** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011
Open to Public Inspection

| A | For t | ne 2011 calendar year, or tax year beginning ar | nd ending | | |
|--------------------------------|------------------|---|------------------|-----------------------------|------------------------------|
| В | Check applica | if C Name of organization | | D Employer identifi | cation number |
| | Add char | nge SOCIETY FOR CONSERVATION BIOLOGY | | | |
| | Nan char | Doing Business As | | 33-0 | 147824 |
| | Initia retu | | Room/suite | 1 | |
| | Tern | nin- 1017 O STREET NW | | 1 | 344133 |
| | | nded O: | | G Gross receipts \$ | $\frac{544133}{6,123,876}$ |
| | App | WASHINGTON, DC 20001 | | H(a) Is this a group re | |
| | pend | F Name and address of principal officer:ANNE HUMMER | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | |
| ŀ | Tax-e | xempt status: X 501(c)(3) 501(c)() | 1) or 527 | 1 | list. (see instructions) |
| | | ite: WWW.CONBIO.ORG | 701 321 | H(c) Group exemption | |
| | | of organization: X Corporation Trust Association Other | 1 Vear | | State of legal domicile: CA |
| | art I | Summary | 1 L (Cd) | or formations. I JO 7 10 | i State of legal domiche; CA |
| ø | 1 | Briefly describe the organization's mission or most significant activities: SEE | PART I | II. LINE 1. | |
| Governance | | | | | |
| i i | 2 | Check this box if the organization discontinued its operations or disc | osed of more | than 25% of its net as | sets. |
| ŏ | 3 | | | 3 | 23 |
| م ص | 4 | Number of independent voting members of the governing body (Part VI, line 1b |) | 4 | 23 |
| es | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 13 |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | | 150 |
| Activities | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 2,059. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 728. |
| | | | | Prior Year | Current Year |
| a | 8 | Contributions and grants (Part VIII, line 1h) | | 1,761,454. | 3,608,012. |
| aun | 9 | Program service revenue (Part VIII, line 2g) | | 1,356,807. | 2,144,535. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 36,717. | 38,012. |
| 1 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8,630. | 34,405. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,163,608. | 5,824,964. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 711,529. | 831,326. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Š | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 |) | 725,148. | 735,975. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | / | 0. | 755,575. |
| ĝ | b | Total fundraising expenses (Part IX, column (D), line 25) 70, 2 | 230. | | <u> </u> |
| úΪ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,421,591. | 2,408,744. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,858,268. | 3,976,045. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 305,340. | 1,848,919. |
| Net Assets or Fund Balances | | | Red | inning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 3,264,697. | 5,162,301. |
| TAS Id B | 21 | Total liabilities (Part X, line 26) | | 1,252,647. | 1,288,694. |
| <u> </u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 2,012,050. | 3,873,607. |
| Pa | art II | Signature Block | | | 3,073,007. |
| Und | er pena | alties of perjury, I declare that I have examined this return, including accompanying schedu | es and stateme | nts, and to the best of my | knowledge and belief, it is |
| true, | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of v | vhich preparer t | nas any knowledge. | The age and bonon, it is |
| | | LANCE XLIANNED | | 11-08- | 72 |
| Sigi | n | Signature of officer | | Date | |
| Her | е | ANNE HUMMER, EXECUTIVE DIRECTOR | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name // Preparer's signature | / Da | nte Check | _ MEd [|
| Paid | | Terri MKKNIGE QUINKIN | 4 1 | 0 31/12 if self-employed | P00543022 |
| Prep | arer | Firm's name GELMAN, ROSENBERG & FREEDMAN | , | Firm's EIN | 52-1392008 |
| Use | Only | Firm's address 4550 MONTGOMERY AVE SUITE 650N | | | |
| | | BETHESDA, MD 20814-2930 | | Phone no. (3 | 01) 951-9090 |
| Мау | the II | RS discuss this return with the preparer shown above? (see instructions) | | 1 | X Yes No |
| | | | | | |

| F | Part III Statement of Program Service Accomplishments 33-0147824 Page |
|-----|--|
| | Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: |
| , | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | TO ADVANCE THE SCIENCE AND PRACTICE OF CONSERVING THE EARTH'S BIOLOGICAL DIVERSITY. |
| | |
| _ | Did the organization undertake any eignificant |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | (1/17) Organizations and Section 4947(2)(3) truete are required to remark the |
| | The service reported |
| 4a | (Code:) (Expenses \$ 2.686.859 |
| | THE CONTRACTOR DO CONTRACTOR OF THE CONTRACTOR O |
| | |
| | |
| | |
| | |
| | AND DEVELOPMENTS IN CONSERVATION SCIENCE AND PRACTICE. MOST IMPORTANTLY, THEY CONNECT OUR GLOBAL COMMUNITY OF CONSERVATION PROFESSIONALS AND SERVE AS THE METERS OF THE PROFESSIONALS AND SERVE AS THE PROFESSIONALS AS THE PROFESSIONALS AND SERVE AS THE PROFESSIONALS AND SERVE AS THE PROFESSIONALS AS THE PROFESSIONALS AS THE PROFESSIONALS AND SERVE AS THE PROFESSIONALS AS THE PROFESSIONAL |
| | TIOT TOO TOUR AND DERVE AS THE MAJOO NEGROOTATIO OFFICE TO |
| | THE TAX AND THE CONDERVALION. ATTICKED UNC. TRICKED AND THE |
| | TOO MERIING IN COUNTY AND COLO |
| | MEETING IN CANADA. |
| 4b | PUBLICATIONS: THE SOCIETY FOR CONSERVATION BIOLOGY PUBLISHES TWO SCIENTIFIC JOURNALS: CONSERVATION BIOLOGY FOR TWO |
| | ALSO OFFERS A SUITE OF AFFILTATE DURING POUNDED IN 2008. THE SOCIETY |
| | |
| | |
| | CONSERVATION. FOR MEMBER-ORIENTED NEWS AND HAPPENINGS IN AND AROUND SCB, THE SOCIETY MAINTAINS THE SCB NEWS BLOG, THE SUCCESSOR TO SCB'S |
| | MEMBER NEWSLETTER. |
| | THE SCIENTIFIC JOURNAL CONSERVATION BIOLOGY ELUCIDATES, PROBES, AND PROJECTS ENVIRONMENTAL TRENDS WITH CONSERVATION BIOLOGY ELUCIDATES, PROBES, AND |
| | PROJECTS ENVIRONMENTAL TRENDS WITH CONSIDERABLE TECHNICAL STRENGTH. THE |
| ·C | (Code:) (Expenses \$ 180,665. including grants of \$) (Revenue \$ 393,451.) MEMBERSHIP: THE SOCIETY FOR CONSERVATION PROPERTY. |
| | MEMBERSHIP: THE SOCIETY FOR CONSERVATION BIOLOGY WAS FOUNDED TO PROVIDE A STRONG COLLECTIVE VOICE FOR THE COLEMAN AND PROVIDE TO PROVIDE |
| | |
| | CONSERVATION EFFORTS BY DECLIFIED THACERS. WE SUPPORT YOU IN YOUR |
| | CONSERVATION EFFORTS BY PROVIDING RESOURCES, EVENTS, AND INVALUABLE |
| | WORKING TO PREVENT LOSS OF BIODIVERSITY NO NATIONAL, AND GLOBAL LEVELS. IF YOU ARE |
| | YOUR CAREER OR IN THE WORLD - THIS IS YOUR PROFESSIONAL COMMUNITY. |
| | THIS IS TOOK PROFESSIONAL COMMUNITY. |
| | |
| | |
| | |
| | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$ |
| 002 | Total program service expenses ► 3,548,214. |
| 9-1 | SEE SCHEDULE O FOR CONTINUATION(S) |
| 10 | 2011.04040 SOCIETY FOR CONSERVATION BI 294811 |
| | |

Form 990 (2011) SOCIETY FOR Part IV Checklist of Required Schedules

| • | 3 orivate foundation of the control | | Ye | s No |
|-----|---|------------|----------|------------|
| 2 | If "Yes," complete Schedule A Is the organization required to complete Schedule R. Schedule of Contribute 19 | . 1 | | |
| 3 | Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political compaign activities as held to the company of | . 2 | X | |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization cases in this interest in the line of the organization cases. | | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection in | 3 | | X |
| 5 | during the tax year? If Yes, "complete Schedule C, Part II | t 4 | X | |
| ~ | 3 | | | |
| 6 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| · | and organization maintain any donor advised funds or any similar funds or accounts for which deport have the viets to | } | | |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| • | and the state of the discovery and the state of the state | | | |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | X |
| | Schedule D, Part III | 8 | | х |
| 9 | and the state of t | | <u> </u> | 1 |
| 40 | credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Port IV | 9 | | х |
| 10 | endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V | | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | 10 | | X |
| | as applicable. | | | |
| á | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| |) dit vi | 11a | X | |
| Ł | and a substitution of the securities in Part V line 19 that is 50% or many at the text | 110 | 22 | |
| | assets reported in Part X, line 167 if "Yes," complete Schedule D. Part VII | 11b | | Х |
| C | and the organization report an amount for investments - program related in Part X. line 13 that is 504, or more of its table | 1115 | | 21 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| C | and the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 1.0 | | 23 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | - 12 the organization report arramount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part V | 11e | | X |
| f | The driganization's separate or consolidated financial statements for the tax year include a footpote that addresses | | | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part V. | 11f | Х | |
| ı∠d | bid the organization obtain separate, independent audited financial statements for the tax year? If "Voc." complete | | | |
| h | Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent and the first state tax year: If less, complete | 12a | Х | |
| | and the statements for the tax year? | | | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | _X |
| 14a | Did the organization maintain an office, employees as greater at the first three states of the did the organization maintain an office, employees as greater at the first three states of the organization maintain an office, employees as greater at the first three states of the organization maintain an office, employees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization maintain an office amployees as greater at the first three states of the organization and the organization maintain and three states of the organization at the organization and the organization and the organization at the organization and the organization and the organization at the organization and the organization are states or the organization at the organization and the organization at the organization and the organization are states or the organization at the organization and the organization at the organization at the organization and the organization at the or | 13 | | X |
| b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United Outside Outside the United Outside Outsid | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts (and IV) | | | |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 14b | | X |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, solvent (A) line 0. | - | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | _15 | | <u>X</u> _ |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | | |
| 17 | and diguinization report a total of more than \$15.000 of expenses for professional fundroising assistance in the second standard in the second standard in the second seco | 16 | | <u>X</u> |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | | |
| 18 | and anguitation report more than \$10,000 total of fundraising event gross income and contributions of the second | 17 | | X |
| | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of green lines. | - | | |
| 19 | The contract of the state of th | 18 | | <u>X</u> |
| | complete scredule G, Part III | | | ••• |
| | THE COMMETA SCHOOL IN THE COMMETA SCHOOL IN | 19 | | <u>X</u> |
| b | 2 7 00 10 mile 20a, Gid the Olddiszdii() altach a conv of its gudited finencial states | 20a 20b | | <u>X</u> |
| | | AUU | 1 | |

