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)

OMB No. 1545-0047

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	le: Please use IRS C Name of organization		D Employer identific	cation number
	Addre	ess label or print or SOCIETY FOR CONSERVATION BIOLOGY			
	Name chang	Doing Business As		33-0	147824
	Initial return Termi	Number and street (or P.U. box it mail is not delivered to street address)	Room/suite	E Telephone number	r 234–4133
	—ated ☐Amen	ded tions.		G Gross receipts \$	3,620,480.
F	return			H(a) Is this a group re	
	⊥ltion pendi			for affiliates?	Yes X No
		1017 O ST, NW, WASHINGTON, DC 20001		H(b) Are all affiliates inc	
$\overline{}$	Toy ov	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		∃ `´	list. (see instructions)
		te: WWW.CONBIO.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: CA
	art I	Summary	L Toai	oriormation. ±507 N	Otate of legal dofficile, C11
		Briefly describe the organization's mission or most significant activities: TO A	DVANCE	THE SCIENC	E AND
Governance	'	PRACTICE OF CONSERVING THE EARTH'S BIOLOG			
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
ove	1] з	24
		Number of independent voting members of the governing body (Part VI, line 1b)			24
80		Total number of employees (Part V, line 2a)			13
≢		Total number of volunteers (estimate if necessary)			250
Activities &		Total gross unrelated business revenue from Part VIII, column (C), line 12			14,668.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		1,136,000.	1,546,998.
ž		Program service revenue (Part VIII, line 2g)		1,521,509.	1,493,679.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<22,376.	<6,402·>
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,075.	11,132.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,644,208.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		322,129.	699,520.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,038,931.	834,982.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 5 6 , 3			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>97.</u>		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,722,738.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,083,798.	
		Revenue less expenses. Subtract line 18 from line 12		<439,590.	<199,408. </td
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		3,168,014.	3,044,535.
at A	21	Total liabilities (Part X, line 26)		1,543,318.	1,413,304.
		Net assets or fund balances. Subtract line 21 from line 20		1,624,696.	1,631,231.
Pa	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an	ad atatamanta	and to the heat of my knowled	re and helief it is true correct
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a			ge and belief, it is tide, correct,
٠.				1	
Sig		Signature of officer		I Date	
Hei	re	ANNE HUMMER, EXECUTIVE DIRECTOR		2410	
		Type or print name and title			
		Preparer's Date	Ch	eck if Prepare	er's identifying number
Pai	d	signature	sel		structions)
	parer's	Firm's name (or RURTNO & MCGEEHTN CHARTERED	1 0111	EIN ►	
Use	Only	self-employed), 6903 ROCKLEDGE DRIVE, SUITE 120	0	-111	
		address, and ZIP + 4 BETHESDA, MD 20817	-	Phone no. ► 3	01-564-3636
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Total program service expenses ► \$

Page 3 33-0147824

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			3,7
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _V
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		ΙΛ.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,7
	Schedule J	23		Х
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		х
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لہ	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
2 5a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	34		Х
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		
33	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	Ė		
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2009)

Form 990 (2009) SOCIETY FOR CONSERVATION BIOLOGY

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see i				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by this return?	За	Х	
			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	Sank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ding Prohibited			
	Tax Shelter Transaction?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations 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 g				
	provided to the payor?		7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			٠,,
	to file Form 8282?	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a polynomial of the property of the pay premiums on a polynomial of the pay premium of the pay		_		v
	benefit contract?		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, are advised fund maintained by a propagating organization, have expended fund maintained by a propagating organization, have expended funds and section 509(a)(3) supporting organization.				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce	_	0		
9	at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
			9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10			90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b		10b			
11	Section 501(c)(12) organizations. Enter:	100			
	, ,	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
J	·	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	a		

Form **990** (2009)

33-0147824 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.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		4		
b	Enter the number of voting members that are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person? \dots			. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo				Х	
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		. 5		X
6	Does the organization have members or stockholders?			. 6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			
	governing body?			. 7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	'sons'	?	. 7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year			
	by the following:					
а	The governing body?			. 8a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, attiliates,		v	
				10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling tr	ne torm?	. 11	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			. 12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	uia giv	re rise	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 1	 "Vas "	describe	. 120	-25	
·	to Oak and to O have the trade and			12c	х	
13	Does the organization have a written whistleblower policy?			13	X	
14				·	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			·		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	anizat	ion's			
	exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CA, NY, PA, VA, M					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	「(501	(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	t of interest policy,	and fina	ncial	
••	statements available to the public.			,, .		
20	State the name, physical address, and telephone number of the person who possesses the books at HEATHER DECALUWE $-202-234-4133$	nd red	cords of the organia	zation:		
	1017 O ST., NW, WASHINGTON, DC 20001					
	TOT! O DI., IM, MUDITINGTON, DC 2000I					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax vear. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee,

- 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; and former such persons.

