |             |
| <b>e</b>  | Other amounts due (see instructions)                                                                                                                                     | <b>3e</b> |             |
| <b>f</b>  | Total amounts due. Add lines 3a through 3e                                                                                                                               | <b>3f</b> | <b>0.</b>   |
| <b>4</b>  | <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under<br>section 1294. Enter tax amount here | <b>4</b>  | <b>114.</b> |

**Part III Tax and Payments** (continued)

|            |                                                                                                          |           |             |
|------------|----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>5 a</b> | Current net 965 tax liability paid from Form 965-A, Part II, column (k)                                  | <b>5a</b> | <b>0.</b>   |
| <b>b</b>   | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15     | <b>5b</b> |             |
| <b>6 a</b> | Payments: Preceding year's overpayment credited to the current year                                      | <b>6a</b> |             |
| <b>b</b>   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | <b>6b</b> | <b>500.</b> |
| <b>c</b>   | Tax deposited with Form 8868                                                                             | <b>6c</b> |             |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions)                                 | <b>6d</b> |             |
| <b>e</b>   | Backup withholding (see instructions)                                                                    | <b>6e</b> |             |
| <b>f</b>   | Credit for small employer health insurance premiums (attach Form 8941)                                   | <b>6f</b> |             |
| <b>g</b>   | Elective payment election amount from Form 3800                                                          | <b>6g</b> |             |
| <b>h</b>   | Payment from Form 2439                                                                                   | <b>6h</b> |             |
| <b>i</b>   | Credit from Form 4136                                                                                    | <b>6i</b> |             |
| <b>j</b>   | Other (see instructions)                                                                                 | <b>6j</b> |             |
| <b>k</b>   | Section 1062 applicable net tax liability. Enter amount from 1062, line 14                               | <b>6k</b> |             |
| <b>7</b>   | <b>Total payments and section 1062 applicable net tax liability.</b> Add lines 6a through 6k             | <b>7</b>  | <b>500.</b> |
| <b>8</b>   | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>        | <b>8</b>  |             |
| <b>9</b>   | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed         | <b>9</b>  |             |
| <b>10</b>  | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid  | <b>10</b> | <b>386.</b> |
| <b>11</b>  | Enter the amount of line 10 you want: <b>Credited to 2026 estimated tax</b> <b>Refunded</b>              | <b>11</b> | <b>386.</b> |

For Refunded amount, also complete and attach Form 8050. See instructions.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

|            |                                                                                                                                                                                                                                                                                                                                                                    |                                   |           |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| <b>1</b>   | At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | <b>Yes</b>                        | <b>No</b> |
| <b>2</b>   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.                                                                                                                                                  |                                   | <b>X</b>  |
| <b>3</b>   | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                                                                                                                                                                                                                                                                 |                                   |           |
| <b>4</b>   | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.                                                                                                                                                |                                   |           |
| <b>5</b>   | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.                                                                                                                                |                                   |           |
|            | Business Activity Code                                                                                                                                                                                                                                                                                                                                             | Available post-2017 NOL carryover |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                    | \$                                |           |
| <b>6 a</b> | Reserved for future use                                                                                                                                                                                                                                                                                                                                            |                                   |           |
| <b>b</b>   | Reserved for future use                                                                                                                                                                                                                                                                                                                                            |                                   |           |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |                                                                                                                                                                                                                                                                                                                        |                      |                     |                                                 |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|-------------------------------------------------|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                      |                     |                                                 |
|                               | Signature of officer                                                                                                                                                                                                                                                                                                   | Date                 | Title               |                                                 |
| <b>Paid Preparer Use Only</b> | Enter preparer's name                                                                                                                                                                                                                                                                                                  | Preparer's signature | Date                | Check <input type="checkbox"/> if self-employed |
|                               | <b>BREE-ANN WEIDNER</b>                                                                                                                                                                                                                                                                                                |                      | 2026.07.16 12:41:42 |                                                 |
|                               | Firm's name                                                                                                                                                                                                                                                                                                            | Firm's EIN           |                     | PTIN                                            |
|                               | <b>CHERRY BEKAERT ADVISORY, LLC.</b>                                                                                                                                                                                                                                                                                   | <b>88-2730877</b>    |                     | <b>P01319397</b>                                |
|                               | Firm's address                                                                                                                                                                                                                                                                                                         | Phone no.            |                     |                                                 |
|                               | <b>6116 EXECUTIVE BLVD. SUITE 600</b>                                                                                                                                                                                                                                                                                  | <b>301-589-9000</b>  |                     |                                                 |
|                               | <b>ROCKVILLE, MD 20852</b>                                                                                                                                                                                                                                                                                             |                      |                     |                                                 |

|                                                                                   |                                                |                                    |
|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|

