SCANIMED ()[C 8 2009

· 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

		of the Treasury The organization may have to use a c	opy of this return	to satis	fy state rep	orting requ	rements.	Open to Inspe	
A	For th	he 2008 calendar year, or tax year beginning			nd ending			, 20	
В (heck if	applicable Please C Name of organization Center for B	iological Divers	sity, Inc	C		D Employ	yer Identificat	ion number
		s change label or Doing Business As					85	042	0285
		print or Number and street (or PO box if med is not	delivered to street addre	ess)	Room/suite		E Teleph	one number	
	nitial re	See PO Box 710		ļ			(520)	623-	5252
	ermina		+ 4						
		ed return tions Tucson, AZ 85702		G Gross re	ceipts \$	9,186,050			
		on pending F Name and address of principal officer				H(a) is this	a aroun return	for affiliates?	Yes No
		Kleran Suckling						included?	_
1	Tax-ex	cempt status	or 🔲 527					list (see instr	
J	Webs	site: ► www.biologicaldiversity.org				H(c) Group e	xemption nu	mber ▶	
K	Type of	forganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year	of formation	1993	M State o	f legal domicile	∍ NM
Pa	rt I	Summary							
	1	Briefly describe the organization's mission or mo	st significant ac	tivities:					
_		The Center for Biological Diversity works thro	ugh science, la	w, and	creative n	nedia to s	ecure a	future for	all
106		species, great or small, hovering on the brink	of extinction.						
rua									
Governance	2	Check this box ▶ ☐ if the organization discontinued its	operations or dispo	sed of n	nore than 25	% of its as	sets		
ر مع	3	Number of voting members of the governing boo	dy (Part VI, line 1	1a)			3		5
Activities &		Number of independent voting members of the					4		2
Λ		Total number of employees (Part V, line 2a)					5		81
4cti		Total number of volunteers (estimate if necessar					6		15
`		Total gross unrelated business revenue from Par					7a		0
		Net unrelated business taxable income from For				<u> </u>	. 7b		0
						Prior Ye	ar	Curren	t Year
	8	Contributions and grants (Part VIII, line 1h)				5,3	25,801		7,651,774
Revenue		Program service revenue (Part VIII, line 2g)		05,365	-	1,454,895			
Vel		Investment income (Part VIII, column (A), lines 3,		97,092		68,677			
æ		Other revenue (Part VIII, column (A), lines 5, 6d,	,	46,149					
		Total revenue—add lines 8 through 11 (must equal)	5.9	74,407					
_			arants and similar amounts paid (Part IX, column (A), lines 1–3)						
		Benefits paid to or for members (Part IX, column			• •		81,065		68,557
စ္မ					10)	2,605,039			3,643,734
Expenses		Salaries, other compensation, employee benefits (Pa		ines o	-10)	106,531			114,081
Ř	108	Professional fundraising fees (Par IX, column (A)	THE CAN	663.4	88	Sec. 33.			114,001
	47	Total fundraising expenses (Part IX, column (D), line	14 114 046 (0)			2 1	03,543		2,244,951
	17	Other expenses (Part IX, column (A), lines 11a-1	10, 2000 TO		·		96,178		6,071,323
	18 19	Total expenses. Add lines 13-17 (A) st es [a]P2 Revenue less expenses. Subtract line 18 from line	TOX COMMING (A)	l, line 2	:5)		378,229		3,107,358
- s	13		4			Beginning o		End of	
ssets or Balances	00	Table and (Dad V km 40) OGDI	EN, UT]	 		10,198		6,770,201
Asse		Total assets (Fait A, IIIC TO)		• • •	· ·		55,191		307,836
Net A		Total liabilities (Part X, line 26)			· ·		355,007		6,462,365
	rt II	Signature Block	ин шю 20	· · · ·	<u></u>		755,557		0,702,000
		Under penalties of penury, I declare that I have examined this	return, including acc	company	no schedules	and statem	ents, and to	the best of m	v knowledge
		and belief, it is true, correct, and complete Declaration of p							
Sig	n	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				1	9/11	6/09	
Hei		Signature of officer				Date		<u> </u>	
He	C	Kieran Suckling, Executive Director							
		Type or prnt name and title							
			T	Date	Checl	c if	Proparation	identifican acces	her
		Preparer's signature		Jaio	self-		(see instruc	identifying numl :tions)	761
Paid		3.3	!		emplo	yed ► 🔲			
Prep	arer's	Firm's name (or yours				Ten:			
Use	Only	if self-employed).				EIN	<u> </u>	<u> </u>	
		address, and ZIP + 4	1 0			Phone no) > ()	
May	/ the	IRS discuss this return with the preparer shown	above? (see ins	truction	ns)	<u> </u>		. Ye	es No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Cat No 11282Y

(S008) J

Fprm	990 (2008) Page 2						
Par	t III Statement of Program Service Accomplishments (see instructions)						
1	Briefly describe the organization's mission: The Center for Biological Diversity works through science, law, and creative media to secure a future for all species, great or small, hovering on the brink of extinction.						
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?						
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expirate the exempt purpose achievements. 							
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.						
4a	(Code:) (Expenses \$ 1,792,385 including grants of \$ 62,297) (Revenue \$ 0) The Center's Public Lands Program aims to ensure that our public lands and waters are protected, restored, and managed for the maximum benefit to our nation's wildlife and ecosystems.						

4b	(Code:) (Expenses \$ 1,194,428 including grants of \$ 0) (Revenue \$ 0) The goal of the Center's Climate, Air, and Energy Program is to reduce U.S. greenhouse gas emissions and air						
	pollution to protect biological diversity and the environment. Specific objectives include securing protections for						
	species threatened by the impacts of global warming, ensuring compliance with applicable law in order to						
	reduce green house gas emissions, and educating and mobilizing the public on global warming issues.						