(A)	(B)	ly cc	inci)	, and	2010	(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck I	all i	that	app	ly)	compensation from	compensation from related	amount of other
	week	rector						the	organizations	compensation
		e or di	stee			sated		organization	(W-2/1099-MISC)	from the
		l fruste	nal trus		oyee	omper		(W-2/1099-MISC)		organization and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
DAIL DELED		ŭ	ü	JO	χ	e <u>Fi</u>	요			
PAUL BEIER PRESIDENT ELECT	2.00	x		X				0.	0.	0.
STEVEN BEISSINGER	2:00	125						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
LUIGI BOITANI										
PRESIDENT	5.00	Х		Х				0.	0.	0.
NORA BYNUM										
DIRECTOR	1.00	Х						0.	0.	0.
DAVID JOHNS									_	_
TREASURER	3.00	Х		Х				0.	0.	0.
GEORGINA MACE		l		l					•	•
PAST PRESIDENT	3.00	Х		Х				0.	0.	0.
MICHAEL MASCIA DIRECTOR	2.00	x						0.	0.	0.
ANDREW S. PULLIN	2.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
JEFF MCNEELY	+ = = = =	┢▔								
DIRECTOR	1.00	х						0.	0.	0.
GARY TABOR										
DIRECTOR	1.00	Х						0.	0.	0.
PAULA KAHUMBU										
SECRETARY	1.00	Х		Х				0.	0.	0.
CATHERINE A. CHRISTEN	1	l								•
DIRECTOR	1.00	Х						0.	0.	0.
FIONA NAGLE	1 2 00	,,							0	0
DIRECTOR MIKE SCOTT	3.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
MAYNARD K. DAVIS	1.00							0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
DOMINICK DELLASALA										
DIRECTOR	2.00	Х						0.	0.	0.
DELALI DOVIE										
DIRECTOR	2.00	X						0.	0.	0.

Form **990** (2009) 932007 02-04-10

Part VII Section A. Officers, Directors (A)	(B)	I	,	((-	(D)	(E)	(F)	
Name and title	Average			ر Pos	-			Reportable	Reportable	Estimat	tod
Name and title	hours	(6	heck				lv)	compensation	compensation	amount	
	per	H		C CIII	I	I	'y <i>)</i>	from	from related	other	
	week	recto						the	organizations	compens	
		or di	ee ee			sated		organization	(W-2/1099-MISC)	from th	ne
		rustee	trus		99	ubeu		(W-2/1099-MISC)		organiza	
		dual t	nstitutional trustee		nploy	st cor	<u></u>			and rela	
		Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Forme			organizat	ions
MARTIN DIETERICH											
DIRECTOR	2.00	x						0.	0.		0
SIMON NEMTZOV											
DIRECTOR	2.00	Х						0.	0.		0
GRAHAM I.H.KERLEY											
DIRECTOR	1.00	Х						0.	0.		0
PATRICIA MAJLUF											
DIRECTOR	2.00	Х						0.	0.		0
CHRIS PARSONS								_	_		
DIRECTOR	2.00	X						0.	0.		0
ELEANOR STERLING		l									•
DIRECTOR	4.00	X						0.	0.		0
JAMES WATSON	2 00	,,						0			0
DIRECTOR ALAN THORNHILL	2.00	Х						0.	0.		0
EXECUTIVE DIRECTOR	35.00			х				131,771.	0.	11,7	7 5 1
EXECUTIVE DIRECTOR	33.00			Λ				131,//1.	0.	11,/	<u> </u>
						Ļ		121 771	0.	11,7	7 = 1
1b Total						<u> </u>		131,771.		11,/	ЭТ
2 Total number of individuals (including compensation from the organization		nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 in reportable		
Compensation from the organization										Yes	No
3 Did the organization list any former of	ficer, director or tru	stee	, ke	v em	olar	vee.	or h	ighest compensated er	mplovee on		
line 1a? If "Yes," complete Schedule J	,			•		•			. ,	3	Х

