Form **990**

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)

Department of the Treasury Internal Revenue Service

SCANNED JUL 192004

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

Open to Public Inspection

OMB No 1545-0047

Δ_	For th	he 2003 c	alendar	year, or tax year beginning	01/01/03	and en	ding 12/3	1/03	•
_						and en	idingis		yer identification number
_		applicable	Please use IRS	C Name of organization Center for Biological D	iversity Inc			•)420285
		s change	label or				 		
Ш	Name c	change	print or type.	Number and street (or P O box	ir maii is not delivered to	street add	dress) Room/suite	•	one number
	Initial re	eturn	See Specific	PO Box 710) 623-5252
	Final ret	eturn	Instruc-	City or town, state or country, a	and ZIP + 4			F Account	ng method. 🔲 Cash 🗹 Accrual
	Amende	ed return	tions.	Tucson, AZ 85702					her (specify) ▶
	Applicat	tion pending	• Sec	ction 501(c)(3) organizations an	d 4947(a)(1) nonexemp	t charitab			e to section 527 organizations
			trus	sts must attach a completed Sch	nedule A (Form 990 or 9	90-EZ).	H(a) Is this a g	roup retur	n for affiliates? 🔲 Yes 🗹 No
G	Web si	ite: > W W	w.biolo	gicaldiversity.org			H(b) If "Yes," e	enter numb	per of affiliates ▶
							H(c) Are all aff		
ī	Organiz	zation type	check o	nly one) ► 2 501(c) (3) < (insert no.) L 4947(a)(1)	or	 1		See instructions)
ĸ	Check	here ▶ 🗌	If the o	rganization's gross receipts are r	ormally not more than \$	25,000 TH	he H(d) Is this a se	parate retu	n filed by an
				return with the IRS, but if the organ			,		oy a group ruling? 🔲 Yes 🐱 No
	in the m	naii, it shoul	id tile a re	turn without financial data Some s	tates require a complete	return.	I Group Ex		
			A -1 -1 1°	Charles and 40h to Lond	2 030 735				the organization is not required
				s 6b, 8b, 9b, and 10b to line 1					orm 990, 990-EZ, or 990-PF)
	art I	Reven	iue, Ex	penses, and Changes in	n Net Assets of F	und Ba	lances (See pa	age 18 (of the instructions.)
	1	Contribu	utions,	gifts, grants, and sımılar ar	nounts received [.]		4 004 4	/////	
	а			ipport		1a	1,961,47	(U /////	
	Ь	Indirect		• •		1b			
	C		-	• • • • • • • • • • • • • • • • • • • •		1c			
		Total (ad	dd lines	1a through 1c) (cash \$	1,937,470 noncas	———— h \$	24,000)	1d	1,961,470
	2			revenue including governm			,	2	1,007,824
	3	•		ies and assessments		-	•	3	
			•					4	7,638
	4			ngs and temporary cash in				5	7,030
	5							50	
	6a					6a			
	b			oenses		6b		(////	3,950
	С			me or (loss) (subtract line 6	b from line 6a) .			6c	3,330
ā	7	Other in	ivestme	nt income (describe 🕨)	7	0
Revenue	8a	Gross a	móunt i	from sales of assets other	(A) Securities		(B) Other		
Š		than inv	entory		55,469	8a		30	
-	b	Less: cos	st or oth	er basis and sales expenses.	53,498	8b	50	00	
	1			ttach schedule) Stmt 1	1	8c	23	30	
	A	Not gain	OF HEIST	Trombine line 8c columns	(A) and (B))			8d	2,202
	-	TO BE	ZEO	d activities (attach schedule) If	any amount is from a	 amına chi	eck here		·
1	H	(Free Free	works ga	(not spluding \$	of	irinig, cin	cox noic		
1		Contribu	tione ed	norted on the 1a)	01	9a			
1.	ر تا الح	Unalla	1,500	ported on line 1a)		9b	 	(/////	
- 1				penses other than fundrais				9c	0
- 1	1 jc	Net inco	ome or	(less) from special events (subtract line 9b from	n iine ya	³⁾ 2,65	3	
1	10a	GOSE!	ales of	inventory, less returns and	allowances Stmt 2	104	·		
	1_6		_	oods sold		10b		72	181
	C			oss) from sales of inventory (a	ttach schedule) (subtra	act line 10	0b from line 10a) .		101
	11			(from Part VII, line 103)				11	
	12	Total re	venue (add lines 1d, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 1	1)	<u> </u>	12	2,983,265
	13	Progran	n servic	es (from line 44, column (E	3))			13	1,726,341
ses	14			nd general (from line 44, co				14	181,002
Expenses	15				, , , ,			15	333,426
Exp	16			filiates (attach schedule)				16	
_	17			s (add lines 16 and 44, col				17	2,240,768
<u> </u>	 			cit) for the year (subtract li				10	742,497
set	10							<u> </u>	1,734,438
As	19			und balances at beginning			ш (А))		1,134,430
Net Assets	20			in net assets or fund balar			n	20	2 476 935