Part IV Checklist of Required Schedules (continued)

| 2 | The manufacture of the state of | | Ye | s No |
|-----|--|------|--------------|------------|
| | The Complete Schedule L. Parts Land II | 0. | v | |
| 22 | | | X | _ |
| | Total III ves, complete schedule I, Parts I and III | 22 | X | |
| 23 | The second of th | . 22 | 1 | - |
| | restrict officers, directors, diustees, key employees, and highest compensated employees? If Illy Illy | | | |
| | Correction of the contraction of | 23 | X | |
| 24 | The state of the s | . 23 | +^ | |
| | Schedule K. If "No", go to line 25 | | | |
| | | 24a | | X |
| | The state of the first at a sociow account other than a refunding accrow at any time state at | | - | |
| | any tak overlipt bolids: | | | |
| | | 24c | | - |
| 25 | (SA) and O (OA) Organizations. Did the organization engage in an expect heretis | | | - |
| | and during the year? If "Yes," complete Schedule L. Part I | | | |
| ı | and the congaged in all excess perient transaction with a discussified person in a prient and | 25a | | X |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Constitute L, Fait I | | | |
| 26 | a roun to or by a content of former officer, director, trustee, key employee, highly componented and leave to the | 25b | - | X |
| | portion dustanding as of the end of the organization's tax year? If "Yes " complete Schedulo I. Port II | | | |
| 27 | and the digentization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 26 | - | X |
| | combination of employee thereof, a grant selection committee member, or to a 35% controlled anti- | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | | | 1 |
| 28 | barry to a basiless transaction with one of the following parties (see Schedule 1. Doct IV | 27 | | X |
| | instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes " complete Schedulo I. Port IV | | | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Ves." complete School to Sch | 28a | | X |
| C | A virginity of which a current of former officer, director, trustee, or key employee for a family mambas to see a | 28b | | X |
| | director, trustee, of direct of indirect owner? If "Yes," complete Schedule 1. Part IV | 00 | | ** |
| 29 | and any an action receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M | 28c | | X |
| 30 | The big difference commodified of art. Historical treasures, or other similar agents, or available of a section of a secti | 29 | | X |
| | Contributions Fit Fes, "Complete Schedule M | 00 | | 7.7 |
| 31 | o dissolve and cease operations? | 30 | | X |
| | If "Yes," complete Schedule N, Part I | | ĺ | 47 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ves." complete | 31 | | X |
| | ochedule N, Part II | 00 | | 7.7 |
| 33 | The trib organization own 100% of an entity disregarded as senarate from the organization contact the contact of the contact o | 32 | | <u>X</u> _ |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I | 00 | | 7.7 |
| 34 | - 3 3 Margarott Clarity (av. evenin) (b) (3x30) b button | 33 | | <u>X</u> |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | - | l | 77 |
| 35a | with the meaning of the meaning of section 5 (20)(13)(2) | 34 | | <u>X</u> |
| b | Did the organization receive any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled any payment from or engage in any transaction with a controlled and the controlled an | 35a | | <u>X</u> |
| | 333 (a) (13) Fit Tes, Complete Schedule R, Part V, line 2 | 051 | | 7.7 |
| 36 | | 35b | | <u>X</u> |
| - | " res, complete scriedule H, Part V, line 2 | 00 | | 77 |
| 37 | | 36 | | <u>X</u> |
| | and trial is treated as a partnership for federal income tax purposes? If "Yes " complete Schodule D. Dant III | | | ** |
| 38 | and anguith complete our ledgie O' and Brovide explanations in School to O for Day Day 1 | 37 | | <u>X</u> |
| | Note. All Form 990 filers are required to complete Schedule O | 00 | . l | |
| | | 38 | X | |

Statements Regarding Other IRS Filings and Tax Compliance Part V

| | Check if Schedule O contains a response to any question in this Part V | | | | | | | |
|-----|---|---|----------|-----|------|--|--|--|
| | | | ******* | Yes | IN | | | |
| 16 | 1 I for applicable | a 3 | 5 | | 1 | | | |
| k | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | h | 0 | | | | | |
| • | Did the organization comply with backup withholding rules for reportable payments to yendors and report | rtable gaming | | | | | | |
| _ | (gambling) winnings to prize winners? | | 1c | X | | | | |
| 28 | Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. | | | | 1 | | | |
| | filed for the calendar year ending with or within the year covered by this return | a 1 | 3 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? |) | 2b | X | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 1 | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3a | x | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b | X | 1 | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other auti | ority over a | - | | T | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account | ount)? | 4a | | 2 | | | |
| b | if yes, enter the name of the foreign country: ► | | | | 1 | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | ounts. | | | | | | |
| 5a | was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | |
| b | bid any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction | n? | 5b | | X | | | |
| С | if fes, to life bator 5b, did the organization file Form 8886-T? | | 5c | | | | | |
| ба | boos the organization have aimual gross receipts that are normally greater than \$100,000, and did the or | ragnization policit | | | | | | |
| | any contributions that were not tax deductible? | | 6a | | X | | | |
| b | | or gifts | - 52 | | - 2: | | | |
| | were not tax deductible? | J | 6b | | | | | |
| 7 | or garnestons that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services | s provided to the payor? | 7a | | Х | | | |
| b | of the Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | | |
| С | bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re- | auired | 7b | | | | | |
| | to file Form 8282? | | 7c | | Х | | | |
| d | 7d Tes, indicate the number of Forms 8282 filed during the year | | 70 | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri | act? | 7e | | Х | | | |
| f | bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X | | | |
| g | in the organization received a contribution of qualified intellectual property, did the organization file Form 8 | 3899 as required? | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | file a Form 1098.C2 | 79 7h | | | | | |
| 8 | opensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | supporting N/A | ,,, | - | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any ti | me during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | N/A | 9a | | | | | |
| b | bid the organization make a distribution to a donor, donor advisor, or related person? | N/A | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 30 | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | | | | | |
| d | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders N/A 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | ì | | | | |
| 12a | Section 4947(a)(i) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041 | ? | 12a | | | | | |
| b | if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | IZQ | - | **** | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | • | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | N/A | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O | *************************************** | iva | _ | | | | |
| 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 | | | | | | | |
| G | the the amount of reserves on hand | | | | | | | |
| 4a | and the organization receive any payments for indoor tanning services during the tax year? | | 14a | - | X | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 4 TO 1 | 1 | *7 | | | |

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 in Schedule O. See instructions.

| Se | ection A. Governing Body and Management | | | ***** | ****** | Σ | | | | |
|--------|--|-----------------------|---------|----------|--------------|----|--|--|--|--|
| 4 | a Enterthe number of the | | | | Yes | N | | | | |
| ' | a Enter the number of voting members of the governing body at the end of the tax year | 1a | 23 | | | | | | | |
| | 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 in Schedule 0. | | | | | | | | | |
| | b Enter the number of voting members included in line 1a, above, who are independent | 1b | 23 | | | | | | | |
| 2 | 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 | | х | | | | |
| 3 | bid the digalization delegate control over management duties customarily performed by or under the | attura a series | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | Х | | | | | |
| 4 | and organization make any significant changes to its governing documents since the prior Form code |) | - 1 | 4 | 1 | X | | | | |
| 5 | big the organization become aware during the year of a significant diversion of the organization's apport | ~O | Г | 5 | | X | | | | |
| 6 | and organization have members or stockholders? | | | 6 | Х | Δ | | | | |
| 78 | and a significant have members, stockholders, or other persons who had the power to elect or apply | nint one or | | ь | | | | | | |
| | more members of the governing body? | | | - | 77 | | | | | |
| Ł | - to any governance decisions of the organization reserved to (or subject to approval by) members, etc. | kholdere or | | 7a | X | | | | | |
| | persons other than the governing body? | | | | 7.7 | | | | | |
| 8 | and the organization contemporarieously document the meetings held or written actions undertaken during the year h | u tha fallat | | 7b | _X | | | | | |
| a | The governing body? | y me ronowing. | | 8a | Х | | | | | |
| b | a The governing body? b Each committee with authority to act on behalf of the governing body? | | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | 8b | X | | | | | |
| | | | | 1 | | | | | | |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Reve | | | 9 | | X | | | | |
| | Here a section of required by the lifternal Heve | nue Code.) | | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | _ | | Yes | No | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chap | | 1 | l0a | X | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | ters, affiliates, | | 1 | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body be | | 1 | 0b | X | | | | | |
| b | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | UIG TOP OF GRADIZATION have a written conflict of interest making of the conflict of interest making of the conflict of the co | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c | | 1 | 2a | X | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | onflicts? | 1 | 2b | X | | | | | |
| | in Schedule O how this was done | describe | | | | | | | | |
| 13 | Did the organization have | | . 1 | 2c | _X | | | | | |
| 14 | Did the organization have a written document retention and did not be organization have a written document retention and did not be organization have a written document retention and did not be organized and did not be or | | 1 | 3 | X | | | | | |
| 15 | Did the organization have a written document retention and destruction policy? | | . 1 | 4 | X | | | | | |
| | Did the process for determining compensation of the following persons include a review and approval by | independent | | | | | | | | |
| а | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive Director and approval by | | | | | | | | | |
| b | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | | 15 | 5a | X | | | | | |
| - | and a may amployees of the organization | | . 15 | 5b | | X | | | | |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | |
| _ | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? | with a | | | | | | | | |
| h | | | . 16 | ia | | X | | | | |
| | and the organization follow a written policy or procedure requiring the organization to evaluate its | manufata atau | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat | ion's | | | | | | | | |
| Sect | exempt status with respect to such arrangements? tion C. Disclosure | | 16 | ь | | | | | | |
| 17 | | | | | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed PA, NY, MD, VA | | | - | | | | | | |
| 10 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec | ction 501(c)(3)s only |) avail | able | | | | | | |
| | The indicate how you made these available. Check all that apply. | | , | // | | | | | | |
| 40 | Own website Another's website X Upon request | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict statements available to the public during the towards. | of interest policy a | nd fin | anci | al | | | | | |
| | and the public duting the tax year. | | | | ы | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and re | cords of the organia | ation: | | | | | | | |
| | C 11DDOC121111D, 1NC 2027344133 | or the organiz | anoii. | _ | | | | | | |
| 132006 | 1313 DOLLEY MADISON BOULEVARD, SUITE 402, MCLEAN, VA | 22101 | | | ·· | | | | | |

| Form | aan | (2011) | |
|-------|-----|--------|--|
| FUIII | 290 | {ZU11) | |

SOCIETY FOR CONSERVATION BIOLOGY

33-0147824 Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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 (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees;

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (D) (E) (F) Name and Title Position Average Reportable Reportable (do not check more than one Estimated hours per compensation box, unless person is both an compensation amount of officer and a director/trustee) week from from related other (describe trustee or director the organizations compensation hours for organization Highest compensated employee (W-2/1099-MISC) from the nstitutional trustee related (W-2/1099-MISC) organization organizations Кеу етрюуее and related in Schedule organizations O) (1) PAUL BEIR PRESIDENT 1.00 | xX 0 0. 0. LUIGI BOITANI PAST PRESIDENT 1.00 | xX 0. 0. 0. CATHERINE A. CHRISTEN SECRETARY 1.00 X X 0 0. 0. DAVID JOHNS TREASURER 1.00 x X 0 0. 0. (5) RODRIGO MEDELLIN PRESIDENT-ELECT 1.00 x X 0. 0. 0. (6) STEVEN BEISSINGER DIRECTOR 1.00 | x0 0. 0. (7) NORA BYNUM DIRECTOR 1.00 | X0 0 0. (8) CARLOS CARROLL DIRECTOR 1.00 X 0 0 0. (9) DOMINICK DELLASALA DIRECTOR 1.00 | X0. 0 0. (10) STEPHEN HANDLER DIRECTOR 1.00 x 0 0. 0. (11) NIGELLA HILLGARTH DIRECTOR 1.00 x 0 0 0. (12) BETH KAPLIN DIRECTOR 1.00 X 0 0 0. (13) CAROLYN LUNDQUIST DIRECTOR 1.00 x 0 0 0. (14) JEFF MCNEELV DIRECTOR 1.00 X 0 0 0. (15) ANDRAS BALDI DIRECTOR 1.00 Х 0 0 0. (16) ADINA MAYA MERENLENDER DIRECTOR 1.00 X 0 0. 0. (17) EDWARD NECTOR MWAVU DIRECTOR $1.00 \, | \, x$ 0 0 0. 132007 01-23-12