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to Х the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WASHINGTON, 3917 UNIVERSITY WAY, NE, SEATTLE, WA 98105-6692	EDITING SERVICES	188,732.
•	PUBLISHING SERVICES	175,289.
MADISON BLVD, SUITE 402, MCLEAN, VA 22101	FINANCIAL, MEMBERSHIP, AND MEET	140,644.
UNIVERSITY OF FLORIDA, G040 MCCARTHY HALL, BOX 110110, GAINESVILLE, FL 32611-0110	EDITING SERVICES	101,372.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

	n 990 (ONSERVAT	ION BIOLOG	Y	33-0147	824 Page 9
Pa	rt VII	Statement of Rever	nue					(D)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns						
Contributions, gifts, grants and other similar amounts		Membership dues						
ts, am		Fundraising events						
igii ilar		Related organizations		F0 C01				
ons, sim		Government grants (contribution	· ·	58,621.				
utic	f	All other contributions, gifts, grant		1400277				
trib		similar amounts not included abov		1488377.				
and	_	Noncash contributions included in lines			1546998.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	1340330.			
ω.	2 2	PUBLICATIONS		541700	957,036.	954,336.	2,700.	
Program Service Revenue		MEETINGS		541700	475,389.	475,389.		
Ser		MEMBERSHIP DUES		541900	55,474.	55,474.		
am eve	d	OMITTED DECORAGE D		541700	5,780.	5,780.		
ogr	е				-	-		
٦.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	1493679.			
	3	Investment income (including						
		other similar amounts)			32,236.			32,236.
	4	Income from investment of tax		1				
	5	Royalties			3.			3.
	_		(i) Real 12,000.	(ii) Personal				
		Gross Rents	15,082.					
		Less: rental expenses Rental income or (loss)	<3,082.					
		N			<3,082.	>	<2,243.	> <839.
		Gross amount from sales of	(i) Securities	(ii) Other	1370020		(2,215)	(00)
	, a	assets other than inventory	521353.	(ii) Otrici				
	b	Less: cost or other basis						
		and sales expenses	559991.					
	С	Gain or (loss)	<38638.	>				
		Net gain or (loss)		>	<38,638.	>		<38,638.
e	8 a	Gross income from fundraising	g events (not					
en		including \$						
Other Revenue		contributions reported on line	•					
Эeг	_	Part IV, line 18						
o		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ac		P				
	Эа	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
		Net income or (loss) from sales						
		Miscellaneous Revenu		Business Code				
		MAIL LIST SALES		900004	14,331.		14,331.	
	b	LIST SERVICE SA	LES	900004	<120.	>	<120.	<u> </u>
	C	All II						
				•	14,211.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			3045407.	1490979.	14,668.	<7,238.>
							,	,

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). (A) Total expenses (C) Management and general expenses (B) **(D)** Fundraising Do not include amounts reported on lines 6b. Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 699,520. 699,520. Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 149,509. 79,464. 46,875. trustees, and key employees 23,170. 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 501,316. 416,414. 74,760. 10,142. Pension plan contributions (include section 401(k) 25,225. 17,675. 6,362. and section 403(b) employer contributions) 1,188. 112,977.10,163. 7,244. Other employee benefits 95,570. 9 45,955. 31,062. 11,720. 3,173. 10 Fees for services (non-employees): Management 3,677.6.529. 2,545. 307. Legal 34,957. 18,987. 14,411. 1,559. Accounting Lobbying Professional fundraising services. See Part IV. line 17 8,885. 8,885. Investment management fees _____ 747,700. 73,826. 668,348. 5,526. Other 4,298. Advertising and promotion 13,336. 9,038. 12 8,233. 201,162. 191,126. 1,803. Office expenses 13 44,360. 32,594. 11,215. 551. 14 Information technology 15 Royalties 19,668. 4,245. 15,113. 310. 16 Occupancy 13,784. 216,156. 230,669. 729. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 345,808. 337.493. 8.315. Conferences, conventions, and meetings 19 <3,249.> <2,119.> 1,049. 81. 20 Payments to affiliates 21 35,297. 35,297. 22 Depreciation, depletion, and amortization 13,374. 7,973. 5,126. 275. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 10,687. 11,918. <1,570.> 339. **MISCELLANEOUS** b d All other expenses 3,244,815. 2,851,194. 337,224. 56,397. Total functional expenses. Add lines 1 through 24f Joint costs. Check here
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pai	rt X	Balance Sheet					<u> </u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			302,791.	1	244,526.
	2	Savings and temporary cash investments			01 000	2	
	3	Pledges and grants receivable, net			81,000.	3	200 550
	4	Accounts receivable, net			453,011.	4	389,550.
	5	Receivables from current and former officers, di		•			
		employees, and highest compensated employe	es. Complete F	Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Co	mplete			
		Part II of Schedule L				6	
) ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			50 500	8	
٩	9		.,		50,528.	9	78,215.
	10a	Land, buildings, and equipment: cost or other		406 455			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a 1	,406,155.	1 256 222		1 201 626
	b	Less: accumulated depreciation	10b	84,519.	1,356,933.	10c	1,321,636. 1,010,608.
	11	Investments - publicly traded securities			923,751.	11	1,010,608.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2 162 214	15	2 244 525
	16	Total assets. Add lines 1 through 15 (must equ			3,168,014.	16	3,044,535.
	17	Accounts payable and accrued expenses			280,819.	17	255,551.
	18	Grants payable			240.000	18	250 020
	19	Deferred revenue			340,228.	19	350,239.
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
<u>ia</u>		highest compensated employees, and disqualifi					
_		of Schedule L			000 071	22	007 514
	23	Secured mortgages and notes payable to unrela			922,271.	23	807,514.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			1,543,318.	25	1 /12 20/
	26		▶ V		1,343,310.	26	1,413,304.
		Organizations that follow SFAS 117, check he	ere 🕨 🕰	and complete			
ces		lines 27 through 29, and lines 33 and 34.			1,544,696.		1 610 731
an	27	Unrestricted net assets			80,000.	27	1,618,731.
Ba	28	Temporarily restricted net assets			00,000.	28	12,300.
ը	29					29	
Ę		Organizations that do not follow SFAS 117, c	check here	►			
S O		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			1,624,696.	32	1,631,231.
_	33	Total net assets or fund balances			3,168,014.	33	3,044,535.
	34	Total liabilities and net assets/fund balances			3,100,014.	34	5,044,555.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