	(0.1.)						
4c	(Code:) (Expenses \$ 1,064,090 including grants of \$ 2,500) (Revenue \$ 0) The Center's Biodiversity and Endangered Species Program works to protect and recover imperiled plants and						
	animals and their habitat. This is accomplished through a variety of tools including scientific research, policy and						
	legal advocacy, and grassroots organizing.						
	•••••••••••••••••••••••••••••••••••••••						

0) (Revenue \$

5,124,293 (Must equal Part IX, Line 25, column (B).)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,073,390 including grants of \$

4e Total program service expenses ▶ \$

0)

Pai	rt 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
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 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
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		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		√
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		√
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19		-
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
20 21	Did the organization operate one of more hospitals: If res, complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓_
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	ļ	/
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	1	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
		-	000	/0000

Par	rt 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		✓
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 81	2b	-	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		
	account)?	_4a		V
D	If "Yes," enter the name of the foreign country: ►			
E -0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	1	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a 7b	V	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 1		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	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 as			
	required?	7h	✓	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	<u> </u>		
_	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966?	9b		
0	Section 501(c)(7) organizations. Enter:	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		L

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
_	any other officer, director, trustee, or key employee?	2		*
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		./
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		1
6	Does the organization have members or stockholders?	<u> </u>		
/a		7a		1
h	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a		9a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10	1	
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	<u> </u>	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10.	,	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	1	✓
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	15a		7
	Other officers or key employees of the organization?	15b		7
D	Describe the process in Schedule O. (see instructions)			<u> </u>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AZ and CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	. •		
	☑ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recognization: ► Brent Hendricks, General Counsel, P.O. Box 710, Tucson, AZ, 85702-0710, (520) 623-53	rds o	f the	

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

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

1a Complete this table for all persons required to be listed. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Check this box if the organization did not co	(B)	<u> </u>	71110		C)	0.01,		(D)	(E)	(F)
Name and Title	Average	Positi	on le		-	that ap	nhi	Reportable	Reportable	Estimated
(valle alu Title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	reportation compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Peter J. Galvin Director	50	1						94,922	0	11,740
Marcey Olajos Chairperson	2	1						0	0	0
Katherine Meyer Director	2	1						0	0	0
Todd D. Schulke Treasurer	50	1		1				51,500	0	13,601
Robin D. Silver Secretary	50	1		1				81,500	0	15,702
Dan Coleman Treasurer	2	1		1				0	0	0
Kieran F. Suckling Executive Director	50			1	<u> </u>			104,313	0	11,658
Michael Finkelstein Executive Director	50			1				13,167	0	2,295
			_							
			_							
				<u> </u>						
						<u> </u>				

Pai	t VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loye	ees,	an	d Hig	hes	t Compensated	d Employees	(continued)
•	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	other compensation
			6	stee			nsatec				organizations
								ļ			
										1	
					<u></u>						
1b	Total							▶	345,402		54,996
2	Total number of individuals (including those organization ▶ 1	e in 1a) wh	no rec	eive	ed r	nore	e thar	า \$1	100,000 in repo	ortable compe	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S										3 🗸
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repo greater tha	ortabl an \$1	le co 50,0	000?	ens e If '	sation 'Yes,'	an 'co	d other compe mplete Schedu	ensation from ule J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	compolete	pen: Sch	satı ledu	on i ole u	from I for s	 any such	unrelated org	anization for	5 1
Sec	tion B. Independent Contractors	<u></u>									
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	nde	ent o	contra	acto	rs that receive	d more than	\$100,000 of
	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation
Noi	ie .										0
					<u></u>			 			
								F			
2	Total number of independent contractors compensation from the organization ▶ 0		those	ın	1) v	vho	recei	ved	more than \$1	00,000 in	

•	90 (20							Page
Part	VIII	Statement of Re			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, and similar amounts not include Noncash contributions include Total. Add lines 1a-1f	tbuttons). 16 ndd above 1f	7,640,862 63,225	7,651,774			
Program Service Revenue	2a	Cost recovery for enviro	onments litigation	Business Code 900099	1,398,161	1,398,161		
Rev	b U of Arizona work study students			900099	2,178	2,178	~~~~	
8	C	Contract work for progr	ams	900099	54,556	54,556		
eri			•••••					
S	d	•••••	1					
ja l	f	All other program servi						
Š	ä	Total. Add lines 2a-2f			1,454,895			
_	9			·	1,454,055			
	3	Investment income (income other similar amounts) Income from investment of	of tax-exempt bond	► . d proceeds ► .	68,970			68,970
	5	Royalties						
			(i) Real	(ii) Personal		-		
	6a	Gross Rents						
	ь	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (lo	oss)	▶				
		·	(i) Secunties	(ii) Other				
	/a	Gross amount from sales of assets other than inventory	58,524	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	_	-	50,021	***************************************	ł			
	b	Less: cost or other basis	58,817		į	1		
		and sales expenses	-293					
		Gain or (loss)				······································		
	đ	Net gain or (loss)	,	.	-293			-293
her Revenue	8a	Gross income from events (not including \$ of contributions reported)	1.125. d on line 1c).	0.575				
-		See Part IV, line 18	····a	3,575				
∄		Less: direct expenses		875				
₽	C	Net income or (loss) fro	o m fundraising e	vents ▶	2,700			2,700
		Gross income from garr See Part IV, line 19	a					
		Less: direct expenses. Net income or (loss) from		ties ►				
	10a	Gross sales of investment		7,129				
		returns and allowances		6,494	l			
		Less: cost of goods so Net income or (loss) from			635	ESE		
-	٠	Miscellaneous Rev		Business Code	035	635		-
-				Duamesa Cook				
	11a		·····					
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-1	1d , ,	🕨				
		Total Revenue. Add III 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	9,178,681	1,455,530		71,377