Form 990 (2011)

7

| (A) | (B) | mpl | loye | es, a | and C | Hig | hest | | rees (continue | d) | | |
|--|------------------------------|-----------------------|-----------------------|----------------|--------------------|------------------------------|----------------|----------------------------|------------------------|--|-----------------------|--------------------|
| Name and title | Average | | | • | C) sitio | n | | (D) | (E) | | | (F) |
| | hours per | (de | o not | check ess p | more | e than | one | Reportable | Reporta | | Es | timated |
| | week | off | icer a | nd a | direct | or/tru | stee) | compensation from | compensa | | i | ount of |
| | (describe | director | | | | | | the | from rela organizat | | 1 | other |
| | hours for | ording | | | | Pag | | organization | (W-2/1099- | MISC) | 1 | pensatio om the |
| | related | stee (| ruste | | | ensa | | (W-2/1099-MISC) | (** = ** 555 ; | | i | anization |
| | organizations in Schedule | 를 를 | onal | | layee | COMP | | | | | 1 - | related |
| | O) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Ротте г | | | | orga | nizations |
| (18) SIMON NEMTZOV | | ╁ | = | 10 | ž | 1 2 | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | | 0. | | ^ |
| (19) OWEN T. NEVIN | | | | | | | | | | <u> </u> | | 0 |
| DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | 0 |
| (20) BARRY NOON | | | | | | | | | | · · | | 0 |
| DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | 0 |
| (21) CHRIS PARSONS | | | | | | | | | | | | U |
| DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | 0 |
| (22) ANDREW S. PULLIN | | | | | | | | | | | | U |
| DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | 0 |
| (23) MARIANA M. VALE | | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | 0 |
| (24) ANNE HUMMER | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 35.00 | | | X | | | | 150,000. | | 0. | 12 | ,501 |
| | | | | | | | | | | | | 730+ |
| | | | _ | | | _ | _ | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | _ | 150,000. | | _ | | |
| c Total from continuation sheets to Part | VII. Section A | | | | | | . - | 130,000. | | 0. | 12 | ,501. |
| d Total (add lines 1b and 1c) | | | | | | | - | 150 000 | | 0. | 4.0 | 0. |
| Total number of individuals (including but compensation from the association) | t not limited to the | ose li | istec | d abo | ovel | who | rec | reived more than \$100.0 | 100 -4 1 1 | 0. | 12 | ,501. |
| compensation from the organization | | | | | | ***** | | owed more than \$100,0 | oo or reportat | ole | | 4 |
| 3 Did the organization list any former office | | | | | | | | | | | Υ | es No |
| 3 | er, director, or trus | stee, | key | em | ploy | ee, c | or hiç | ghest compensated emp | oloyee on | | | |
| line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a is the | r such individual | | | | | | | | | | 3 | _ x |
| | | | | | | | | | | | | |
| and related organizations greater than \$1 5 Did any person listed on line 1a receive or | 50,000? If "Yes," | com | plet | e Sc | hed | lule . | J for | such individual | | L | 4 | ζ |
| 5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co | r accrue compens | atio | n fro | m a | ny u | ınrel | ated | l organization or individu | al for services | ; | | |
| Section B. Independent Contractors | mbiere scueanie | J for | suc | h pe | erso | <u>n</u> | | | ************ | | 5 | X |
| Complete this table for your five highest of the organization. Benort compensation for | Compensated inde | nan | don | + oor | | | | . | ···· | ······································ | | |
| the organization. Report compensation fo | or the calendar ve | ar en | dino | wit | nnac h or | otors with | i ina in th | t received more than \$1 | 00,000 of con | npensat | ion fron | n |
| (A) | | | | | | ***** | | (B) | ar. | | (0) | |
| Name and busines | | | | | | | | Description of sen | /ices | Cor | (C) npensa | tion |
| BURK & ASSOCIATES, INC., | 1313 DO | LLE | ΞY | | | | FI | N./MEMBERSH | į. | | пропод | |
| MADISON BLVD., STE 402, | MCLEAN, ' | VΑ | 22 | 210 | 1 | | | CS./MTG. MGN | | | 202 | 250 |
| MIARRELLA OF MASHINGTON | T, 4333 BI | 300 |)KT | ۷Y. | 1 | | | | 1 | | 404, | 250. |
| VE NE, 17TH FLOOR, SEAT | TLE, WA | 8 1 | 95 | 5 | | | PU | BLICATION SE | RVICES | | 1 // / | 108. |
| | | | | | | | | | | ······································ | / | T00. |
| | | | | | ·· ······ | | <u> </u> | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (| (including but not | limit | ed t | o the | ose | liste | d ab | ove) who received more | than | | | |
| \$100,000 of companyation from the aver- | | | | | _ | | | , | | | | |

\$100,000 of compensation from the organization

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded fron tax under sections 512 513, or 514 |
|---------------------------|----------|---|--------------------|---|---------------------------------------|---|--|--|
| ij | 1 a | a Federated campaigns | 1a | | | | | |
| and Other Similar Amounts | | Membership dues | | | | | | |
| Ā | C | Fundraising events | 1c | | | | | |
| ä | | d Related organizations | 1d | | | | | |
| E | | Government grants (contribution) | | 38,500. | | | | |
| ĕ | f | All other contributions, gifts, gra | | | | | | |
| Ę | | similar amounts not included abo | | 3569512. | | | | |
| 2 | Q | Noncash contributions included in line | s 1a-1f: \$ | | | | | |
| 0 | h | Total, Add lines 1a-1f | | | 3608012. | | | |
| | | | | Business Code | | | | |
| | | MEETINGS | | 900099 | 1045740. | 1045740. | | |
| e E | | PUBLICATIONS | | 900099 | 705,344. | | | |
| Ş | С | ====================================== | 3 | 900099 | 393,451. | 393,451. | | |
| e L | d | | | | | | | |
| Hevenue | е | | | | | | | |
| | f | 1 3. an 1. an 1 | enue | | | | | |
| + | | Total. Add lines 2a-2f | | <u></u> | 2144535. | | | |
| | 3 | Investment income (including | dividends, inte | rest, and | | | | |
| ŀ | | other similar amounts) | | | 27,286. | | | 27,286 |
| ł | 4 | Income from investment of ta | | | | | | |
| | 5 | Royalties | | | 7,039. | | | 7,039 |
| 1 | | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | 25,684 | | | | | |
| | | Rental income or (loss) | | • | | | | |
| 1. | _ a | Net rental income or (loss) | | <u> </u> | 4,025. | | 2,059. | 1,966 |
| | / a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 283954 | • | | | | |
| | b | Less: cost or other basis | 05000 | | | | | |
| | | and sales expenses | 273228 | | | | YELLOW THE PROPERTY OF THE PRO | |
| | С | Gain or (loss) | 10,726 | | | | | |
| ١. | a | Net gain or (loss) | | | 10,726. | | | 10,726 |
| 1 3 | за | Gross income from fundraising | • | | - | | | |
| | | including \$ | of | | T T T T T T T T T T T T T T T T T T T | | | |
| | | contributions reported on line | | | + | | | |
| | | Part IV, line 18 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| _ | | Net income or (loss) from fund | | <u></u> | | | | |
| 9 | , a | Gross income from gaming act | ivities. See | | | | | |
| | | Part IV, line 19 | a | | | | *************************************** | |
| | a | Less: direct expenses | b | | | | | |
| 40 | | Net income or (loss) from gami | | | | | | |
| TU | | Gross sales of inventory, less r | | Type and the same | | | | - |
| | | and allowances | a | | | | | |
| | | Less: cost of goods sold | | | | | | • |
| | <u>c</u> | Net income or (loss) from sales | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| 11 | | REIMBURSEMENTS | | 900099 | 12,095. | | | 12,095. |
| | | MISCELLANEOUS | | 900099 | 11,246. | | | 11,246. |
| | C . | All II | | | | | | ,, |
| | d . | All other revenue | | | | | | |
| | e ' | Total. Add lines 11a-11d | ****************** | | 23,341. | | | |
| 12 | | Total revenue. See instructions. | | > | 5824964. | 2144535. | 2,059. | 70,358. |

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) but are not required to complete columns (B), (C), and (D).

| not include amounts reported on lines 6b, | (A) | _ (B) | (C) | (P) |
|---|---|--|---|--|
| 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | | | | |
| | 730,839. | 730,839. | | |
| | | | | |
| | 100,487. | 100,487. | | |
| | | | | |
| | | | | |
| Panefits neid to aut to a fee | | | | |
| Componential of surred of | | | | |
| compensation of current officers, directors, | 4.60 - 6.1 | | | |
| Comparestion not included about to division | 162,501. | 91,001. | 71,500. | |
| | | | | |
| | | | | |
| | 450 606 | | | |
| Pancion plan accruale and contributions | 452,686. | 173,312. | 279,374. | |
| | 01 105 | | | |
| Section 401(k) and section 403(b) employer contributions) | | | 12,106. | |
| Payroli toyog | | | | |
| Food for consisted (some small-suppl) | 46,052. | 19,662. | 26,390. | |
| | | | | |
| | | | | |
| Accounting | | | 15,599. | |
| Accounting | 128,161. | 38,429. | 89,732. | |
| Professional fundacining and the Co. D. 1977. | | | | |
| | | | | |
| | | | | |
| Advertising and prometing | | | | 16,431 |
| Advertising and promotion | | | | |
| Information to should be a | | | | 8 |
| Pour History | 3,210. | 963. | 2,247. | |
| Convenies | 40 4== | | | |
| | | | 10,175. | |
| | 187,552. | 161,993. | 21,467. | 4,092 |
| | | | | |
| | | | | |
| Interest | | | | 357 |
| | 19,105. | 25. | 19,080. | |
| Payments to affiliates | | | | |
| | | | | |
| | 14,541. | 4,549. | 9,992. | |
| above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| ALLOCATION OF M&G | 0. | 413.184. | -462 526 | 49,342. |
| | | | +04,540. | 47,344. |
| | | | | |
| | | | 2 727 | |
| All other expenses | | | | |
| | | | | 70,230. |
| Joint costs. Complete this line only if the organization | | | 23/,001. | 10,430. |
| | [| | | |
| reported in column (B) joint costs from a combined | | 1 | l l | |
| reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ALLOCATION OF CM DUES & SUBSCRIPTIONS FEES/PENALTIES/TAXES All other expenses | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 25 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 49th) and section 49th) and section 49th) and section 49th (include section 49th) and persons described in section 49th) and section 49th) and section 49th) and persons described in section 49th) and persons des | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 (730 , 839 , 730 , 830 , 730 , 839 , 730 , 839 , 730 , 830 , 730 , 839 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 830 , 730 , 730 , 830 , 730 , 730 , 830 , 730 , 730 , 830 , 730 , 830 , 730 , 730 , 830 , 730 , 730 , 830 , 730 |