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

4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
he orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🗀			s, or association of chur									
2	1		'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of		in section	170(b)(1)	(Δ\/iii)					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospita	ıl's nan	ne
- -	city, and stat	_	operated in conjunction	With a 1100	pital acco	11000 III 00	011011 170	(~)(),/-),(11	iji Eritor tri	о поорис	ii o man	110,
5			benefit of a college or ur	niversity ov	wned or or	perated by	, a governi	mental uni	t describe	d in		
J	_	(b)(1)(A)(iv). (Comple	-	iiversity of	wrica or of	ociated by	a governi	nontal ani	t describe	u III		
•	1		•	kalaa sadbaa		470(l-\/-	41/41/-3					
6			ent or governmental unit									
7 📖			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic des	cribed	ın
_	ľ	b)(1)(A)(vi). (Comple										
8	1		ection 170(b)(1)(A)(vi).							_		
9 X			eives: (1) more than 33 1									
		·	nctions - subject to certa	•		•				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization at	ter June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10 🖳	An organizati	ion organized and op	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11 📖	An organizati	ion organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the p	urposes	of one	or
	more publicly	/ supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se o	tion 509(a	a)(3). Ched	ck the bo	x that	
	describes the		organization and comple	ete lines 1	1e through	11h.						
	a	l b∟	ا Type II و	: Ш Тур	e III - Func	tionally int	tegrated		d 📖	Type III -	Other	
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dise	qualified p	ersons ot	her tha	an
	foundation m	anagara and other t									a () (a)	
		ianagers and other ti	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	$\theta(a)(1) \text{ or s}$	ection 50	9(a)(2).	
f		•	han one or more publicly ten determination from t		•				9(a)(1) or s	ection 50	9(a)(2).	
f	If the organiz	•	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III	∂(a)(1) or s	ection 50	9(a)(2). 	. 🗀
f g	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре І, Туре	II, or Type	e III		ection 50	9(a)(2). 	
	If the organiz supporting of Since August	ration received a writ rganization, check th t 17, 2006, has the c	ten determination from t	the IRS that	at it is a Ty	pe I, Type	II, or Type	e III owing pers	sons?	ection 50	9(a)(2).	
	If the organize supporting of Since August (i) A person	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind	ten determination from the his box organization accepted ar irectly controls, either all	the IRS that	at it is a Ty ontribution ether with	pe I, Type I from any persons o	II, or Type of the following	e III owing pers in (ii) and (sons?	11g(i)	Yes	. 🗆
	If the organiz supporting of Since August (i) A person the gove	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the su	ten determination from the control of the control o	ny gift or co	at it is a Ty ontribution ether with	pe I, Type n from any persons o	of the follo	e III owing pers in (ii) and (sons? iii) below,	11g(i)	Yes	. 🗆
	If the organiz supporting of Since August (i) A perso the gove (ii) A family	ation received a writ rganization, check th t 17, 2006, has the con member of the sum member of a persor	ten determination from the his box organization accepted arrirectly controls, either all upported organization? In described in (i) above?	the IRS that ny gift or co	et it is a Ty contribution ether with	pe I, Type from any persons o	of the folk	e III owing pers in (ii) and (sons? iii) below,	11g(i)	Yes	. 🗆
	supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of	ation received a writ rganization, check th t 17, 2006, has the con my who directly or ind erning body of the su member of a persor controlled entity of a	ten determination from the control of the control o	ny gift or co	ontribution ether with	pe I, Type from any persons o	of the folk	e III owing pers in (ii) and (sons? iii) below,	11g(i)	Yes	. 🗆
g	supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of	ation received a writ rganization, check th t 17, 2006, has the con my who directly or ind erning body of the su member of a persor controlled entity of a	ten determination from this box organization accepted aritimetry controls, either alsupported organization? In described in (i) above? In person described in (i) organization.	ny gift or co	ontribution ether with	pe I, Type from any persons o	of the folk	e III owing pers in (ii) and (sons? iii) below,	11g(i)	Yes	. 🗆
g h	If the organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fo	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted aritimetry controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization.	ny gift or co one or tog or (ii) above ganization(ontribution ether with	pe I, Type	II, or Type of the foll described	e III owing persin (ii) and (sons? iii) below,	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con my who directly or ind erning body of the su member of a persor controlled entity of a	ten determination from this box organization accepted aritectly controls, either alsupported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization	the IRS that my gift or co one or tog or (ii) above ganization((iv) Is the o	et it is a Ty contribution ether with e? (s). rganization sted in your	pe I, Type from any persons c (v) Did you organizat	of the folk described u notify the ion in col.	e III owing persin (ii) and ((vi) Is organization	the on in col.	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fo	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted arirectly controls, either alupported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9	ny gift or co one or tog or (ii) above ganization	et it is a Ty contribution ether with e? (s). rganization sted in your	pe I, Type from any persons c (v) Did you organizat	of the folk described u notify the ion in col.	e III owing persin (ii) and (the on in col. ed in the	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted aritectly controls, either alsupported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization	the IRS that my gift or co one or tog or (ii) above ganization((iv) Is the o	et it is a Ty contribution ether with e? (s). rganization sted in your	pe I, Type from any persons c (v) Did you organizat	of the folk described u notify the ion in col.	e III owing persion (ii) and ((vi) Is organizatic (ii) organizatic	the on in col. ed in the	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	ontribution ether with e? (s).	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	ontribution ether with e? (s).	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	ontribution ether with e? (s).	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	ontribution ether with e? (s).	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	ontribution ether with e? (s).	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	erganization sted in your	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	erganization sted in your	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	erganization sted in your	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	erganization sted in your	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No
g h (i) Nam	If the organiz supporting or Since August (i) A perso the gove (ii) A family (iii) A 35% of Provide the fee of supported	ation received a writ rganization, check th t 17, 2006, has the con method wirectly or ind erning body of the sum member of a persor controlled entity of a ollowing information	ten determination from this box organization accepted are irectly controls, either also upported organization? In described in (i) above? person described in (i) about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	rhe IRS that any gift or coone or tog or (ii) above ganization (iv) Is the or colling overning of	erganization sted in your	pe I, Type from any persons c (v) Did you organizat (i) of you	of the followers of the	(vi) Is organizatic (i) organizatic U.S	the on in col. ed in the ?	11g(i) 11g(ii) 11g(iii	Yes	No