Part IX Statement of Functional Expenses

Pa	rt IX Statement of Functional Expense				
	Section 501(c)(3) and 50 All other organizations must complete col				C) and (D)
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	58,211	58,211		1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,586	6,586		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	2 700	2.760		
_	U.S. See Part IV, lines 15 and 16	3,760	3,760		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	401,956	388,768	6,594	6,594
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	2,539,882	2,312,246	79,984	147,652
8	Pension plan contributions (include section 401(k)				,
0	and section 403(b) employer contributions)	120,101	112,317	3,029	4,755
9	Other employee benefits	322,057	290,386	15,660	16,011
10	Payroll taxes	259,738	230,871	15,247	13,620
11	Fees for services (non-employees):				
	Management	74.000		4.000	
	Legal	74,660 7,870	69,737	4,923 7,870	
	Accounting	7,010		7,870	
	Lobbying	114,081			114,081
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	114,001			114,001
	Other	207,724	166511	41,213	
12	Advertising and promotion	80,883	77,217	3,666	
13	Office expenses	298,601	230,613	59,215	8,773
14	Information technology	44,856	43,922	619	315
15	Royalties				
16	Occupancy	213,708	205,557	4,939	3,212
17	Travel	290,854	276,484	5,616	8,754
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	45,595	29,940	14,995	
19	Conferences, conventions, and meetings .	43,333	23,340	14,995	660
20 21	Interest				
22	Depreciation, depletion, and amortization.	79,734	67,582	5,663	6,489
23	Insurance	26,255	13,312	12,943	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Internet organizing	23,069	23,069		
þ	Publications	161,756 648,549	161,756		205 565
C	Fundralsing Miscellaneous	3,436	322,984 2,849	147	325,565 440
d	Dues and subscriptions	30,881	23,095	1,219	6,567
e	All other expenses Contributions	6,520	6,520	1,219	0,307
25	Total functional expenses. Add lines 1 through 24f	6,071,323	5,124,293	283,542	663,488
26	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	707,717	280,968	6,030	420,719

Pa	rt X	Balance Sheet					
			(A) Beginning of year	•	(E End o	3) f year	
	1	Cash—non-interest-bearing	234,179	1		797	,579
	2	Savings and temporary cash investments	2,429,620	2		5,360	,490
	3	Pledges and grants receivable, net	573,175	3		349	,290
	4	Accounts receivable, net	13,530	4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5			
Assets	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6			
	-	Part II of Schedule L		7			
	7 8	Notes and loans receivable, net	19,154			10	,872
As	9	Prepaid expenses and deferred charges	61,052				,182
	10a	Land, buildings, and equipment: cost basis 10a 547,858	9.1,002				, 102
		Less: accumulated depreciation. Complete					
		Part VI of Schedule D	155,125			214	,010
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		13			
	13	Investments—program-related. See Part IV, line 11		14			
	14 15	Intangible assets	24,363			20	,778
	16	Other assets. See Part IV, line 11	3,510,198		10014	6,770	
	17	Accounts payable and accrued expenses	155,191				,836
	18	Grants payable		18	***************************************		,000
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
Se	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			TAN-ANA		
_		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23		450	
	24	Unsecured notes and loans payable		24 25		150	,000
	25 26	Other liabilities. Complete Part X of Schedule D	155,191			207	,836
ses		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	133,131			301	1030
Fund Balances	27	Unrestricted net assets	1,242,615	27		1,943	,395
Bal	28	Temporarily restricted net assets	2,112,392	28		4,518	,970
פַ	29	Permanently restricted net assets		29			
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					,
ts	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
t A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ne	33	Total net assets or fund balances	3,355,007	33		6,462	
	34	Total liabilities and net assets/fund balances	3,510,198	34	- 	6,770	,201
Рa	rt XI	Financial Statements and Reporting			-		
1	Acco	ounting method used to prepare the Form 990: Cash Accrual	☐ Other			Yes	No
2a		e the organization's financial statements compiled or reviewed by an indi-	ependent accountant	t?	2a	L	✓
b	Were	e the organization's financial statements audited by an independent acco	ountant?		2b	✓	
C		es" to lines 2a or 2b, does the organization have a committee that assumes	•	_		,	
		audit, review, or compilation of its financial statements and selection of an inc			2c	✓	
За		result of a federal award, was the organization required to undergo an a					,
-		Single Audit Act and OMB Circular A-133?			<u>3a</u>		✓
ຸນ	11 T	es, and the organization undergo the required addit of addits?			3b	L	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

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

2008

OMB No 1545-0047

Open to Public Inspection ation number

-			' . 						1 '		don namber
	_		at Diversity, Inc.						85		0420285
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	e instru	ctions)
The	orga	inization is n	ot a private four	idation because it is:	(Please o	check onl	y one org	ganızatıor	า.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	rıbed in s	ection 1	70(b)(1)(A	A)(i).	
2		A school de	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative l	hospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)
4				ation operated in conj							
		hospital's na	ame, city, and st	ate:			· · · · · · · · · · · · · · · · · · ·				********
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the place of the colle	ge or uni	versity ov	wned or d	perated	by a gov	ernmenta	l unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)	١.	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									the general public	
•				(1)(A)(vi). (Complete F		осрре		9010	TOTAL GIA		o gonorai pabilo
8				d in section 170(b)(1)		Complete	Part II.)				
9	$\overline{\Box}$			receives: (1) more thi				m contrib	outions, m	embersh	in fees, and gross
•				ed to its exempt function							
				ent income and unre							
				after June 30, 1975.							
10	\Box	-	_	nd operated exclusive				•	•	os) Alle	e instructions)
11	\exists	_	-	and operated exclusive	•		-				,
••	_			blicly supported organ							
				at describes the type							
		a Type		_		e III–Fun					Type III-Other
۵		, ,		tify that the organizat			•	~			
•	لـــا			n managers and other							
			section 509(a)(2)		, than on	0 01 111010	publicity	опрропс	o organiz		Solibed in Section
f		, , , ,				the IDC	that it in	. Tunn	l Tunn II	au T	111
•			, check this box	a written determinati							iii supporting
_		•		the organization acce							· · · · · ·
g		following per		the organization acce	spieu any	gilt or c	Ontributio	ni ironi a	any or the		
				و مامولم میاند میاند و ا	مام سمطف	+	فيدد بتمطفم	h			Yes No
				r indirectly controls, ϵ					is descrit	bea iii (ii)	11g(i)
			-			_				• • • •	11g(ii)
		• • •	•	rson described in (i) a of a person described							11g(iii)
h			•	ation about the organ		• •					119(11)
	Name	of supported	(ii) EIN	(iii) Type of organization	T	organization		ou notify	40.1	s the	(vii) Amount of
117		anization	(11) 2.114	(described on lines 1-9	in col (i) is	sted in your	the organ	nization in	organizat	ion in col	support
				above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S?	
				(300 maractions);	Yes	No	Yes	No	Yes	No	
					100	1.10	103				
•									 		
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									†		
						1					
		**									
					ļ				<u> </u>		***************************************
					 				 	ļ	
T-4-					1	[1		1	