Form 990 (2011)
Part X Balance Sheet

| I | | Data not once | | | | |
|-----------------------------|-----|--|--|---------------------------------|----------------|--------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 194,111 | . 1 | 204,571. |
| | 2 | Savings and temporary cash investments | THE STATE OF THE S | 251,224 | | 208,254. |
| | 3 | Pledges and grants receivable, net | | 150,000 | | 2,185,724. |
| | 4 | Accounts receivable, net | 1 | 368,504 | 4 | 461,978. |
| | 5 | Receivables from current and former officers, directors, t | rustees, key | 300/301 | + | **UI, 370. |
| | | employees, and highest compensated employees. Comp | olete Part II | | | |
| | | of Schedule L | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined | under section | | 3 | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), ar | nd contributing | | | |
| | | employers and sponsoring organizations of section 501(c | | | | |
| ۲0 | | employees' beneficiary organizations (see instructions) | - (a) Tolamary | | | |
| Assets | 7 | Notes and loans receivable, net | | | 6 | |
| Ass | 8 | Inventories for sale or use | | | 7 | |
| | 9 | Prepaid expenses and deferred charges | | 47,010. | 8 | 20 050 |
| | 10a | Land, buildings, and equipment: cost or other | | 47,010. | 9 | 38,058. |
| | | basis. Complete Part VI of Schedule D 10a | 1.392.834 | | | |
| | b | 1 0000 000 mouleted deserved in | 148,880. | 1,300,335. | 40 | 1 040 054 |
| | 11 | Investments - publicly traded securities | 230,000. | 953,513. | 10c | 1,243,954. |
| | 12 | Investments - other securities. See Part IV, line 11 | 773,313. | | 787,259. | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 12 | | |
| | 14 | Intangible assets | | 13 | | |
| | 15 | Other assets. See Part IV, line 11 | | 0. | 14 | 20 502 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,264,697. | 15 | <u>32,503.</u> | |
| | 17 | Accounts payable and accrued expenses | | 265,161. | 16 | 5,162,301. |
| | 18 | Grants payable | | 200,101. | 17 | 553,759. |
| | 19 | Deferred revenue | 347,486. | 18 | 111 000 | |
| | 20 | Tax-exempt bond liabilities | | 347,400. | 19 20 | 111,929. |
| S | 21 | Escrow or custodial account liability. Complete Part IV of | Schedule D | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustee | s, kev emplovees | | 21 | |
| jab | | highest compensated employees, and disqualified person | s. Complete Part II | | | |
| ! | | of Schedule L | 2 | | 00 | |
| | 23 | Secured mortgages and notes payable to unrelated third | parties | 640,000. | 22 | 622 006 |
| | 24 | Unsecured notes and loans payable to unrelated third par | ties | 0 # 0 , 0 0 0 . | | 623,006. |
| | 25 | Other liabilities (including federal income tax, payables to | related third | | 24 | |
| | | parties, and other liabilities not included on lines 17-24). C | omplete Part X of | | | |
| | | Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,252,647. | 26 | 1,288,694. |
| | | Organizations that follow SFAS 117, check here | X and complete | | | 1,400,094. |
| es | | lines 27 through 29, and lines 33 and 34. | | | | |
| and | 27 | Unrestricted net assets | | 1,795,058. | 27 | 1 660 000 |
| Bal | 28 | remporarily restricted net assets | | 216,992. | 28 | 1,662,883. 2,210,724. |
| 2 | 29 | Permanently restricted net assets | | 220/3321 | 29 | 2,210,724. |
| Ē | | Organizations that do not follow SFAS 117, check here | and | | 25 | |
| ъ | | complete lines 30 through 34. | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Ass | 31 | Paid-In or capital surplus, or land, building, or equipment fu | ind | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or o | ther funds | | 32 | |
| _ | 33 | Total net assets or fund balances | | 2,012,050. | 33 | 3,873,607. |
| , | | Total liabilities and net assets/fund balances | | <u> </u> | 00 | J.0/J.0U/. |

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

Form 990 (2011)

За

3b

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number Part I Reason for Public Charity Status (All Part I Reason for Public Charity (All Pa 33-0147824

| The ora | anization is not | a private face - | anty Status (All orga | nizations r | nust comp | lete this p | art.) See ii | nstructions | 3. | | | |
|------------|------------------|-----------------------|---|----------------|------------------------------|--------------|---------------------|---------------------------------------|--------------|---------------------------------------|----------|----------|
| 1 | A church o | a private roundation | on because it is: (For line | s 1 throug | h 11, chec | k only one | box.) | | | | | |
| 2 | A school do | oriversion of churc | hes, or association of ch | urches de | scribed in s | section 1 | 70(b)(1)(A) |)(i). | | | | |
| 3 | A bospital a | scribed in section | 170(b)(1)(A)(ii). (Attach | Schedule I | ≣.) | | | | | | | |
| 4 | A medical re | s a cooperative no: | spital service organizatio | n describe | d in sectio | on 170(b)(| 1)(A)(iii). | | | | | |
| T | , only, and old | | on operated in conjunction | | | | | | | | al's na | me, |
| 5 | An organiza | tion operated for th | ne benefit of a college or | university | owned or o | operated l | oy a gover | nmental u | nit describ | ed in | | |
| | 36011011171 | otojt ijtajtivj. (Com | ipiete Part II.) | | | | | | | 33 (1) | | |
| 6 <u> </u> | J A federal, st | ate, or local goverr | nment or governmental u | nit describ | ed in sect i | ion 170(b) | (1)(A)(v). | | | | | |
| / | J An organiza: | tion that normally r | eceives a substantial par | rt of its sup | port from | a governn | nental unit | or from th | e general | public des | cribed | in |
| 8 | 3 | THOOP TINDING WELL | Jete Part II.) | | | | | | | | | |
| 9 X | An organizat | y trust described in | section 170(b)(1)(A)(vi |). (Complet | te Part II.) | | | | | | | |
| | | ated to its exempt | eceives: (1) more than 33 | 3 1/3% of i | ts support | from cont | ributions, | membersh | nip fees, ai | nd gross re | eceipts | from |
| | 4011111001010 | acca to its exempt | runctions - subject to cer | tain excep | tions, and | (2) no moi | re than 33 | 1/3% of it | e eunand | from area | . : | . |
| | See section | 509(a)(2). (Comple | s taxable income (less se | ction 511 | tax) from b | usinesses | acquired | by the org | anization a | after June | 30, 19 | 75. |
| 10 | | | operated exclusively to t | oot for aut | alia autus. | 0 | | | | | | |
| 11 | An organizat | ion organized and | operated exclusively to a | the benefit | one sarety. | See secti | on 509(a) | (4). | | | | |
| | more publich | v supported organi | operated exclusively for | tion 500/a | i oi, to pen | form the fu | inctions o | f, or to car | ry out the | purposes | of one | or |
| | describes the | e type of supportin | izations described in sec ig organization and comp | olete lines | 110 through | ion 509(a) | (2). See s € | ection 509 | (a)(3). Che | ck the box | that | |
| | а Туре | ь | Type II | | pe III - Fun | | | | | 1 | | |
| е 🔙 | | | hat the organization is no | ot controlle | d directive | ctionally if | itegrated | | d | Type III - | Other | |
| | foundation m | nanagers and other | than one or more public | dy sunnant | ed organiz | ntions de | y by one c | or more dis | qualified p | persons oti | ner tha | an |
| f | If the organiz | ation received a wi | ritten determination from | the IBS th | ou vigaliiz. Natitie a Tv | anons des | scribed in : | section 50 | 9(a)(1) or s | section 509 | 9(a)(2). | |
| | supporting or | rganization, check | | | | | | | | | | Γ |
| g | | | organization accepted a | inv gift or c | contribution | n from any | of the fel | | | | | . L |
| | (i) A person | n who directly or in | directly controls, either a | alone or to | nether with | nerenne i | decribed | iowing per | SONSY | | Γ | T |
| | the gove | erning body of the | supported organization? | | 904107 4141 | P0130113 1 | aeschbed | iii (ii) arid i | iii) below, | | Yes | No |
| | (ii) A tarring | member of a perso | on described in (i) above | ? | | | | | | | | |
| | (iii) A 35% c | controlled entity of | a person described in (i) | or (ii) abov | e? | | | | | 11g(ii) | | |
| h | Provide the fo | ollowing information | n about the supported or | rganization | ı(s). | | | | | 11g(iii) | l | l |
| | | | | • | (-) | | | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | (iv) Is the | organization | (v) Did vo | u notify the | (vi) is | the | , | | |
| orga | anization | | organization (described on lines 1-9 | in col. (i) li | sted in your | organizat | ion in col. | organization (i) organiz | on in col. | (iiv) | | Í |
| | | | above or IRC section | governing | document? | (i) of you | r support? | U.S | .? | sup | JUH | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Γotal | | | 1 | 1 | | t | 1 | 1 | E . | | _ | |
| | 1 | | | | | | | | | | | |

13 2011.04040 SOCIETY FOR CONSERVATION BI 29481__1

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

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 failed to qualify under Part III. If the organization

| - 1 | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | 10.7 |
|----------------------|---|--|--|--|-----------------------------------|---|---|
| | Gifts, grants, contributions, and | | | • | (4) 20,0 | (e) 2011 | (f) Total |
| | membership fees received. (Do not | | | | | | |
| _ | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | Table of convices of facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | , | | |
| | amount shown on line 11, | | | | | | |
| _ | column (f) | | | | | | |
| ن و | Public support. Subtract line 5 from line 4. | | | | | | |
| | ndar year (or fiscal year beginning in) | | | | | | |
| 7 | Amounts from line 4 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 8 | Gross income from interest, | | | | | | |
| • | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | TTTTALL | | |
| | business is regularly carried on | | | | | | |
| 0 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | |] | | |
| | assets (Explain in Part IV.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, etc | / | | | | | |
| 3 | First five years If the Form 900 is for the | . (see instruction | ns) | | | 12 | |
| | First five years. If the Form 990 is for the | organization's | first, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | *************************************** |
| ec | organization, check this box and stop he tion C. Computation of Public S | Support Per | centage | | | |) |
| | Public support percentage for 2011 (line) | column (f) div | ided by line 11, and | (6) | | | |
| | Public support percentage from 2010 Sci | edule A. Part II | line 14 | OTHIT (1)) | | 14 | |
| | " or oupport test - 2011. If the organ | iization did not | Check the havian I | ino 12 and line 44 | :- 00 4 max | 15 | |
| | as a | Papilar Sabboi | ned organization | | | | |
| b : | | | | | | | |
| | - 15 File of the organization qualities | as a dudiiciv su | DDOrted organizati | nn - | | | |
| á | | | | | | | |
| a | | الماري | STEEST Chack this | hay and -t- 1 | PT 1 | | |
| a a | Serve and thousand the factoral | u orcumstance | | vvv and Stub ner | e. Explain in Part | IV DOW the organiz | |
| 'a' a' | neets the "facts-and-circumstances" test. | The organization | III (III I AIIII) DE DE DE DE | Nuclea ou a se a a a a a | | | |
| a f a f b 1 | neets the "facts-and-circumstances" test. 0% -facts-and-circumstances test - 20 | The organization | ni quaimes as a pu nization did not che | blicly supported o | rganization | | |
| a f a r b 1 | neets the "facts-and-circumstances" test. 0% -facts-and-circumstances test - 20 nore, and if the organization meets the "facts-and-circumstances" | The organization of the or | on qualities as a pur nization did not che stances" test, chec | blicly supported o ck a box on line 1. | rganization 3, 16a, 16b, or 17 | a, and line 15 is 10 | |
| ar bil o | neets the "facts-and-circumstances" test. | The organization of the thick of the organization of the organizat | or qualities as a punication did not che stances" test, checone organization quali- | blicly supported of the control of t | rganization | a, and line 15 is 10 n Part IV how the | |

(Complete only if you checked the box on line 9 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.)