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
13	First five years. If the Form 990 is for	r the organization'				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			▶□
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2008.If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2009 SOCIETY FOR CONSERVATION BIOLOGY 33-0147824 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	581,852.	851,249.	571,872.	1,136,000.	1,546,998.	4,687,971.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,116,846.	1,604,087.	2,060,949.	1,693,344.	1,493,679.	7,968,905.
3	Gross receipts from activities that are not an unrelated trade or bus-	, ,	, ,	, ,	, ,	, ,	, ,
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,698,698.	2,455,336.	2,632,821.	2,829,344.	3,040,677.	12,656,876.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						12,656,876.
	ction B. Total Support			1			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties	1,698,698. 84,275.	32,401.	2,632,821. 78,141.	2,829,344.	3,040,677. 44,239.	12,656,876. 295,210.
k	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		32,101.			-	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	84,275.	32,401.	78,141.	56,154.	44,239.	295,210.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)	1,782,973.	2,487,737.	2,710,962.	2,885,498.	3,084,916.	12,952,086.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here		······				>
	ction C. Computation of Publ					<u> </u>	07.70
	Public support percentage for 2009 (I					15	97.72 %
						16	%
	ction D. Computation of Inves			10 1 (0)		1	2.28 %
	Investment income percentage for 20	· ·		ne 13, column (f))		17	
	Investment income percentage from 2 a 33 1/3% support tests - 2009. If the			an line 14 and line		18	7 is not
	more than 33 1/3%, check this box at 33 1/3% support tests - 2008. If the	nd stop here. The organization did n	organization quali ot check a box on	fies as a publicly si line 14 or line 19a	upported organiza , and line 16 is mo	tion ore than 33 1/3% , a	and X
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th		structionsedule A (Form 99	PL
					Scn	euule A (FORM 99)	J UI 99U-EZI 2005

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 VI, 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.