Form **990-T** (2025)

| FORM 990-T                          |                              | CONTRIBUTIONS | STATEMENT 1 |
|-------------------------------------|------------------------------|---------------|-------------|
| DESCRIPTION/KIND OF PROPERTY        | METHOD USED TO DETERMINE FMV |               | AMOUNT      |
| 50% CASH ONLY                       | N/A                          |               | 1,216,568.  |
| TOTAL TO FORM 990-T, PART I, LINE 4 |                              |               | 1,216,568.  |



| FORM 990-T                                    |  | CONTRIBUTIONS SUMMARY | STATEMENT 2 |
|-----------------------------------------------|--|-----------------------|-------------|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT |  |                       |             |
| QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT  |  |                       |             |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS |  |                       |             |
| FOR TAX YEAR 2020                             |  |                       |             |
| FOR TAX YEAR 2021                             |  | 1,053,960             |             |
| FOR TAX YEAR 2022                             |  | 1,150,432             |             |
| FOR TAX YEAR 2023                             |  | 1,251,836             |             |
| FOR TAX YEAR 2024                             |  | 1,164,621             |             |
| TOTAL CARRYOVER                               |  | 4,620,849             |             |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS          |  | 1,216,568             |             |
| TOTAL CONTRIBUTIONS AVAILABLE                 |  | 5,837,417             |             |
| TAXABLE INCOME LIMITATION AS ADJUSTED         |  | 60                    |             |
| EXCESS CONTRIBUTIONS                          |  | 5,837,357             |             |
| EXCESS 100% CONTRIBUTIONS                     |  | 0                     |             |
| TOTAL EXCESS CONTRIBUTIONS                    |  | 5,837,357             |             |
| ALLOWABLE CONTRIBUTIONS DEDUCTION             |  |                       | 60          |
| TOTAL CONTRIBUTION DEDUCTION                  |  |                       | 60          |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2025**

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                              |                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of the organization<br><b>SOCIETY FOR CONSERVATION BIOLOGY</b> | <b>B</b> Employer identification number<br><b>33-0147824</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>523000</b>   | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **INVESTMENTS**

| <b>Part I Unrelated Trade or Business Income</b>                                                    |                  | (A) Income       | (B) Expenses | (C) Net |
|-----------------------------------------------------------------------------------------------------|------------------|------------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales                                                                  |                  |                  |              |         |
| <b>b</b> Less returns and allowances                                                                | <b>c</b> Balance | <b>1c</b>        |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                      |                  | <b>2</b>         |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                                 |                  | <b>3</b>         |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions   |                  | <b>4a</b>        |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                           |                  | <b>4b</b>        |              |         |
| <b>c</b> Capital loss deduction for trusts                                                          |                  | <b>4c</b>        |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b> |                  | <b>5</b> 2,451.  |              | 2,451.  |
| <b>6</b> Rent income (Part IV)                                                                      |                  | <b>6</b>         |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)                                                    |                  | <b>7</b>         |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)         |                  | <b>8</b>         |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)              |                  | <b>9</b>         |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII)                                              |                  | <b>10</b>        |              |         |
| <b>11</b> Advertising income (Part IX)                                                              |                  | <b>11</b>        |              |         |
| <b>12</b> Other income (see instructions; attach statement)                                         |                  | <b>12</b>        |              |         |
| <b>13 Total.</b> Combine lines 3 through 12                                                         |                  | <b>13</b> 2,451. |              | 2,451.  |

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|                                                                                                                            |           |           |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        | <b>1</b>  |           |
| <b>2</b> Salaries and wages                                                                                                | <b>2</b>  |           |
| <b>3</b> Repairs and maintenance                                                                                           | <b>3</b>  |           |
| <b>4</b> Bad debts                                                                                                         | <b>4</b>  |           |
| <b>5</b> Interest (attach statement). See instructions                                                                     | <b>5</b>  |           |
| <b>6</b> Taxes and licenses                                                                                                | <b>6</b>  | 250.      |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b>  |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8a</b> | <b>8b</b> |
| <b>9</b> Depletion                                                                                                         | <b>9</b>  |           |
| <b>10</b> Contributions to deferred compensation plans                                                                     | <b>10</b> |           |
| <b>11</b> Employee benefit programs                                                                                        | <b>11</b> |           |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               | <b>12</b> |           |
| <b>13</b> Excess readership costs (Part IX)                                                                                | <b>13</b> |           |
| <b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 4</b>                                                       | <b>14</b> | 598.      |
| <b>15 Total deductions.</b> Add lines 1 through 14                                                                         | <b>15</b> | 848.      |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | 1,603.    |
| <b>17</b> Deduction for net operating loss. See instructions                                                               | <b>17</b> | 0.        |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16                                                 | <b>18</b> | 1,603.    |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2025