| | tion A. Public Support | polew, picase com | piete rait II.) | | | | |
|-------------------------|--|-----------------------|--|----------------------|--|--------------------|-----------------|
| | ndar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (-I) 2010 | T | |
| | Gifts, grants, contributions, and | | 13723 | (6) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 571,872. | 1,136,000. | 1 545 000 | | | |
| | 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 | | | 1,546,998. | 1,761,454 | 3,608,012 | 8,624,33 |
| | Gross receipts from activities that | 2,060,949. | 1,693,344. | 1,493,679. | 1,356,807. | 2,144,535 | 8,749,31 |
| ; | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| | Tax revenues levied for the organ- | | | | | | |
| | zation's benefit and either paid to | | | | | | |
| c | or ovponded on the balance | | | | | | |
| | The value of services or facilities | | | | | | |
| f | iurnished by a governmental unit to the organization without charge | 7 | Total de proposition de la constanta de la con | | | | |
| | Fotal. Add lines 1 through 5 | 2,632,821. | | | | | |
| 7a A | Amounts included on lines 1, 2, and | 2,032,021. | 2,829,344. | 3,040,677. | 3,118,261. | 5,752,547. | 17,373,650 |
| | received from disqualified persons | | | | | | |
| b A fr e: | mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5 000 or 1% of the | | | | | | 0 |
| - Δ | mount on line 13 for the year | | | | | | 0 |
| 8 D | urblic current is | | | | | | 0 |
| Sect | ublic support (Subtract line 7c from line 6.) [| | | | | | 17,373,650 |
| | ar year (or fiscal year beginning in) | | | | | | |
| ο Α | mounts from line 6 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 10aG | ross income from interest, | 2,632,821. | 2,829,344. | 3,040,677, | 3,118,261. | 5,752,547. | 17,373,650 |
| di se | ividends, payments received on ecurities loans, rents, royalties and income from similar sources | 78,141. | 56,154. | 44,239. | 49,245. | | |
| (le ac | nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975 | | | | 49,245. | 64,034. | 291,813. |
| c A | dd lines 10a and 10b | 78,141. | 56,154. | 44,239. | 49,245. | C4 034 | |
| 11 Ne ac wh re | et income from unrelated business stivities not included in line 10b, nether or not the business is gularly carried on | | 30/134. | 44,239. | 49,245. | 64,034. | 291,813. |
| 12 Ot or as | ther income. Do not include gain loss from the sale of capital sets (Explain in Part IV.) | | | | | 23,341. | 72 241 |
| 3 To | tal support (Add lines 9, 10c, 11, and 12.) | 2,710,962, | 2,885,498. | 3,084,916. | 3,167,506. | | 23,341. |
| 4 Fir | eck this box and stop here | he organization's fi | rst, second, third. | fourth, or fifth tax | Vear as a section i | 5,839,922. | 17,688,804. |
| | The state of the s | | | , | , - a. | or (c)(o) organiza | uon, |
| ectic | The state of the s | · OUDDOLL FEIL: | emano | | | | <u></u> |
| 5 Pu | blic support percentage for 2011 (line | e 8, column (f) divid | ded by line 13, colu | umn (fl) | 1: | - | 00 00 |
| | Sid Support beidentage Hom 2010 S | Chedule A. Cart III. | line 15 | | | | 98.22 % |
| ecuc | <u>ภา บ. Computation of Investi</u> | ment Income I | Percentage | | | 5 | 98.19 % |
| 7 Inv | estment income percentage for 2011 | f (line 10c. column | (f) divided by line | 13 column (fl) | | | |
| | Some percentage from 20 | 10 Schedule A. Pai | rf !!! line 17 | | 1 | | 1.65 % |
| ∌a 33 | 1/3% support tests - 2011. If the or | ganization did not | check the how on i | ine 14 and line 15 | | | 1.81 % |
| | The state of the s | Stop nere, The or | danization dualitics | ac a publishe our | وراو بالمستقديمية | | |
| b 33 | 1/3% support tests - 2010. If the organism of the start o | ganization did not | check a how on #- | o ao a publiciy sup | ported organizatio | on | ▶ X |
| line | 18 is not more than 33 1/3%, check | this hox and etan | hara The even | e 14 or iinė 19a, ar | na line 16 is more | than 33 1/3%, an | d |
|) Pri | vate foundation, if the organization o | tid not check a ba- | mere, me organiz | auon qualifies as a | publicly supporte | ed organization | |
| 2023 01 | -24-12 | -/- HOL GHECK & DO | CORRINE 14, 19a, o | r 19b, check this b | | | |
| | | | 4 | | Sched | ule A (Form 990 d | or 990-EZ) 2011 |

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

Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Organization type (che | SOCIETY FOR CONSERVATION BIOLOGY | 33-0147824 |
|--|--|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | <u></u> | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Check if your organization | Dis covered by the O | |
| Note. Only a section 501 | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | See instructions |
| General Rule | a sepondi fidi | o. Ode matridotions. |
| X For an organizat | ion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in mo | ney or property) from any one |
| Special Rules | | |
| ()(-) | 1(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the regui 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gr n (i) Form 990, Part VIII, line 1h, or (ii) Form 990·EZ, line 1. Complete Parts I and II. | iations under sections eater of (1) \$5,000 or (2) 2% |
| For a section 50° total contribution | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or eduction for cruelty to children or animals. Complete Parts I, II, and III. | utor, during the year, ational purposes, or |
| If this box is chec purpose. Do not (| (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions use exclusively for religious, charitable, etc., purposes, but these contributions did not total sked, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization because it refle, etc., contributions of \$5,000 or more during the year. | to more than \$1,000. religious, charitable, etc., |
| | that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, little filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | Form 990, 990-EZ, or 990-PF), ne 2 of its Form 990-PF, to |
| A For Donous I. D. I | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

33-0147824

| (a) | (b) | (c) | , |
|------------|-----------------------------------|----------------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | (d) Type of contribution |
| 1 | | \$ 3,171,884. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 75,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 - | | \$ 72,900. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 30,000. | Person X Payroll |
| (a) Vo. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 25,000. | Person X Payroll |

Name of organization

Employer identification number

| SOCIETY | FOR | CONSERVATION | BTOLOGY |
|---------|-----|--------------|---------|
| | | | DIOLOGI |

33-0147824

| (a) No. | (b) | (c) | (d) |
|------------|-----------------------------------|----------------------------|--|
| 140. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | | \$ 25,000. | Person X Payroll Noncash (Complete Part II if the is a noncash contribut |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) | | \$ 22,500. | Person X Payroll Noncash (Complete Part II if ther is a noncash contribution |
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| a) lo. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$\$. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| a) o. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .1 | | \$\$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution |
| | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person X Payroll Noncash (Complete Part II if there |

Name of organization

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

| Part I | Contributors (see instructions). Use duplicate copies of Part Life | additional space is needed. | 3-0147824 |
|--------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$\$. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$\$,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 - | | \$\$,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 452 01-23-12 | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 9, 990-EZ, or 990-PF) (2011) |

Employer identification number

SOCIETY FOR CONSERVATION BIOLOGY

33-0147824

| (b) | | |
|--|--|--|
| Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | \$ | |
| | (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given | (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) Description of noncash property given (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) |

| Name of organi | | OLOGY | Employer identification number |
|---------------------------|---|--|--|
| | Exclusively religious, charitable, etc., in year. Complete columns (a) through (e) and the total of exclusively religious, charitable, Use duplicate copies of Part III if addition | dividual contributions to section 501(I the following line entry. For organizate etc., contributions of \$1,000 ex loss for | (c)(7), (8), or (10) organizations that total more than \$1,000 for to the year. (Enterthis information once.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gi | |
| | To a name, acadess, a | allu ZIF + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Tronsferral | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| a) No. from 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, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| a) No. from 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 | d ZIP + 4 | Relationship of transferor to transferee |
| | | | |

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

If the organization answered "Yes" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | | | | mployer identification number |
|---|---|--|--|--|
| SOCIET | Y FOR CONSERVAT | ON BIOLOGY | | |
| Part I-A Complete if the or | rganization is exempt u | nder section 501(| c) or is a section 52 | 33-0147824 7 organization |
| 1 Provide a description of the organ2 Political expenditures3 Volunteer hours | nization's direct and indirect pol | itical campaign activitie | es in Part IV. | |
| Part I-B Complete if the or | ganization is exempt u | nder section 5016 | c)(3) | |
| i Litter the amount of any excise ta: | X incurred by the organization (| inder coeties 4055 | | |
| | | | | |
| | | | | |
| | | | | Yes No |
| b if "Yes," describe in Part IV. Part I-C Complete if the or | | | | Yes No |
| 1 Enter the amount distribution | ganization is exempt ur | ider section 501(d | c), except section 50 |)1(c)(3). |
| i mine amount directly expende | d by the filing organization for a | eaction 507 avamment 5 | _4.* | \$ |
| E Enter the amount of the filling organ | nization's funds contributed to | Other organizations for | coation EO7 | |
| exempt function activities 3 Total exempt function expenditure | e Addings 1 seed 0 E st. st | | | • \$ |
| line 17b | s. Add mies i and 2. Enter here | and on Form 1120-PC | L, | |
| line 17b 4 Did the filing organization file Form 5 Enter the names, addresses and elements. | 1120-POL for this year? | | | \$ |
| 5 Enter the names, addresses and er | | | | Yes No. |
| | mplover identification number (| EIN) of all continue 507 | 2117 | Yes No |
| made payments. For each organiza | ation listed, enter the amount of | ziN) of all section 527 p | political organizations to wi | nich the filing organization |
| made payments. For each organization | ation listed, enter the amount particularly and directly delivered to | aid from the filing organ | political organizations to wi rization's funds. Also enter | nich the filing organization |
| made payments. For each organization | ation listed, enter the amount particularly and directly delivered to | aid from the filing organ | political organizations to wi rization's funds. Also enter | nich the filing organization |
| made payments. For each organiza | ation listed, enter the amount particularly and directly delivered to | aid from the filing organ | political organizations to wi rization's funds. Also enter | nich the filing organization the amount of political arate segregated fund or a (e) Amount of political contributions received and |
| made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount particularly and directly delivered to additional space is needed, pro | ein) of all section 527 p aid from the filing orgar of a separate political or ovide information in Par | political organizations to wite with the properties of the propert | the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount particularly and directly delivered to additional space is needed, pro | ein) of all section 527 p aid from the filing orgar of a separate political or ovide information in Par | political organizations to wite with the properties of the propert | the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount particularly and directly delivered to additional space is needed, pro | ein) of all section 527 p aid from the filing orgar of a separate political or ovide information in Par | political organizations to wite with the properties of the propert | the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount particularly and directly delivered to additional space is needed, pro | ein) of all section 527 p aid from the filing orgar of a separate political or ovide information in Par | political organizations to wite with the properties of the propert | the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount particularly and directly delivered to additional space is needed, pro | ein) of all section 527 p aid from the filing orgar of a separate political or ovide information in Par | political organizations to wite with the properties of the propert | the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount particularly and directly delivered to additional space is needed, pro | ein) of all section 527 p aid from the filing orgar of a separate political or ovide information in Par | political organizations to wite with the properties of the propert | the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |