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

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), then

Name of organization			Empl	loyer identification number
SOCIETY	FOR CONSERVATION	ON BIOLOGY		33-0147824
Part I-A Complete if the org	janization is exempt un	der section 501(c) or is a section 527 o	rganization.
Provide a description of the organiz	ation's direct and indirect polit	ical campaign activities	in Part IV.	
2 Political expenditures			▶\$	
3 Volunteer hours				
Part I-B Complete if the org	anization is exempt un	der section 501(c))(3).	
1 Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5▶\$	
3 If the organization incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C Complete if the org	janization is exempt un	der section 501(c)), except section 501((c)(3).
1 Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing organ	ization's funds contributed to	other organizations for s	section 527	
exempt function activities			▶\$	<u> </u>
3 Total exempt function expenditures				
line 17b			▶\$	<u> </u>
4 Did the filing organization file Form				
5 Enter the names, addresses and en				
For each organization listed, enter t	he amount paid from the filing	organization's funds. A	lso enter the amount of polit	tical contributions received
that were promptly and directly deli	vered to a separate political or	ganization, such as a se	eparate segregated fund or a	a political action committee
(PAC). If additional space is needed	I, provide information in Part IV	' .		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly delivered to a separate
				political organization.
				If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2009

932041 02-04-10

	<u>~</u>			
(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
278,383.	269,338.	304,190.	312,995.	1,164,906.
				1,747,359.
	1,925.	2,661.	1,889.	6,475.
69,596.	67,335.	76,048.	78,249.	291,228.
				436,842.
	307.	470.	339.	1,116.
	278,383. 69,596.	278,383. 269,338. 1,925. 69,596. 67,335.	278,383. 269,338. 304,190. 1,925. 2,661. 69,596. 67,335. 76,048.	278,383. 269,338. 304,190. 312,995. 1,925. 2,661. 1,889. 69,596. 67,335. 76,048. 78,249.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 SOCIETY FOR CONSERVATION BIOLOGY 33-014782 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)).

		(a	1)	(b)	1
		Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	(=)		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	301(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
-	expenses for which the section 527(f) tax was paid).	Jui			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par			-		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B	line 1i Also	complete:	this part
	ny additional information.	,		, oop.o	
	,, ====================================				

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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Acco	unts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total	number at end of year			
2	Aggre	egate contributions to (during year)			
3	Aggre	egate grants from (during year)			
4	Aggre	egate value at end of year			
5	Did th	ne organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds	
	are th	ne organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only	
	for ch	naritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring	
		missible private benefit?			Yes No
Pai	rt II	Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7	
1	Purpo	ose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).		
	Щ	Preservation of land for public use (e.g., recreation or pl	easure) Preservation of an hi	storically imp	ortant land area
	Щ	Protection of natural habitat	Preservation of a cer	tified historic	structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conserv	ation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements		2a	
b					
С	Numb	per of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Numb	per of conservation easements included in (c) acquired a	fter 8/17/06	2d	
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organizatio	n during the tax
	year	>			
4	Numb	per of states where property subject to conservation eas	ement is located >		
5	Does	the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violat	ions, and enforcement of the conservation easements it	holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the yea	ar >
7	Amou	unt of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during	g the year ►	\$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)	
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Pa	rt XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement,	and balance sheet, and
	includ	de, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organiza	tion's accounting for
		ervation easements.			
Pai	rt III	Organizations Maintaining Collections of		Other Simi	lar Assets.
		Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.		
1a		organization elected, as permitted under SFAS 116, not			
	treas	ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	ublic service,	provide, in Part XIV, the text of
		potnote to its financial statements that describes these it			
b		organization elected, as permitted under SFAS 116, to r			
	or oth	ner similar assets held for public exhibition, education, or	research in furtherance of public servic	e, provide the	e following amounts relating to
		eitems:			
	(i) R	evenues included in Form 990, Part VIII, line 1			\$
					\$
2		organization received or held works of art, historical trea		al gain, provi	de
		ollowing amounts required to be reported under SFAS 11			
а	Reve	nues included in Form 990, Part VIII, line 1		>	\$
b	Asset	ts included in Form 990, Part X			\$