Pal	(Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,515,704	2,406,281	3,502,252	5,295,401	7,825,898	21,545,536
2	Tax revenues levied for the organization'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 1-3	2,515,704	2,406,281	3,502,252	5,295,401	7,825,898	21,545,536
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)						5,724,896
6	Public support. Subtract line 5 from line 4.						15,820,640
	tion B. Total Support	·····			National Control of the Control of t		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	2,515,704	2,406,281	3,502,252	5,295,401	7,825,898	21,545,536
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,646	44,483	56,575	97,902	68,970	283,576
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 .					ļ	21,829,112
12	Gross receipts from related activities, etc	•	•			12	3,548,836
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	· · · · ·				on 501(c)(3)
14	Public support percentage for 2008 (line			column (f))		14	72.47 %
15	Public support percentage from 2007 Sci		•			15	62.51 %
16a	., ,	•					ck this box
	and stop here. The organization qualifies						
ь	33% % support test-2007. If the organi	zation did not c	heck a box on	line 13 or 16a,	and line 15 is	33½% or more	, check this
	box and stop here. The organization qua	alifies as a publi	cly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circun	nstances" test, o	check this box a	and stop here .	Explain in Parl	: IV how the
	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" facts-and-circumstances the "facts-and-circumstances" facts-and-circumstances test—2007	acts-and-circum ances" test. The	stances" test, c organization qua	heck this box a lifies as a public	ind stop here. ly supported or	Explain in Part ganization .	IV how the ▶ □
18	Private foundation. If the organization did	i not check a bo	x on line 13, 16a	a, 16b, 17a, or 1	7b, check this	box and see ins	structions 🕨 📙

	dule A (Form 990 or 990-EZ) 2008 THE Support Schedule for Orga	nizations D	escribed in S	Section 509/s	1)(2)		Page 3
	(Complete only if you checked				·/(-/		
	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
-	tion B. Total Support	(=) 0004	(b) 2005	(=) 0006	(4) 0007	(-) 0000	(6 T-1-1
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourti		•	
	tion C. Computation of Public Su					T T	
15 16	Public support percentage for 2008 (Im Public support percentage from 2007 S	Schedule A, P	art IV-A, line 2			15 16	%
	tion D. Computation of Investmen					T 4= 1	
17 18	Investment income percentage for 200 Investment income percentage from 20	-		•	olumn (f)) .	17	% %
19a	33% % support tests—2008. If the organization of the support tests—2008, if the support tests—2008,						

b 33\% % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 33\% %, check this box and stop here. The organization qualifies as a publicly supported organization \(\rightarrow\)

Schedule A (Fo	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	Part II, line 10;
••••••••••••••••••••••••••••••••••••••		
•••••		**************

		•••••

••••••		
	······································	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ To be completed by organizations described below.

intern	al Hevenue Service	Attach to Form 9	90 or Form 990-EZ.			mspe	cuon
		'es," to Form 990, Part IV, line 3, or Fons Complete Parts I-A and B. Do not co		I, Ilne 46 (Politica	al Campa	aign Activities),	then
•	Section 501(c) (other than se	ction 501(c)(3)) organizations. Complete	Parts I-A and C bel	ow Do not comp	lete Part	I-B.	
•	Section 527 organizations: C	omplete Part I-A only.					
		'es," to Form 990, Part IV, line 4, or Fons that have filed Form 5768 (election un					t II-B
		ns that have NOT filed Form 5768 (elections, state have NOT filed Form 5768 (elections) to Form 990, Part IV, line 5 (Prox		(h)) Complete Pa	rt II-B. Do	o not complete F	Part II-A
•	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.					
	ime of organization				Employe	er Identification n	umber
	nter for Biological Divers				85	04202	
Pa		eted by all organizations exempetions for Schedule C for details.		n 501(c) and s	ection	527 organiz	ations.
1	Provide a description of	the organization's direct and indirect	ct political campai	gn activities in	Part IV.		
2	•	· · · · · · · · · · · · · · · · · · ·			▶ \$		0
3 —	Volunteer hours					<u></u>	******
Pa		eted by all organizations exem ctions for Schedule C for details		n 501(c)(3).			
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	1 4955	\$		0
2		excise tax incurred by organization					0
3		ed a section 4955 tax, did it file Foi					☐ No
	Was a correction made?					· · 🗌 Yes	☐ No
	If "Yes," describe in Part						
Pa		eted by all organizations exem ctions for Schedule C for details		n 501(c), exc	ept sec	otion 501(c)(3).
1		y expended by the filing organizati					
2		filing organization's funds contribute	ed to other organi	zations for sect	ion		
3		ct exempt function expenditures. A					
4		n file Form 1120-POL for this year?				🗌 Yes	☐ No
5		es and employer identification numbe					ayments
		nount paid and indicate if the amou					
		I promptly and directly delivered to a sittee (PAC). If additional space is need				parate segrega	ted fund
	(a) Name	(b) Address	(c) EIN	(d) Amount pai filing organizat funds If none, e	tion's	(e) Amount of contributions recipromptly and delivered to a spolitical organization, enter	eived and directly separate zation If

Sch	edule C (Form 990 or 990-EZ) 2008					Page 2
Pa	art II-A To be completed by or (election under section	ganizations extended to 501(h)). See the	empt under sed e instructions fo	ction 501(c)(3) to or Schedule C fo	hat filed Form 5 r details.	5768
	Check ► ☐ if the filing organizati Check ► ☐ if the filing organizati				ons apply.	
		obbying Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals
1a		•		. , .,	4,633 7,287	
	Total lobbying expenditures (add lin	es 1a and 1b)			11,920 5,422,555	
ě	Total exempt purpose expenditures	(add lines 1c and	d 1d)		5,434,475	
1	Lobbying nontaxable amount. Enter columns.	the amount from	the following tab	le in both	421,128	
	If the amount on line 1e, column (a) or (b) Not over \$500,000		nontaxable amour nount on line 1e.	nt is:		
	Over \$500,000 but not over \$1,000,000	\$100,000 ptus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,00	0 \$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,0	00 \$225,000 plus	5% of the excess	over \$1,500,000		
	Over \$17,00 0 ,000	\$1,000,000.				
ę	Grassroots nontaxable amount (ente	er 25% of line 1f)			105,282	
ŀ	Subtract line 1g from line 1a. Enter	-0- if line g is mo	re than line a .		0	
i	Subtract line 1f from line 1c. Enter -				0	
j	If there is an amount other than zero section 4911 tax for this year? .			rganization file Fo		☐ Yes ☐ No
	(Some organizations that columns below. S	made a section		o not have to co		five
	Lobby	ring Expenditure	s During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount	286,022	328,153	379,180	421,128	1,414,483
t	Lobbying ceiling amount					