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

Schedule C (Form 990 or 990-EZ) 2011

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2011.04040 SOCIETY FOR CONSERVATION BI 29481__1

| Schedule C (Form 990 or 990-F7) 2011 | SUCTEMA BUT | COMMENTA | | | |
|---|---|---|---|----------------------------------|-----------------------------|
| Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the or (election under so | ganization is exe | mpt under section | LON BIOLOGY | 33-1 | 0147824 Page: |
| (election under se | ction 501(h)). | mpt ander section | ni soricijoj and n | ilea Form 5/68 | |
| | ation belongs to an aff | iliated group /and liet i | o Port Manch efficie | | |
| expenses, and sha | are of excess lobbying | expenditures) | ii Fart iv each amiliated | d group member's nar | ne, address, EIN, |
| B Check ▶ if the filing organize | ation checked box A a | oxpenditates). nd "limited control" pr | ovisione apply | | |
| | | | ovisions apply. | (-) [[] | |
| (The term "expen | its on Lobbying Expe ditures" means amou | ints paid or incurred. | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infi | uence public opinion (| grass roots lobbying) | | 1 206 | |
| b Total looplying expenditures to infl | uence a legislative bor | dy (direct Johnwing) | | 1,306. | |
| c Total lobbying expenditures (add | ines 1a and 1b) | , (= = 1 (3.2.2) (i.i.g) | | 6,670. | |
| a carer evenibi barbose expendital | es | | | 7,976. | |
| e Total exempt purpose expenditure | s (add lines 1c and 1c | // // | | 3,993,753. | |
| f Lobbying nontaxable amount. Ent | er the amount from the | following table in bet | h | 4,001,729. | |
| If the amount on line 1e, column (a) o | | | | 350,086. | |
| Not over \$500,000 | | bying nontaxable ame | | | |
| Over \$500,000 but not over \$1,00 | | the amount on line 1e. | | | |
| Over \$1,000,000 but not over \$1,5 | | 0 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,500,000 but not over \$17, | | 0 plus 10% of the exce | ess over \$1,000,000. | | |
| Over \$17,000,000 | | 0 plus 5% of the exces | ss over \$1,500,000. | | |
| 0.00,000 | | 000. | | | |
| g Grassroots nontaxable amount (en | tor 250/ of line 10 | | | | |
| h Subtract line 1g from line 1a. If zero | cel 25% of line IT | | | 87,522. | |
| i Subtract line 1f from line 1c. If zero | or less, enter-0- | | | 0. | |
| i If there is an amount other than zero | or less, enter -0- | | | 0. | |
| 2 Marie Maria Maria Ottica triali Zel | | | | | |
| reporting section 4911 tax for this | | | *************************************** | | Yes No |
| (Some organiza col | 4-Year Aver ations that made a se umns below. See the | aging Period Under Section 501(h) election instructions for lines | do not have to comp | lete all of the five | |
| | Lobbying Expend | ditures During 4-Year | Averaging Period | ge 4.) | |
| Calendar year | | | | | |
| (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | | | | (, | (e) Total |
| | | | | | |
| 2a Lobbying nontaxable amount | 304,190. | 312,995. | 271,142. | 350 096 | 1 220 412 |
| b Lobbying ceiling amount | | | | 330,000. | 1,238,413. |
| (150% of line 2a, column(e)) | | | | | 1 055 600 |
| | | | | | 1,857,620. |
| c Total lobbying expenditures | 2,661. | 1,889. | 1 626 | 7 076 | |
| | | ±,00J. | 1,636. | 7,976. | <u>14,162.</u> |
| d Grassroots nontaxable amount | 76,048. | 78,249. | 67 706 | 07 -00 | . |
| e Grassroots ceiling amount | , | 10,247. | 67,786. | 87,522. | 309,605. |
| (150% of line 2d, column (e)) | | 7 | 7777 | | |
| | | | | | 464,408. |
| f Grassroots lobbying expenditures | 470. | 339. | 255 | | |
| 4 1 - 1416 | | .3.39.1 | 755 | 1 206 | 0 0 0 0 |

Schedule C (Form 990 or 990-EZ) 2011

339.

255.

Schedule C (Form 990 or 990 EZ) 2011 SOCIETY FOR CONSERVATION BIOLOGY 33-0147824 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| the lobbying activity. | | | | |
|---|--------------------------|---------------------------------------|--------|-------|
| | Yes | No | Ar | nount |
| During the year, did the filing organization attempt to influence foreign, national, state or | | <u> </u> | | |
| local registation, including any attempt to influence public opinion on a legislative matter | | | | |
| or researching through the use of: | | | | |
| a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 4-1). | | | | |
| | | | - | |
| 4 mode advertisements | | | | |
| o marting to a to the paper of | | | - | |
| a paciford of producast statements | 1 1 | | | |
| and any organizations to lobbylith Distances. | 1 1 | | | |
| The state of the s | | | | |
| h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| To divided; | | | | |
| i rotali rad mies ic tirough it | | | | |
| | | | | |
| " 100, Cites the district to ally lax inclired under eaction 4010 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| San the miner of aggregation property a section /1079 for Ala is on the Alace of th | | | | |
| | 1 | | | |
| art III-A Complete if the organization is exempt under section 501(a)(4) and the organization is exempt under section 501(a)(a) and the organization is exempt under section 501(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(| | | | |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | on 501(c)(5 | 5), or se | ection | |
| 501(c)(6). | | | | |
| 501(c)(6). Were substantially all (90% or more) dues received pondeductible by march and | | | Yes | N |
| 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or local. | | | | N |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts from the prior year? | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts from the prior year? | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | on 501(c)(5 "No" OR (| i), or se (b) Part | Yes | e 3, |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | on 501(c)(5 "No" OR (| i), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(4) notices of pended within action 4000 to 1000 to 100 | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(4) notices of pended within action 4000 to 1000 to 100 | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what notices efficience of the section of the sectio | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part 1 2a 2b 2c | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed answered in a section agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amounts of political expensions). | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part 1 2a 2b 2c 3 | Yes | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what notices efficience of the section of the se | on 501(c)(5 "No" OR (| 1 2 3 5), or se (b) Part 1 2a 2b 2c 3 | Yes | |

24

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011 Open to Public Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number

| D, | SOCIETY FOR CONSERVATION BIOLOGY art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or | 33-0147824 |
|----|--|---------------------------------------|
| | of the different funds of Other Shifting Funds of | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu | nde |
| | are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | Yes No |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe | ring |
| | impermissible private benefit? | |
| Pa | Int II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV | Yes No |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | , lifte 7 , |
| | | |
| | | |
| | Protection of natural habitat Preservation of a certified h Preservation of open space | istoric structure |
| 2 | | |
| _ | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a ciday of the tax year. | onservation easement on the last |
| | day of the tax year. | |
| а | Total number of consequation expenses | Held at the End of the Tax Year |
| _ | | 2a |
| b | and the second of the second o | 2b |
| C | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | the structure | |
| 3 | listed in the National Register | 2d |
| J | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year | nization during the tax |
| 4 | | |
| 5 | Number of states where property subject to conservation easement is located | |
| 3 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| 6 | violations, and enforcement of the conservation easements it holds? | Yes No |
| 7 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t | he year > |
| 8 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year | ar ▶ \$ |
| 0 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E | 3)(i) |
| 9 | and section 170(h)(4)(B)(ii)? | Yes No |
| 3 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense states | nent, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements. | panization's accounting for |
| Pa | organizations Maintaining Collections of Art, Historical Treasures, or Other | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | Similar Assets. |
| 1a | | |
| | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets hold for public activities and the similar assets hold for public activities. | id balance sheet works of art, |
| | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items. | public service, provide, in Part XIV, |
| b | If the organization elected, as parmitted under SEAS 116 (ASS SEAS 116). | |
| ~ | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b | alance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items: | vice, provide the following amounts |
| | · | |
| | (i) Revenues included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X | |
| 2 | | ▶ \$ |
| ٤. | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be received to be re | provide |
| - | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a | Revenues included in Form 990, Part VIII, line 1 | > \$ |
| IJ | Assets included in Form 990, Part X | > \$ |
| | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

| | edule D (Form 990) 2011 SOCIETY FOR CONSERVATION BI | OLOGY | | 33- | -0147824 Page |
|--------------------|--|---|-----------------|------------|-------------------------|
| | it At Theconciliation of Change in Net Assets from Form 990 to A | Audited Finan | icial Stat | emer | its |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 5,824,964 |
| 2 | rotal expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 3,976,045 |
| 3 | excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | 1,848,919 |
| 4 | Net unrealized gains (losses) on investments | | 4 | | 12,638 |
| 5 | bonated services and use of facilities | | 5 | | 12,030 |
| 6 | investment expenses | | 6 | | |
| 7 | Prior period adjustments Other (Deposits in Part VIV.) | | 7 | | |
| 8 | Other (Describe in Part XIV.) | | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | *************************************** | | | 10 600 |
| 10 | Excess of (delicit) for the year per audited financial statements. Combine lines 2 and 6 | Λ. | 9 | | 12,638 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statement | ts With Rever | 10 Tue per F | Retur | <u>1,861,557</u> |
| 1 | lotal revenue, gains, and other support per audited financial statements | | | 1 | 5,898,286 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | • | 3,030,200 |
| а | game on arrocamona | 2a 1 | 2,638. | | |
| b | Donated services and use of facilities | | 5,000. | | |
| C | necoveries of prior year grants | 2c | <u> </u> | | |
| d | Other (Describe in Part XIV.) | 2d 2 | 5,684. | 1 | |
| е | Add lines 2a through 2d | *************************************** | | 7 1 | 72 222 |
| 3 | Subtract line 2e from line 1 Amounts included on Form 900. Bot VIII. line 10. h | | | 2e | 73,322 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 3 | 5,824,964 |
| а | investment expenses not included on Form 000, Death VIII, Fr. Ti | 4a | | | |
| þ | Other (Describe in Port VIV.) | 4b | | | |
| С | Add lines 4a and 4b | | | 1 . | • |
| 5 | TOtal revenue. Add lines 3 and 4c. (This must equal Form 990, Part Lline, 12) | | | 4c | 0. |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Statemen | ts With Exner | nses ner | 5 Rotu | 5,824,964. |
| 1 | Total expenses and losses per audited financial statements | TO TIME EXPO | ioco pei | T | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1 | 4,036,729. |
| а | Donated consists of the second | 2a 3! | 5,000. | | |
| b | Prior year adjustments | i e | 3,000. | | |
| С | (ITDAY IOSSAS | 2b | | | |
| ď | Other (Deposits and Deposits an | 2c | | | |
| е | Add lines 2a through 2d | 2d 25 | 5,684. | | |
| 3 | | | | 2e | 60,684. |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 3 | 3,976,045. |
| - | Investment expenses not included on Fermi 200, D. 1.188 F | I | | | |
| h | Other /Describe in Dest VIV | 4a | | | |
| | Add lines 4a and 4b | 4b | | | |
| | | | | 4c | 0. |
| Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information | | | 5 | 3,976,045. |
| | | | | | |
| X. line | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XIII, lines 3, 5, and 9; Part XIII, lines 3, and 9; Part XI | ies 1a and 4; Part | IV, lines 1t | and 2 | b; Part V, line 4; Part |
| PAR | 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete T X. LINE 2: TN JIINE 2006 THE EINANGIAL ACC | this part to provi | de any add | itional i | nformation. |
| | T X, LINE 2: IN JUNE 2006, THE FINANCIAL ACC | COUNTING | STAND | ARDS | BOARD |
| FA | SB) RELEASED FASB ASC 740-10, INCOME TAXES, | ממת שמווש | | ~ | w |
| | THE TIME THE TAKES, | THAT PRO | OATDES | GU1 | DANCE FOR |
| REP | ORTING UNCERTAINTY IN INCOME TAXES. FOR THE | מואפו מואים. | TITO TOTAL | ~~~ | |
| | THE TAXABLE FOR THE | IEAR END | ED DEC | EMB | ER 31, |
| 201 | 1, THE SOCIETY HAS DOCUMENTED ITS CONSIDERA | TTOM OF - | 3.0m = . | | |
| | 1, THE SOCIETY HAS DOCUMENTED ITS CONSIDERAT | LION OF F | ASB AS | 3C 7 | 40-10 AND |
| EΤ | ERMINED THAT NO MATERIAL UNCERTAIN TAX POSIT | TITONIC OTTA | T T T T T T | | |
| | TOOL TAN LIMITAL OF COLUMN LAW LOOK | TIONS QUA | TILX T | OR | EITHER |
| EC | OGNITION OR DISCLOSURE IN THE FINANCIAL STAT | РЕМЕМФС | ਹਾ ਦੂਰ | רדידו רידי | AT FIOTAL |
| | | | | | - |
| 90 | , RETURN OF ORGANIZATION EXEMPT FROM INCOME | TAX. TS | SUBJEC | الل بالد | 0 |
| | | | | | |
| ΧA | MINATION BY THE INTERNAL REVENUE SERVICE, G | ENERALLY | FOR TF | IRFF | YEARS |
| | | | | | e D (Form 990) 2011 |
| 132054 11-23-12 | | | | J.10401 | 4 om 330/2011 |

| Part XIV Supplemental Information (continued) 33-014 | 7824 Page 5 |
|--|-------------|
| ADMID TO TO TAKE | |
| AFTER IT IS FILED. | |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL | 25,684 |
| STATEMENTS AND NETTED AGAINST RENTAL INCOME ON PART VIII, LINE 6B. | |
| | |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS: | |
| RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL | 25,684. |
| STATEMENTS AND NETTED AGAINST RENTAL INCOME ON PART VIII, LINE 6B. | |
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

| OMB No. 1545-0047 | 2011 | Open to Public |
|-------------------|------|----------------|
| | | |