	t III Organizations Maintaining C	Collections of A			or Othe		SSets (con	
3	Using the organization's acquisition, accessi							
3		on, and other record	is, check arry or i	The following that	at are a si	grillicarit use o	i its collectic	III ILEITIS
_	(check all that apply): Public exhibition	لم	l Diagnari	wahanaa nease				
а		d		exchange progra				
b	Scholarly research	е	Other					
C	Preservation for future generations				. ,		D 13/0/	
4	Provide a description of the organization's co						Part XIV.	
5	During the year, did the organization solicit o						П. ,	п
Da	to be sold to raise funds rather than to be ma							No_
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if organizatioi	n answered "Ye	s" to Forn	n 990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi							□
	on Form 990, Part X?						· L Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing table:					
							Amour	<u>ıt</u>
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe		21?				. └── Yes	└── No
	If "Yes," explain the arrangement in Part XIV.					_		
Pai	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three years b	ack (e) Fou	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held a	as:					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	<u></u> %						
С	Term endowment ▶	%						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administe	ered for th	e organization	l	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endo	owment funds.					
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. See Form 9	90, Part X, line	10.			
	Description of investment	(a) Cost or o	ther (b) C	ost or other	(c) Ac	cumulated	(d) Boo	ok value
		basis (investr	,	sis (other)	dep	reciation		
1a	Land			432,360.				2,360.
	Buildings			782,134.		32,589.		9,545.
	Leasehold improvements			108,129.		4,505.		3,624.
	Equipment			31,856.		28,146.		3,710.
	Other			51,676.		19,279.		2,397.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), lin	ne 10(c).)		>	1,32	1,636.

Schedule D (Form 990) 2009

COCTEMI	HAD	CONSERVATION	DIATOR
SOCIETY	H () K	CONSERVATION	$\mathbf{H} = (\mathbf{H} + (\mathbf{H} + \mathbf{H}) + (\mathbf{H} + \mathbf{H}) + (\mathbf{H} + \mathbf{H})$

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line 1	12.		
((a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
Financial d	lerivatives				
Closely-hel	ld equity interests				
Other					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VII	I Investments - Program Related. Se	ee Form 990, Part X, line	13.		
	(a) Description of investment type	(b) Book value		(c) Method of valua ost or end-of-year mar	
Total. (Col ((b) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, line	15.			
		Description			(b) Book value
		·			
Total, (Col	umn (b) must equal Form 990, Part X, col (B) line	: 15.)		•	
Part X	Other Liabilities. See Form 990, Part X,				
1.	(a) Description of liability		(b) Amount		
	come taxes				
Total, (Col	umn (b) must equal Form 990, Part X, col (B) line	25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 15082.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SOCIETY	FOR CONSE	RVATION BIOI	LOGY				Employer identification number $33-0147824$
Part I General Information on Grants	and Assistance					•	
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	sistance?						tion X Yes No
Part II Grants and Other Assistance t	o Governments ar	nd Organizations in th	ne United States. C	Complete if the org	anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more tha	n \$5,000. Check th	is box if no one recipie	ent received more th	nan \$5,000. Use P		1 (Form 990) if addition	nal space is needed
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE SEATTLE, WA 98195-9472	91-6001537	115	174,243.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY.
NORTHERN ARIZONA UNIVERSITY 1501 S. KNOLES DR, #240 FLAGSTAFF, AZ 86011-4130	86-6004791	115	91,794.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY.
STANFORD UNIVERSITY ENCINA HALL EAST E401 STANFORD, CA 94305	94-1156365	501(C)(3)	85,389.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY.
UNIVERSITY OF CALIFORNIA AT SANTA BARBARA - 3227 CHEADLE HALL, 3RD FL SANTA BARBARA, CA 93106-205		501(C)(3)	85,022.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523-2002	84-6000545	115	76,937.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY
PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER UNIVERSITY PARK, PA 16802	24-6000376	115	86,176.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY
2 Enter total number of section 501(c)(33 Enter total number of other organization							3.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to prov	ide the informatio	n required in Part I,	, line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE A	PPLICATIO	NS RECEIVE	ED ARE ASSI	GNED TO AN	
INITIAL GROUP OF REVIEWERS BY THE	AREA OF	EXPERTISE	REQUIRED F	OR THE	
PROGRAM. AT THE END OF THE INITIA	L REVIEW,	EIGHT API	PLICANTS AR	E INVITED FOR	
INTERVIEWS. TWO SEPERATE PANELS OF	F REVIEWE	RS MEET WI	ITH EACH OF	THE	
APPLICANTS TO DETERMINE WHO WILL 1	RECEIVE T	HE FOUR AV	VAILABLE AW	ARDS.	

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

		VATION BIOL					03-014/024
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK STREET CHICAGO, IL 60614	36-2512404	501(C)(3)	87,656.	0.			TO SUPPORT APPLIED CONSERVATION BIOLOGY

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 33-0147824 SOCIETY FOR CONSERVATION BIOLOGY FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: POLICY PROGRAM OTHER PROGRAM SERVICES **EXPENSES \$ 524374.** INCLUDING GRANTS OF \$ 0. **REVENUE \$ 254013.** FORM 990, PART VI, SECTION A, LINE 4: THE STRUCTURE OF THE BOARD OF GOVERNORS WAS CHANGED IN THE BYLAWS. SECTION A, LINE 6: THE SOCIETY FOR CONSERVATION FORM 990, PART VI, BIOLOGY 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. 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 AUDIT COMMITTEE REVIEWS THE

FORM 990, AND THE FORM IS DISTRIBUTED TO THE BOARD FOR COMMENT PRIOR TO

APPROVAL.