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|   |                                                                                                                          |   |                                                          |
|---|--------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------|
| 1 | Inventory at beginning of year .....                                                                                     | 1 |                                                          |
| 2 | Purchases .....                                                                                                          | 2 |                                                          |
| 3 | Cost of labor .....                                                                                                      | 3 |                                                          |
| 4 | Additional section 263A costs (attach statement) .....                                                                   | 4 |                                                          |
| 5 | Other costs (attach statement) .....                                                                                     | 5 |                                                          |
| 6 | <b>Total.</b> Add lines 1 through 5 .....                                                                                | 6 |                                                          |
| 7 | Inventory at end of year .....                                                                                           | 7 |                                                          |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                           | 8 |                                                          |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

|                                                                                                                                                   | A  | B | C | D |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 2 Rent received or accrued                                                                                                                        |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....                                                     |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....                                                       |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

|                                                                                                                           | A  | B | C | D |
|---------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property .....                                                          |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property                                               |    |   |   |   |
| a Straight line depreciation (attach statement) .....                                                                     |    |   |   |   |
| b Other deductions (attach statement) .....                                                                               |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D) .....                                                       |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |    |   |   |   |
| 6 Divide line 4 by line 5 .....                                                                                           | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 .....                                                                |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6 .....                                                                  |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... | 0. |   |   |   |
| 11 <b>Total dividends - received deductions</b> included in line 10 .....                                                 | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |                                                                                     |                                                          |
|------------------------------------|-----------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (2)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (3)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (4)                                |                                   |                                                   |                                     |                                                                                     |                                                          |

## Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10          |
|-------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| (1)               |                                                   |                                     |                                                                                      |                                                                     |
| (2)               |                                                   |                                     |                                                                                      |                                                                     |
| (3)               |                                                   |                                     |                                                                                      |                                                                     |
| (4)               |                                                   |                                     |                                                                                      |                                                                     |
|                   |                                                   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |
| <b>Totals</b>     |                                                   |                                     | 0.                                                                                   | 0.                                                                  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                    | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------|
| (1)                      |                                                                        |                                                     |                                  |                                                                        |
| (2)                      |                                                                        |                                                     |                                  |                                                                        |
| (3)                      |                                                                        |                                                     |                                  |                                                                        |
| (4)                      |                                                                        |                                                     |                                  |                                                                        |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
|                          |                                                                        | 0.                                                  |                                  | 0.                                                                     |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Description of exploited activity:                                                                                                       |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |  |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |  |

Schedule A (Form 990-T) 2025

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

|   |  |
|---|--|
| A |  |
| B |  |
| C |  |
| D |  |

Enter amounts for each periodical listed above in the corresponding column.

| A | B | C | D |
|---|---|---|---|
|   |   |   |   |

|   |                                                                              |  |  |  |    |
|---|------------------------------------------------------------------------------|--|--|--|----|
| 2 | Gross advertising income .....                                               |  |  |  |    |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |  |  |  | 0. |

|                                                                          |  |    |  |  |  |
|--------------------------------------------------------------------------|--|----|--|--|--|
| 3 Direct advertising costs by periodical .....                           |  |    |  |  |  |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) |  | 0. |  |  |  |

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

[illegible]

## 5 Readership costs

**6** Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 ..... 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|-------------------------------------------|----------------------------------------------------|
| (1)     |          | %                                         |                                                    |
| (2)     |          | %                                         |                                                    |
| (3)     |          | %                                         |                                                    |
| (4)     |          | %                                         |                                                    |

|                                                 |    |
|-------------------------------------------------|----|
| <b>Total.</b> Enter here and on Part II, line 1 | 0. |
|-------------------------------------------------|----|

|                |                                                    |
|----------------|----------------------------------------------------|
| <b>Part XI</b> | <b>Supplemental Information</b> (see instructions) |
|----------------|----------------------------------------------------|

| FORM 990-T (A)                                                 | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 3             |
|----------------------------------------------------------------|---------------------------------|-------------------------|
| DESCRIPTION                                                    |                                 | NET INCOME<br>OR (LOSS) |
| ALLIANCEBERNSTEIN HOLDING LP - ORDINARY BUSINESS INCOME (LOSS) |                                 | 2,451.                  |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5                   |                                 | 2,451.                  |

| FORM 990-T (A)                        | OTHER DEDUCTIONS | STATEMENT 4 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION                           |                  | AMOUNT      |
| TAX PREP FEES                         |                  | 598.        |
| TOTAL TO SCHEDULE A, PART II, LINE 14 |                  | 598.        |