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a Lobbying non-taxable amount	286,022	328,153	379,180	421,128	1,414,483			
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures	143,767	148,870	14,831	7,287	314,755			
d Grassroots non-taxable amount	71,506	82,038	94,795	105,282	353,621			
Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures	69,920	80,801	3,993	4,633	159,347			

Schedule C (Form 990 or 990-EZ) 2008

Pai	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for contractions for Schedule C.			led Fo	rm	
		(a)		(b)	
		Yes	No	A	mount	t
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: Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .					
d	Media advertisements?					
e f	Grants to other organizations for lobbying purposes?					
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV					
j 2a	Total lines 1c through 1i					
С	If "Yes," enter the amount of any tax incurred under section 4912					
Pai	To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	ion (501(c)(5), o	r	
1 2	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 carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
Pat	To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.		f Pa			
1 2	Dues, assessments and similar amounts from members	of				
a b	Current year		2a 2b			
с 3	Total		2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the				
5	and political expenditure next year?		<u>4</u> 5			
Pa	rt IV Supplemental Information					
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line, complete this part for any additional information.	ne 5;	and	Part II-	3, line	e 1ı.
					-	••••
		• • • • •		• • • • • • • • • • • • • • • • • • • •		
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Schedule C (Fo	hedule C (Form 990 or 990-EZ) 2008 Page 4						
Part IV	Supplemental Information (continued)						
		••••••					
••••••							
		• • • • • • • • • • • • • • • • • • • •					
		• • • • • • • • • • • • • • • • • • • •					
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	tment of the Treasury at Revenue Service		to Form 990. To be completed by Yes," to Form 990, Part IV, line 6,			Open to Public Inspection
	e of the organization	<u> </u>				dentification number
	nter for Biologica				85	0420285
-			nor Advised Funds or Othe	er Similar Fu	inds or Acc	counts. Complete if
	the orga	anization 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 contr	ributions to (during year)				
3	00 0	ts from (during year) .				
4	00 0	e at end of year				
5	funds are the or	ganization's property, subj	donor advisors in writing that lect to the organization's exclus	sive legal cont	rol?	Yes No
6			onors, and donor advisors in w			be
	used only for ch	naritable purposes and not rivate benefit?	for the benefit of the donor or	donor advisor	or other	· · 🔲 Yes 🗌 No
Pai	til Conserv	vation Easements. Com	olete if the organization answ	ered "Yes" to	Form 990.	Part IV. line 7.
1			by the organization (check all			
•		of land for public use (e.g			of an historica	ally important land area
	☐ Protection of					istoric structure
	☐ Preservation					
2	Complete lines 2 on the last day		d a qualified conservation contri	bution in the fo	orm of a cons	ervation easement
						Held at the End of the Year
а	Total number of	conservation easements.			2a	
b	Total acreage re	estricted by conservation e	asements			
С	Number of cons	ervation easements on a c	certified historic structure include	ded in (a)		
d	Number of cons	ervation easements includ	ed in (c) acquired after 8/17/06		2d	
3		ervation easements modifi	ed, transferred, released, extin	guished, or tei	rminated by	the organization during
4	Number of state	es where property subject t	to conservation easement is loo	cated ▶		
5	_		y regarding the periodic monitor			
_		the conservation easemen				
6			oring, inspecting, and enforcing			
7	-		g, inspecting, and enforcing ea		-	Ψ
8	170(h)(4)(B)(i) and	d section 170(h)(4)(B)(ii)? .	d on line 2(d) above satisfy the			
9	balance sheet, a	and include, if applicable, t	reports conservation easemen			
Par		's accounting for conserva	ections of Art, Historical Tre	PASIIFES OF C	ther Simila	r Assets
ı aı			vered "Yes" to Form 990, Par		Juici Onima	1 73003.
1a	art, historical trea	asures, or other similar ass	nder SFAS 116, not to report in ets held for public exhibition, ed te to its financial statements th	lucation, or res	earch in furth	
b	historical treasur	on elected, as permitted ur res, or other similar assets wing amounts relating to t	nder SFAS 116, to report in its held for public exhibition, edu hese items:	revenue stater cation, or rese	ment and balearch in furth	lance sheet works of art, erance of public service,
			/III, line 1			
2	following amoun	its required to be reported	of art, historical treasures, or under SFAS 116 relating to th	ese items:		_ ,,
a b			line 1			

Sabor	dule D (Form 990) 2008							Page 2
-	t III Organizations Maintaini	na Collections	of Art. Hi	storic	al Treasures	s. or C	ther Similar As	
3	Using the organization's accession items (check all that apply):							
а	Public exhibition		d		Loan or exch	ange c	rograms	
b	Scholarly research		e					
c	Preservation for future generat	ions		_				
4	Provide a description of the organiz Part XIV.		and exp	laın ho	w they furthe	r the o	rganızation's exe	mpt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	uned as pa	art of th	ne organizatioi	n's coll	ection?	Yes No
Pai	Trust, Escrow and Custo Part IV, line 9, or reported					on ans	wered "Yes" to	Form 990,
	Is the organization an agent, trusted included on Form 990, Part X?					ons o	other assets no	t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follow	ing table:		1	nount
						4.	····	nount
С	Beginning balance					. 1c		· · · · · · · · · · · · · · · · · · ·
	Additions during the year							
е	Distributions during the year					. <u>1e</u>		
f	Ending balance					. <u>1f</u>		
b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.				• •		∐ Yes ∐ No
Pai	t V Endowment Funds. Co							
		(a) Current year	(b) Pno	r year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				 			
b	Contributions							
С	Investment earnings or losses .							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses		·					
g	End of year balance [<u> </u>
2	Provide the estimated percentage of	f the year end ba	lance held	d as:				
а	Board designated or quasi-endowm	ent ▶	%					
b	Permanent endowment ▶	%						
c	Term endowment ▶%	,						
3a	Are there endowment funds not in thorganization by:	e possession of th	ne organiz	ation th	nat are held a	nd adn	ninistered for the	Yes No
	(i) unrelated organizations							
	(ii) related organizations If "Yes" to 3a(ii), are the related org	,			abadula D2			3a(ii)
4	Describe in Part XIV the intended us	anizations listed a ses of the organiz	ation's er	u on S	ent funds.	• •		3b
Par	t VI Investments-Land, Bu					art X.	line 10.	
	Description of investment	(a) Cost or ot (investm	her basis	(b) C	ost or other sis (other)		Depreciation	(d) Book value
1a	Land							
b	Buildings							
	Leasehold improvements			1	17,752		39,166	78,586