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SOCIETY FOR CONSERVATION BIOLOGY

Employer identification number 33-0147824

CONFLICT OF INTEREST POLICY ANNUALLY. ANY CONFLICTS ARE DISCUSSED AT THE APPROPRIATE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: PRICE WATERHOUSE COOPERS CONDUCTED A COMPETITIVE COMPENSATION ANALYSIS FOR THE EXECUTIVE DIRECTOR'S SALARY IN FEBRUARY 2007. PWC USED COMPENSATION SURVEY DATA, AND BENCHMARKED THE POSITION TO EXECUTIVE DIRECTORS OF SCIENCE-ORIENTED NOT-FOR-PROFIT ORGANIZATIONS WITH ANNUAL BUDGETS IN THE \$3 MILLION TO \$5 MILLION RANGE. THEY THEN USED ALGORITHMS TO (A) ADJUST THE SURVEY DATA FROM THE SURVEY DATE TO FEBRUARY 2007, AND (B) TO REFLECT PAY DIFFERENTIALS BETWEEN WASHINGTON D.C. AND NATIONAL AVERAGES. THE BOARD USED THIS ANALYSIS IN SETTING THE EXECUTIVE DIRECTOR SALARY IN JUNE 2007, AND HAS REVIEWED THE SALARY AND TOTAL COMPENSATION IN ALL SUBSEQUENT YEARS. THE RESULTS OF THE PROCESS WERE DOCUMENTED IN A LETTER TO THE EXECUTIVE DIRECTOR FROM THE CHAIR OF THE BOARD. ALL OTHER SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR WITH APPROVAL BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE AUDIT, BYLAWS, AND CODE OF ETHICS ARE ON THE SOCIETY'S WEBSITE.

FORM 990, PART XI, LINE 2C

THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE AUDIT FIRM.

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** 33-0147824 SOCIETY FOR CONSERVATION BIOLOGY THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, IMMEDIATE PAST PRESIDENT, PRESIDENT ELECT, SECRETARY, AND TREASURER. THE EXECUTIVE DIRECTOR SHALL BE AN EX-OFFICIO MEMBER. THE PRESIDENT SERVES AS CHAIR OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY DECIDE AND ACT ON MATTERS OF SCB CONCERN BETWEEN REGULARLY SCHEDULED MEETINGS PROVIDED THE FINANCIAL RAMIFICATIONS OF THE DECISION DO NOT EXCEED \$30,000. THE EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF THEIR DECISIONS AND ACTIONS IN A TIMELY MANNER. ALL VOTES OF THE EXECUTIVE COMMITTEE SHALL BE DECIDED BY A SIMPLE MAJORITY OF THOSE VOTING. THREE MEMBERS SHALL CONSTITUTE A QUORUM OF THE EXECUTIVE COMMITTEE.

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDING FURNITURE &	VARIE	SSL	40.00	16	782,134.			782,134.	13,036.		19,553.
2		VARIE	SSL	7.00	16	54,765.			54,765.	9,969.		10,340.
3	EQUIPMENT	VARIE	SSL	5.00	16	28,767.			28,767.	24,417.		2,700.
4	LAND	VARIE	SL			432,360.			432,360.			0.
	TENANT IMPROVEMENTS		SSL	40.00	16	108,129.			108,129.	1,802.		2,704.
	* TOTAL 990 PAGE 10 DEPR					1,406,155.		0.	1,406,155.	49,224.	0.	35,297.

Form 8868 (Rev. 4-2009) Page 2 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Name of Exempt Organization **Employer identification number** Type or print SOCIETY FOR CONSERVATION BIOLOGY 33-0147824 File by the Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only extended due date for .017 O STREET, NW filing the return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20001 Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 8870 Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. HEATHER DECALUWE The books are in the care of \triangleright 1017 O ST., NW -WASHINGTON, DC 20001 Telephone No. ► 202-234-4133 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📖 and attach a list with the na<u>mes and EINs of all members the extension is for.</u> NOVEMBER 15, 2010 I request an additional 3-month extension of time until 5 For calendar year 2009, or other tax year beginning , and ending 6 If this tax year is for less than 12 months, check reason: Initial return Final return ☐ Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit N/A with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief.

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

and that, sometimes of and that have a material to proper the form

Signature ► Title ► C.P.A.

Form **8868** (Rev. 4-2009)

Date