Employer identification number 33-0147824 Inspection * 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 SOCIETY FOR CONSERVATION BIOLOGY General Information on Grants and Assistance criteria used to award the grants or assistance? Part I

| SC | ocedures for mor | itoring the use of grant | funds in the Unite | d States. | | | X Yes | Š |
|--|------------------------|--|-----------------------------|---|---|--|---------------------------------------|---|
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than 65,000. Obey this has been also been a | Governments a | nd Organizations in the | e United States. | complete if the orga | inization answered "\ | rest to Form 990, Part | IV, line 21, for any | |
| ** Compare that received more than \$5,000. Part II can be duplicated if additional space is needed | ab, ooo. Oneck th | IIS DOX IT NO ONE recipier | it received more th | ian \$5,000. Part II | can be duplicated if | additional space is nee | ded 📥 | |
| 1 (a) Name and address of organization or government | NE (q) | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| SMITHSONIAN INSTITUTION | | | | | 44-4-4-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7- | | | *************************************** |
| P.O. BOX 37012, MRC 1205 | | | | | | | | |
| WASHINGTON DC 20013 | 53.0206027 | 501(C)(3) | 172,632. | 0 | | | TO SUPPORT APPLIED | |
| UNIVERSITY OF TEXAS | | | | | A TATALAN THE PROPERTY OF THE | The state of the s | TOTOTOTION DIONOGI. | |
| P.O. BOX 7726 | | | | | | | | |
| AUSTIN TX 78713 | 74-6000203 | GOVERNMENT | 100 148. | C | | | TO SUPPORT APPLIED | |
| | | | | | | | CONSERVATION BIOLOGY. | |
| UNIVERSITY OF CALIFORNIA AT SANTA | | | | | | | | |
| CRUZ - 1156 HIGH STREET - SANTA | | | | | | | THE STATE OF THE STATE OF | |
| CRUZ, CA 95064 | 23-7394590 | GOVERNMENT | 96 296. | 0 | | | CONSERVATION BIOLOGY | |
| WIIDITE CONCEDIXMENT SOLD | | | | | | | | |
| 2300 SOUTHERN BOTT WADD | | | | | | | | |
| BRONX NY 10460 | 13-1760011 | (6/10/10/10/10/10/10/10/10/10/10/10/10/10/ | | • | | | TO SUPPORT APPLIED | |
| t | T T 0 0 # / T - C T | (5)(5) | 95,757. | 0. | | | CONSERVATION BIOLOGY, | |
| THE TRUSTEES OF PRINCETON | | | | | | | | |
| UNIVERSITY - 4 NEW SOUTH BUILDING, | | | | | | | | |
| P.O. BOX 36 PRINCETON, NJ 08544 | 21-0634501 | GOVERNMENT | 92 085 | C | | | TO SUPPORT APPLIED | |
| | | | | | | | CONSERVATION BIOLOGY. | |
| UNIVERSITY OF WASHINGTON | | | | | | | | |
| 4333 BROOKLEN AVENUE, NE | | | | | | 3 | | |
| SEATTLE, WA 98195 | 91-6001537 | GOVERNMENT | 87 780 | c | | - | TO SUFFORM APPLIED | |
| 2 Enter total number of section 501(c)(3) and government organizations | nd government or | | sted in the line 1 table | | | | CONSERVATION BIOLOGY. | 1 |
| 3 Enter total number of other organizations listed in the line 1 table | listed in the line | | | | | | | - - |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instruct | ions for Form 990. | | | | | | • |
| | 1111 11111111111111111 | | | | | | Cohodello I /English | 1 |

Schedule I (Form 990) (2011)

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Page 1

| | (h) Purpose of grant or assistance | TO SUPPORT APPLIED | | | | |
|--|---|---|--|--|--|--|
| ול וו.) | (g) Description of non-cash assistance | | | | | |
| ledule I (Form 990), Pa | (f) Method of valuation (book, FMV, appraisal, other) | | | | | |
| nited States (Sch | (e) Amount of non-cash assistance | 0 | | | | |
| nizations in the U | (d) Amount of cash grant | 82,845, | | | | |
| vernments and Organ | (c) IRC section if applicable | GOVERNMENT | | | | |
| Assistance to Go | (b) EIN | 39-1805963 | | | | |
| Fait ii Colletination of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.) | (a) Name and address of organization or government | UNIVERSITY OF WISCONSIN MADISON 21 N. PARK STREET, SUITE 6401 MADISON, WI 53715 | | | | |

Schedule I (Form 990)

(f) Description of non-cash assistance 33-0147824 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. EIGHT APPLICANTS ARE INVITED FOR Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. LINE 2: THE APPLICATIONS RECEIVED ARE ASSIGNED TO AN THE AREA OF EXPERTISE REQUIRED FOR THE INTERVIEWS. TWO SEPARATE PANELS FO REVIEWERS MEET WITH EACH OF THE (d) Amount of non-cash assistance ं 100,487 SOCIETY FOR CONSERVATION BIOLOGY (c) Amount of cash grant 27 (b) Number of PROGRAM. AT THE END OF THE INITIAL REVIEW, recipients INITIAL GROUP OF REVIEWERS BY (a) Type of grant or assistance SCHEDULE I, PART I, Schedule I (Form 990) (2011) AWARDS/HONORARIUM Part III

Page 2

SCB APPLICANTS TO DETERMINE WHO WILL RECEIVE THE FOUR AVAILABLE AWARDS.

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

132102 01-27-12

FUNDS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

SOCIETY FOR CONSERVATION BIOLOGY

Questions Regarding Compensation

Employer identification number 33-0147824

Schedule J (Form 990) 2011

| | | | 1 | 1 |
|----|--|-----|--------|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | Yes | No |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | Personal services (e.g., maid, chauffeur, cher) | | | |
| 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 | 41. | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, | 1b | | |
| | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | | |
| | The state of the s | 2 | | |
| 3 | Indicate which, if any, of the following the filing 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. Explain in Part III. | | | |
| | Compensation committee | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 70 | | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | х |
| b | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | \neg | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | 1 | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | 30 | | 42 |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | Ì | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported in 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 | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | - | | |
| | Regulations section 53.4958-6(c)? | a | | |

132111

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Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 33-0147824

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| The state of the s | | (D) Dyong day | | | | | | |
|--|------------|--|--|--|--|------------------------|--|--|
| | 1 | (a) Dicandowii Oi | (b) preakdown of W-2 and/or 1099-MISC compensation | SC compensation | (O) | 0 | (E) | (F) |
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | Hetirement and other deferred compensation | Nontaxable benefits | Total of columns (B)(i)-(D) | Compensation reported as deferred in prior Form 990 |
| | € | 150,000. | 0. | 0 | | 12 501 | 160 501 | |
| 1 ANNE HUMMER | <u> </u> | 0 | 0 | | 0 | . TOC / 27 | TOC | • 0 |
| • | € | The state of the s | | | | | | • 0 |
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| 3 | (ii) | | | | | | | Address of the second s |
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| 4 | (ii) | | The state of the s | | The state of the s | | | |
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Schedule J (Form 990) 2011

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

➤ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE FIRST ICCB WAS HELD IN 1988 IN BOZEMAN, MONTANA, USA. SINCE THEN, SCB MEETINGS HAVE BEEN HELD IN AFRICA, OCEANIA, EUROPE, AND NORTH AND SOUTH AMERICA. PLENARY SESSIONS ARE PRESENTED BY CONSERVATION LEADERS AND VISIONARIES - SPEAKERS HAVE INCLUDED RICHARD COWLING, GUSTAVO FONSECA, JEREMY JACKSON, JANE LUBCHENCO, SIR ROBERT MAY, AND MICHAEL SOULE, JUST TO NAME A FEW. EACH YEAR THE CONGRESS FEATURES NUMEROUS SYMPOSIA, CONCURRENT SESSIONS, WORKSHOPS, SHORT COURSES AND FIELD TRIPS. PAST SYMPOSIA HAVE INCLUDED SUCH DIVERSE TOPICS AS: THE POPULATION BIOLOGY OF INVASIVE SPECIES; GLOBAL AMPHIBIAN DECLINE; HOW TO INTEGRATE CONSERVATION RESEARCH INTO POLICY; INDIGENOUS COMMUNITIES AND CONSERVATION; COMPARING MARINE AND TERRESTRIAL ECOSYSTEMS-IMPLICATIONS FOR CONSERVATION THEORY AND PRACTICE; APPLICATION OF TOP PREDATOR DISTRIBUTION TO THE DESIGN AND EFFICACY OF RESERVES; AND REAL-WORLD SOCIAL AND ECONOMIC SOLUTIONS TO PRESERVE BIODIVERSITY.

OUR ATTENDEES ARE CONCERNED WITH THE SCIENCE AND PRACTICE OF CONSERVING
BIOLOGICAL DIVERSITY. THE ICCB IS ALWAYS GLOBAL IN SCOPE, BRINGING
TOGETHER CONSERVATION PROFESSIONALS AND STUDENTS FROM EVERY SECTOR OF
THE FIELD INCLUDING THE BIOLOGICAL AND SOCIAL SCIENCES, MANAGEMENT,
POLICY AND PLANNING. ATTENDEES WORK FOR UNIVERSITIES, GOVERNMENT
AGENCIES, NON-GOVERNMENTAL ORGANIZATIONS, PRIVATE FOUNDATIONS AND
ORGANIZATIONS AND PUBLICATIONS. THEY ARE SCIENTISTS, STUDENTS,
MANAGERS, DECISION-MAKERS, WRITERS, AND OTHER CONSERVATION

PROFESSIONALS FROM THROUGHOUT THE WORLD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

SCB PEER REVIEW SERVICES: THE MISSION OF THE SOCIETY FOR CONSERVATION
BIOLOGY (SCB) IS TO ADVANCE THE SCIENCE AND PRACTICE OF CONSERVING THE
EARTH'S BIOLOGICAL DIVERSITY.' SCB REPRESENTS THE MOST PRESTIGIOUS
ORGANIZATION OF CONSERVATION BIOLOGISTS WORLDWIDE AND HAS PUBLISHED AN
INTERNATIONALLY RECOGNIZED TECHNICAL JOURNAL, CONSERVATION BIOLOGY
SINCE 1987. CENTRAL TO OUR MISSION IS PROVIDING SCIENTIFIC EXPERTISE
AND/OR EVIDENCE THROUGH PEER REVIEW SERVICES TO THE BROAD SCIENTIFIC
COMMUNITY INCLUDING GOVERNMENTS, NON-GOVERNMENT ORGANIZATIONS, AND
CORPORATIONS.