135,631

214,217

294,474

430,105

 \mathbf{d} Equipment

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

Part VII	Investments - Other Securities	s. See Form 990, Part X,	line 12.	
(a) (Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial der	ivatives and other financial products			
Closely-held	d equity interests			
Other				· · · · · · · · · · · · · · · · · · ·

		_		
	o) should equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments – Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		-		
Total. (Column (l	o) should equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX	Other Assets. See Form 990, Pa	·/	W. C.	Г
		(a) Description		(b) Book value
Deposits		·		20,778
			And the state of t	
		44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
	nn (b) should equal Form 990, Part X, co		<u> </u>	
Part X	Other Liabilities. See Form 990,			
C	(a) Description of liability	(b) Amount	_	
Federal inco	ome taxes			
			-	
			_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶			
In Part XIV, uncertain ta	provide the text of the footnote to the x positions under FIN 48.	organization's financial stat	tements that reports the organization	ation's liability for

Schedule D (Form 990) 2008

Page 3

	ule D (Form 990) 2008		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	9,178,681
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,071,323
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,107,358
4	Net unrealized gains (losses) on investments	4_	
5	Donated services and use of facilities	5	0
6	Investment expenses	6	
7	Prior period adjustments	7 8	ļ
8	Other (Describe in Part XIV)	9	0
9 10	Total adjustments (net). Add lines 4–8	10	3,107,358
	T XII Reconciliation of Revenue per Audited Financial Statements With Revenu	е ре	r Return
1	Total revenue, gains, and other support per audited financial statements	1	9,214,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		_	
b	Donated services and use of facilities	0	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)	<u> </u>	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1 , ,	_3	36,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		\dashv	
b	Other (Describe in Part XIV)	-	_
	Add lines 4a and 4b		
5	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
		1	
1	Total expenses and losses per audited financial statements	 '	0,107,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 36,00	^	1
a	Donated services and use of facilities	尚 .	
b	Filor year adjustments	\dashv	
C	Losses reported on Form 990, Fart IX, line 25	_	
d	Other (Describe in Fact May)	2	e 36,000
_	Add lines 2a through 2d	<u> </u>	6,071,323
3 4	Subtract line 2e from line 1	<u> </u>	0,011,020
-	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	46	7	
	Add lines 4a and 4b	4	c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		6,071,323
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		Part IV, lines 1b
		- -	

Schedule D (Fon	m 990) 2008	Page 5
Part XIV	m 990) 2008 Supplemental Information (continued)	
		·
	'	

Schedule D (Form 990) 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. N 18, or 19, and by org			nons that answer "Yes" to Fo \$15,000 on Form 990-EZ, lin		Open To Public Inspection
Name of the organization					Employer Identific	
Center for Biological Diver	sity, Inc.				85	0420285
Part I Fundraising A	Activities. Complete if	the orga	nization a	answered "Yes" t	to Form 990, Parl	t IV, line 17.
a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitation		e 🗸 f 🗌 g 🗸	Solicitati Solicitati Special t	on of non-government fundraising events	nent grants grants	
2a Did the organization have or key employees listed	re a written or oral agreer in Form 990, Part VII) oi	nent with a r entity in d	any individi connection	ual (including office with professional	rs, directors, truster fundraising services	es s? 🗹 Yes 🗌 No
b If "Yes," list the ten hig to be compensated at I	hest paid individuals or east \$5,000 by the orga	entities (fi	undraisers orm 990-l) pursuant to agree EZ filers are not re	ements under which quired to complete	h the fundraiser is this table.
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Rene Simi	Consultant		✓	279,096	25,000	
Telefund	Telephone		✓	40,395		23,329
Avalon	Consultant		✓	155,419		44,387
Hazen	Consultant		✓	22,754		12,000
•						
	V					
Total				497,664	25,000	79,716
3 List all states in which the registration or licensing. AL, AK, AZ, AR, CA, CO, COR, PA, RI, SC, SD, TN, UT	r, FL, GA, HI, IL, KS, K	Y, LA, ME,	MD, MA,	MI, MN, MS, MO,	NH, NJ, NM, NY, N	IC, ND, OH, OK,

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Page	2

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			(event type)	(event type)	(total number)	col (c))
	1	Gross receipts				
	2	Less: Charitable				
	3	contributions , ,				
1		minus line 2)				
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
		·				
ı	7	Other direct expenses			<u> </u>	
ļ						ł
	8	Direct expense summary. Ac				(
	8 9 11	Net income summary. Comb Gaming. Complete if	oine lines 3 and 8 in co the organization ans	lumn (d)		e, or reported more
	9	Net income summary. Comb	oine lines 3 and 8 in co the organization ans	lumn (d)		9, or reported more
	9	Net income summary. Comb Gaming. Complete if	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	olumn (d)	990, Part IV, line 19	
	9	Net income summary. Comb Gaming. Complete if	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	swered "Yes" to Form (b) Pull tabs/instant	990, Part IV, line 19	(d) Total gaming (Add
	9	Net income summary. Combined in Gaming. Complete if than \$15,000 on Form	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	swered "Yes" to Form (b) Pull tabs/instant	990, Part IV, line 19	(d) Total gaming (Add
	9 11 1 2	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	swered "Yes" to Form (b) Pull tabs/instant	990, Part IV, line 19	(d) Total gaming (Add
	9 11	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	swered "Yes" to Form (b) Pull tabs/instant	990, Part IV, line 19	(d) Total gaming (Add
	9 11 1 2	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	swered "Yes" to Form (b) Pull tabs/instant	990, Part IV, line 19	(d) Total gaming (Add
	9 rt 1 2 3	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes Non-cash prizes	one lines 3 and 8 in co the organization and 990-EZ, line 6a. (a) Bingo	swered "Yes" to Form (b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19	(d) Total gaming (Add col (a) through col (c)
	9 rt II 1 2 3	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue	one lines 3 and 8 in co the organization and 990-EZ, line 6a.	swered "Yes" to Form (b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19	(d) Total gaming (Add col (a) through col (c)
	1 2 3 4 5	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	ine lines 3 and 8 in co the organization and 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo Yes% No	990, Part IV, line 19 (c) Other gaming	(d) Total gaming (Add col (a) through col (c)
	1 2 3 4 5	Gross revenue	yes% No No No No No No No No No N	(b) Pull tabs/instant bingo/progressive bingo Yes% No Column (d)	990, Part IV, line 19 (c) Other gaming Yes% No	(d) Total gaming (Add col (a) through col (c)
	9 1 1 2 3 4 5	Net income summary. Comb Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	yes% No No No No No No No No No N	(b) Pull tabs/instant bingo/progressive bingo Yes% No Column (d)	990, Part IV, line 19 (c) Other gaming Yes% No	(d) Total gaming (Add col (a) through col (c)
a	1 2 3 4 5 6 7 8	Gross revenue	Yes% No No No No No No No No No N	(b) Pull tabs/instant bingo/progressive bingo Yes% Lyes% Column (d)	990, Part IV, line 19 (c) Other gaming Yes% No	(d) Total gaming (Add col (a) through col (c)

Does the organization operate gaming activities with nonmembers?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11

Sched	dule G (Form 990 or 990-EZ) 2008		P	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			1
b	An outside facility		l	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			ļ
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$			
C	If "Yes," enter name and address:			
	Name ▶			
	Address >			
16	Gaming manager information:			-
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ▶			ł
	☐ Director/officer ☐ Employee ☐ Independent contractor			}
17	Mandatory distributions:	1 1	}	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b 	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

2008

Employer identification number 82 ▶ Attach to Form 990. Center for Biological Diversity, Inc. Name of the organization

Open to Publi Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 10 and Schedule 14 (Form 900) if additional space is needed. 0420285 ☑ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Part II

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Part IV and Schedule I-1 (Form 990) if additional space is needed.	I-1 (Form 990) II	additional spac	e is needed				□ •. · ·
1 (a) Name and address of organization or government	(p) 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
Grand Ganyon Wildlands Council PO Box 1594, Flagstaff, AZ 86002	86-0894042	501(c)(3)	7,600				Off road vehicles
Wildlands CPR. PO Box 7516, Missoula, MT 59807	81-0512261	501(c)(3)	35,000				Off road vehicles
Santa Fe Media and Education PO Box 427, Santa Fe, NM 87504	85-0483952	501(c)(3)	5,000				San Pedro Video
			•				

ו לה ו
Enter total number of section 501(c)(3) and government organizations

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

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Schedule I (Form 990) 2008

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Schedule | Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

Use Schedule I-1 (Form 990) If addition	nonal space is needed	eeded.			
(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
ORV Reform Campaign work	1	5,000			
ORV Reform Campaign work	-	. 1.000			
ORV Reform Campaign work	1	989			
					A CONTRACTOR OF THE PROPERTY O
Part IV Supplemental Information. Complete		this part to provide the information required in Part I, line	on required in Part	NÎ	and any other additional information.
Part I Line 2 Grant monitoring procedures		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Grantees are required to submit an interim report, usually half way through the grant period, and a final report at the end of the grant period. The reports include a	, usually half way	through the grant pe	eriod, and a final rep	ort at the end of the gran	t period. The reports include a
summary of accomplishments with details when specifics are required. The interim reports are reviewed to ensure the requirements of the grant are being	specifics are requ	ired. The interim rep	oorts are reviewed to	ensure the requirement	s of the grant are being
accomplished and to assist the grantees if any concerns are identified.	oncerns are identi	fied. In some cases	grantees participat	in monthly phone confe	In some cases grantees participate in monthly phone conferences that review the overall
progress of the project.	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
			1 4 1 4 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered es" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Center for Biological Diversity, Inc. 0420285 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (d) Balance due (f) Approved (g) Written (c) Original agreement? the organization? principal amount by board or committee? From Yes No No No Yes Yes Total Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of assistance organization

Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (d) Description of transaction (e) Shanng of (b) Relationship between (c) Amount of organization's interested person and the transaction organization No 36,000 Compensation for work Officer's spouse Lydia Millet

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

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection Employer identification number

Cei	nter for Biological Diversity, Inc	·•			85	04	20285	5	
	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, In		Method o	(d) f deter renues		9
1	ArtWorks of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods						•		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property	1 1							
9	Securities—Publicly traded .			58,524		Mark	et val	ue	
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,								
	or trust interests	1 1							
12	Securities—Miscellaneous .								
13	Qualified conservation								
,,,	contribution (historic structures)								
14	Qualified conservation	1 1							
• •	contribution (other)								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .	1 1							
21	Taxidermy ,								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ (Software)			3,672		Fair ma	arket v	value	
26	Other ▶ (Supplies)			1,029		Fair ma	arket v	value	
27	Other ▶ ()								
28	Other ▶ ()								
29	Number of Forms 8283 receive	d by the or	ganization during the tax	vear for contribution	s for				
	which the organization complet					29	0		
	·			•				Yes	No
30a	Dunng the year, did the organiz	ation receiv	e by contribution any pro-	nerty reported in Part	t L lines	1-28 that	i i		
ooa	it must hold for at least three ye	ears from th	e date of the initial contrib	oution, and which is r	not reau	red to be			
	used for exempt purposes for t						30a		✓
b	If "Yes," describe the arrangem								
31	Does the organization have a			res the review of a	nv non-	-standard			
~ !							31		1
320	Does the organization hire or u								
JEd	. •	•					32a		✓
b	if "Yes," describe in Part II.								
33	If the organization did not report	revenues in	column (c) for a type of pr	operty for which colu	mn (a) is	checked.			
	describe in Part II.			,	(4) 10				L