SCB PRODUCES PEER REVIEWED REPORTS THAT MEET HIGH STANDARDS OF

SCIENTIFIC RIGOR. PEER REVIEW IS A STANDARD ELEMENT IN PRODUCING

RELIABLE KNOWLEDGE AND PRODUCES THE BEST RESULTS WHEN IT IS CONDUCTED

INDEPENDENT FROM THE AUTHOR OR ANY ORGANIZATION WITH A VESTED INTEREST

IN THE OUTCOME OF THE WORK. THEREFORE, SCB WORKS COOPERATIVELY WITH

ORGANIZATIONS TO PROVIDE INDEPENDENT, RIGOROUS, AND TIMELY PEER REVIEW

SERVICES.

SCB POLICY PROGRAM: THE SCB GLOBAL BOARD HAS REPEATEDLY RECOGNIZED

THAT, AS A MISSION DRIVEN DISCIPLINE, IT IS IMPORTANT FOR CONSERVATION

BIOLOGISTS, AND CONSERVATION PRACTITIONERS GENERALLY, TO BE AWARE OF

AND INVOLVED IN THE POLICY PROCESS ON ISSUES THAT AFFECT BIODIVERSITY.

BETWEEN 1995 AND 2004 SCB'S STANDING POLICY COMMITTEE COMMISSIONED

POLICY WHITE PAPERS AND FRAMED RESOLUTIONS FOR CONSIDERATION AT SCB'S

GLOBAL MEETINGS. IN 2001, SCB DECIDED TO LOCATE ITS EXECUTIVE OFFICE IN

WASHINGTON D.C., BASED IN PART ON THE IDEA THAT BEING CLOSE TO THE

UNITED STATES' CAPITAL WOULD FACILITATE SCB'S ABILITY TO ENGAGE MORE

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization Employer identification number SOCIETY FOR CONSERVATION BIOLOGY 33-0147824 ACTIVELY WITH POLICY MAKERS. WITH THE HELP OF A SMALL TEAM OF EXPERIENCED FOUNDATION PROGRAM OFFICERS, SCB WAS ABLE TO RAISE SUFFICIENT FUNDS BY 2007 TO HIRE A POLICY DIRECTOR. A LARGE SEARCH COMMITTEE OF CURRENT AND FORMER SCB BOARD MEMBERS HEADED BY MIKE DOMBECK, FORMER CHIEF FORESTER OF THE U.S. FOREST SERVICE UNDER PRESIDENT CLINTON AND CURRENT DIRECTOR OF SCB'S SMITH FELLOWS PROGRAM, CONDUCTED A BROAD SEARCH OF POTENTIAL CANDIDATES. THEY SELECTED JOHN FITZGERALD, TO DEVELOP SCB'S POLICY PRIORITIES AND EXPAND SCB'S POLICY PROGRAM. SINCE 2007, THE SCB POLICY PROGRAM HAS WORKED, BOTH WITHIN THE UNITED STATES AND AROUND THE WORLD, TO STRENGTHEN AND DEFEND THE POLICIES THAT CONSERVE BIOLOGICAL DIVERSITY. DURING THIS TIME, SCB HAS BEEN AN ACTIVE PARTICIPANT WITHIN THE CONVENTION ON BIOLOGICAL DIVERSITY AS WELL AS THE MORE RECENTLY INTERGOVERNMENTAL SCIENCE-POLICY PLATFORM ON BIODIVERSITY AND ECOSYSTEM SERVICES (IPBES). WITHIN THE UNITED STATES, SCB HAS PARTICIPATED IN PUBLIC COMMENTING ON AGENCY PROPOSALS, PRESENTED TESTIMONY BEFORE THE U.S. CONGRESS ON ISSUES AFFECTING ENDANGERED SPECIES, CLIMATE CHANGE, AND PUBLIC LANDS, AND HAS WORKED WITH OTHER PARTNERS TO DEFEND THE LAWS DESIGNED TO CONSERVE BIOLOGICAL DIVERSITY. SCB ALSO WORKED EXTENSIVELY TO DEVELOP AND IMPROVE POLICIES TO UPHOLD THE INTEGRITY OF THE SCIENTIFIC PROCESS. THE SCB POLICY PROGRAM HAS WORKED WITH ALL OF SCB'S REGIONAL SECTIONS ON ISSUES AFFECTING BIOLOGICAL DIVERSITY, INCLUDING THE PROTECTION OF THE ROSS SEA IN ANTARCTICA, THE BIALOWIEZA FOREST IN POLAND, THE

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RAINFORESTS OF BRAZIL. TODAY, SCB'S POLICY INITIATIVES ARE GUIDED BY

SCB'S 2011-2015 STRATEGIC PLAN AND A SET OF POLICY PRIORITIES APPROVED

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization Employer identification number SOCIETY FOR CONSERVATION BIOLOGY 33-0147824 BY THE SCB GLOBAL BOARD. SPECIFIC POLICY INITIATIVES, FORMAL STATEMENTS, AND COMMISSIONED PAPERS ARE INITIATED BY SCB'S SECTIONS, CHAPTERS, WORKING GROUPS, AND INDIVIDUAL MEMBERS, AND COORDINATED BY SCB POLICY PROGRAM STAFF. ALL FINAL STATEMENTS ARE REVIEWED AND APPROVED BY THE POLICY COMMITTEE OF THE SCB BOARD OF GOVERNORS. SCB SECTION MEETINGS: THE SOCIETY FOR CONSERVATION BIOLOGY'S REGIONAL SECTIONS REPRESENT SEVEN DIFFERENT GEOGRAPHIC REGIONS AND DISCIPLINES AROUND THE GLOBE. SCB'S SECTIONS STRIVE TO FACILITATE CONSERVATION BIOLOGY AND EDUCATE GROUPS IN THEIR SPECIFIC REGIONS AND DISCIPLINES. IN ORDER TO DO THIS, SYMPOSIA ARE OFTEN ORGANIZED AT ICCBS AND MANY SECTIONS ORGANIZE THEIR OWN REGIONAL MEETINGS. THE FIRST REGIONAL MEETING WAS HELD IN NOVEMBER 2005 IN KATHMANDU, NEPAL AND WAS ORGANIZED BY THE ASIA SECTION FOLLOWED BY THE FIRST EUROPEAN CONGRESS OF CONSERVATION BIOLOGY (ECCB) IN EGER, HUNGARY. THE ATTENDANCE AT REGIONAL MEETINGS VARIES FROM HUNDREDS TO THOUSANDS OF PARTICIPANTS, DEPENDING ON THE LOCATION OF THE MEETING. SMITH FELLOWS PROGRAM: THE DAVID H. SMITH CONSERVATION RESEARCH FELLOWSHIP PROGRAM SEEKS TO DEVELOP FUTURE WORLD LEADERS AND ENTREPRENEURS WHO ARE SUCCESSFUL AT LINKING CONSERVATION SCIENCE AND APPLICATION AND HAS SUPPORTED 50 FELLOWS SINCE ITS INCEPTION. SMITH FELLOWSHIPS PROVIDE TWO YEARS OF POSTDOCTORIAL SUPPORT TO OUTSTANDING EARLY-CAREER SCIENTISTS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CONSERVATION RELEVANCE OF THE JOURNAL'S SCIENTIFIC PAPERS ON TOPICS SUCH AS POPULATION ECOLOGY AND GENETICS, ECOSYSTEM MANAGEMENT, CLIMATE

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization Employer identification number SOCIETY FOR CONSERVATION BIOLOGY <u>33-0147824</u> CHANGE, FRESHWATER AND MARINE CONSERVATION, LANDSCAPE ECOLOGY, AND THE MANY HUMAN DIMENSIONS OF CONSERVATION TRANSCENDS THE PARTICULAR ECOSYSTEM, SPECIES, AND SITUATION DESCRIBED. CONSERVATION LETTERS COVERS CUTTING-EDGE, POLICY-RELEVANT CONSERVATION RESEARCH FROM THE NATURAL AND SOCIAL SCIENCES. THIS ONLINE JOURNAL FEATURES PAPERS RENOWNED FOR THEIR ORIGINALITY AND INFLUENCE ON POLICY DEBATES AND MANAGEMENT SOLUTIONS. MANUSCRIPTS ARE PUBLISHED WITH A TURNAROUND TIME THAT GIVES CONSERVATION LETTERS A CRITICAL VOICE ON HOT-BUTTON TOPICS OF THE DAY. ONLY FOUR YEARS OLD, THE JOURNAL ALREADY CARRIES CONSIDERABLE INFLUENCE HOLDING AN IMPACT FACTOR OF 4.694. FORM 990, PART VI, SECTION A, LINE 3: SCB ENGAGED A THIRD PARTY MANAGEMENT COMPANY DURING 2011 TO PROVIDE MANAGEMENT AND ACCOUNTING SERVICES. COMPENSATION PAID TO THE MANAGEMENT COMPANY DURING THE YEAR HAS BEEN REFLECTED ON FORM 990, PART VII, SECTION B, AS WELL AS FORM 990, PART IX, LINE 11A. FORM 990, PART VI, SECTION A, LINE 6: SCB IS A MEMBERSHIP SOCIETY. THE SOCIETY IS OPEN TO ANY PERSON THROUGHOUT THE WORLD. MEMBERS PAY DUES, HAVE VOTING RIGHTS, MAY BE ELECTED TO OFFICE, AND MAY SERVE AS MEMBERS OF COMMITTEES. SCB OFFERS THREE TYPES OF MEMBERSHIP, DEPENDING UPON WHERE YOU ARE IN YOUR CAREER. 1) PROFESSIONAL MEMBER: A MEMBER WHO IS NEITHER RETIRED NOR A STUDENT. TYPICALLY THIS INCLUDES CONSERVATION SCIENTISTS, EDUCATORS,

Schedule O (Form 990 or 990-EZ) (2011)

RESOURCE MANAGERS, AND GOVERNMENT AND NON-PROFIT PERSONNEL; 2) STUDENT

MEMBER: A STUDENT MEMBER IS WORKING TOWARD AN DEGREE (HIGH SCHOOL,

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization Employer identification number SOCIETY FOR CONSERVATION BIOLOGY 33-0147824 UNDERGRADUATE, AND GRADUATE DEGREES ALL QUALIFY); AND, 3) RETIRED MEMBER: A MEMBER WHO IS RETIRED FROM THE FIELD AND WHO IS NO LONGER A WORKING PROFESSIONAL. 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 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT COMMITTEE. THE FORM WAS DISTRIBUTED TO THE FULL BOARD FOR COMMENT 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 CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER ARE TREATED AS CONFIDENTIAL AND ARE GENERALLY MADE AVAILABLE

ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE Schedule O (Form 990 or 990-EZ) (2011) 40

ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO

| Name of the organization SOCIETY FOR CONSERVATION BIOLOGY | Employer identification number 33-0147824 |
|---|---|
| IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF TH | IS POLICY. |
| IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, | THE PERSON WHO HAS |
| THE CONFLICT DOES NOT PARTICIPATE IN, AND IS NOT PERMITT | ED TO HEAR, THE |
| BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO | D 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 EXECUTIVE DIE | RECTOR'S |
| COMPENSATION WAS DETERMINED BY THE BOARD OF DIRECTORS US | NG COMPARABLE DATE |
| FROM LIKE ORGANIZATIONS. THE DECISION WAS DOCUMENTED IN T | HE EMPLOYMENT |
| CONTRACT AND LAST TOOK PLACE IN OCTOBER 2010. ALL OTHER S | |
| DETERMINED BY THE EXECUTIVE DIRECTOR WITH APPROVAL BY THE | BOARD. |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M | AKES ITS |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN | ANCIAL STATEMENTS |
| AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| NET UNREALIZED GAINS ON INVESTMENTS: | 12,638. |
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