Schedule M (Form 990) 2008 Page
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
	·

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Employer Identification number Name of the organization 85 0420285 Center for Biological Diversity, Inc. Form 990 Part III Line 4d (Code:) (Expenses \$ 537,357 including grants of \$) (Revenue \$ None) The Center's Oceans Program works to protect global marine biodiversity and prevent the extinction of any marine species subject to the U.S. jurisdiction. Priorities include securing Endangered Species Act listings and habitat designations for imperiled marine life, and advocating for reform of harmful fishing practices, noise pollution, climate change, and other damaging practices affecting the ocean's environment. (Code:) (Expenses \$ 328,603 including grants of \$) (Revenue \$ None) The Urban Wildlands Program aims to protect wildlife, natural areas, and quality of life at the urban interface through conservation planning, policy advocacy, and grassroots mobilization. (Code:) (Expenses \$ 207,430 including grants of \$) (Revenue \$ None) The International program aims to protect global biodiversity where U.S. and international laws can be applied, and successfully hold the U.S. government accountable for its actions threatening species around the globe. An electronic copy of the final version of Form 990 was provided to each voting member of the Board of Directors before it was filed with the IRS. In addition, a copy of the final version of Form 990 was provided to the Audit Committee of the Board of Directors prior

of Form 990 before the end of the 2009 calendar year.

Part VI Section B Line 12

No conflicts of interest arose during the 2008 reporting year. The organization has a standard Conflict of Interest Policy.

Under the organization's Conflict of Interest Policy, any officer, director, or committee member must immediately disclose any actual or potential conflict of interest to the directors and members of committees with governing board delegated powers that might consider any proposed transaction or arrangement.

After disclosure of the financial interest and all material facts, and after any discussion with the interested person he/she

to filing. The Audit Committee oversees the financial reporting process of the organization and will conduct a review

leaves the governing board or committee meeting while the determination of a conflict of interest is discussed and voted

Schedule O (Form 990) 2006			rage Z
Name of the organization Center for Biological Diversity, Inc.	Emple 85	loyer identification number	
upon by the remaining board or committee members. Thereafter, the governing board or	comm	mittee investigates	
alternatives to the proposed transaction or arrangement and determines whether the org	anizati	ion can obtain with	
reasonable efforts a more advantageous transaction or arrangement from a person or en	tity tha	at would not give rise	to
a conflict of interest.			
If a more advantageous transaction or arrangement is not reasonably possible under circ	umsta	ances not producing a	a
conflict of interest, the governing board or committee then determines by a majority vote	of the	e disinterested directo	ors
whether the transaction or arrangement is in the organization's best interest, for its own	benefit	it, and whether it is fai	ir
and reasonable.		•••••	
Part VI Section C Line 19			
On its website, the organization makes available its Annual Report (archived) containing	a State	ement of Activities.	
Governing documents and its conflict of interest policy are available upon request.		^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

AMENDMENT		•••••	
The amendment is due to a clerical error on form 990 Part III and the continuation of prog	ıram ex	xpenses in Schedule	0.
The program expenses reported included donated rent that should have been excluded.	The to	otal program expense	s have
also been corrected.		~~~~~	
· · · · · · · · · · · · · · · · · · ·			
		•••••	
			
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

€,€

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. 0420285

(F)
Direct controlling
entity 82 (E) End-of-year assets (D) Total income (C)
Legal domicile (state or foreign country) (B) Primary activity Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity Center for Biological Diversity, Inc. Part I

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
-Southwest Action	Inactive	NM	501(c)(4)		

Schedule R (Form 990) 2008

Cat No 50135Y

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

Schedule R (Form 990) 2008	n 990) 2008 Identification of Related Organizations Taxable as a Partnership	anization	Taxable as a	Partnership						Page 2
add	(B) Primary activity	(C) Legal domicile (state or	(D) Direct controlling entity	(E) Predominant income (related, investment,	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionale allocations?	Code V—UBI amount in box 20 of Schedule K-1	(J) General or managing partner?
		country)		unrelateo)				o N		N ON
										200
			The state of the s							
		_								
Part IV Identification	Identification of Related Organizations Taxable as a Corporation or Trust	anizations	s Taxable as a (Corporation or	Trust					
(A) Name, addross, and EIN of related organization	of related organization	_	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)	(F) Share of total income		(G) Share of end-of-year assets	(H) Percentage ownership
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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Part V T

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n Parts II–IV?	Yes No
		1a
		10 /
d Loans or loan guarantees to or for other organization(s)		1d /
e Loans or loan guarantees by other organization(s)		16
	· · · · ·	
f Sale of assets to other organization(s)		11 ~
g Purchase of assets from other organization(s)		. 1g .
h Exchange of assets		+
i Lease of facilities, equipment, or other assets to other organization(s)		‡
j Lease of facilities, equipment, or other assets from other organization(s)		> ·
k Performance of services or membership or fundraising solicitations for other organization(s)		* ;
l Performance of services or membership or fundraising solicitations by other organization(s)		= ,
		JE +
n Sharing of paid employees		>
		10
Dembiresment paid to other organization for expenses Dembiresment paid by other organization for expenses		10
י י י י י י י י י י י י י י י י י י י		
a Other transfer of cash or property to other organization(s)		10
r Other transfer of cash or property from other organization(s)		. 1r /
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	elationships and tran	saction thresholds.
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved
	(dal)	
(F)		
(2)		
(c)		
(4)		:
(5)		
(9)		
	Schedu	Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or cross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) mat was not a related organization, See instructions regarding excusion for certain investment partiers instructions.	Structions regarding exc	מפוסו וסו כפו ישוו ווו	Vestinent parin	elerings.	G	(6)	Î
way of the property of the pro	Orange vacand	foot domicile	Are all partners	Chara of	O'spronontionale	2	Geograf or
ואמוויפן, מטטוסטט, מוןם בווע טו פרותנץ	רווומן מכחיון	(state or foreign country)	section section 501(c)(3) organizations?	end-of-year assets	allocations?	o 5	managing partner?
			Yes No	•	Yes No		Yes No
						`	

Schedule R (Form 990) 2008