Form 990 (2003)

Pa	Statement of All organizations mand section 4947(a	ust com (1) none	plete column (A) Column exempt charitable trusts	ns (B), (C), and (D) are rebut optional for others (equired for section 501(c) See page 21 of the instr	l(3) and (4) organizations uctions)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmt 3 (cash \$180,000 noncash \$)	22	180,000	180,000		
23	Specific assistance to individuals (schedule)	23	0	L		
24	Benefits paid to or for members (schedule)	24	0			
25	Compensation of officers, directors, etc	25	92,969	74,876	12,561	5,532
26	Other salaries and wages	26	799,532	645,715	59,152	94,665
27	Pension plan contributions	27	50,519	40,925	. 3,688	5,906
28	Other employee benefits	28	108,272	87,709	7,790	12,773
29	Payroll taxes	29	83,567	67,690	6,102	9,775
30	Professional fundraising fees	30	0			
31	Accounting fees	31	17,250		17,250	
32	Legal fees	32	0			
33	Supplies	33	33,189	27,256	3,651	2,282
34	Telephone	34	81,858	67,942	9,823	4,093
35	Postage and shipping	35	104,283	19,908	5,214	79,161
36	Occupancy	36	60,915	50,078	8,400	2,437
37	Equipment rental and maintenance	37	19,578	11,287	8,291	
38	Do de la	38	137,447	30,714	7,347	99,386
39		39	100,193	95,760		4,433
40		40	11,613	9,550	873	1,190
	Conferences, conventions, and meetings .	41	0	-,		
41	Interest	42	61,766	50,648	9,794	1,324
42	Depreciation, depletion, etc (schedule) Stmt 4	43a	297,817	266,283	21,066	10,468
43	Other expenses not covered above (itemize) a See Statement 5	43b	201,011		21,000	10,400
b	oee otatement o	43D				
С						
d		43d				
е		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15.	44	2,240,768	1,726,341	181,002	333,426
Are a If "Ye (iii) t Par	It Costs. Check ► ☐ If you are following SOP any joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ III Statement of Program Service Acceptable.	and fus \$	0 , (ii) the	e amount allocated e amount allocated	to Program services to Fundraising \$	s \$,
All o	t is the organization's primary exempt purpose? rganizations must describe their exempt purpose ar lents served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts	chieve ievem	ents that are not m	ieasurable. (Sectioi	n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
	See Statement 6					
_						
	(0	rants	and allocations	\$)	
b						
		rants	and allocations	¢		
-		or units	and anocadons	<u>*</u>		
C						
-	(C	Frants	and allocations	\$)	
d .						
-	(0	Grants	and allocations	\$)	
			and allocations	\$)	· · · · -
f	Total of Program Service Expenses (should equ	ual line	e 44, column (B), F	Program services)	<u> </u>	0

Part IV Balance Sheets (See page 24 of the instructions)

N	ote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the	description	(A) Beginning of year		(B) End of year
_	45	Cash—non-interest-bearing			57,823	45	5,225
ĺ	45 46	Savings and temporary cash investments			816,531	46	888,855
{	46	Savings and temporary cash investments :		[
[A	47a	119,509			
l		Accounts receivable	47b		54,281	47c	119,509
1	b	Less: allowance for doubtful accounts .					
}			48a	1,013,750			
)		Pledges receivable	48b			48c	1,013,750
	b	Less. allowance for doubtful accounts .			304,500	49	
	49	Grants receivable				73	
	50	Receivables from officers, directors, truste	es, and	key employees		50	
		(attach schedule)				/////	
	51a	Other notes and loans receivable (attach					
ţ		schedule)	51a				0
Assets	h	Less. allowance for doubtful accounts .	51b			51c	
As	52	Inventories for sale or use			5,422	52	4,524
	53	Prepaid expenses and deferred charges			10,759	53	24,284
	54	Investments—securities (schedule)	•	☐ Cost ☐ FMV		54	
	ł -						
	55a	Investments—land, buildings, and	55a	}			
	ł	equipment basis	1				
	b	Less accumulated depreciation (attach	55b	Ì		55c	0
	{	schedule)	000			56	
	56	Investments—other (attach schedule)	57a	643,248			
		Land, buildings, and equipment: basis .	3/4				
	b	Less: accumulated depreciation (attach		162,740	514,249	57c	480,508
	1	schedule) Stmt.7	57b		0	58	0
	58	Other assets (describe >				36	
	1			74)	1,763,564	59	2,536,654
	59	Total assets (add lines 45 through 58) (mus			29,125	60	59,719
	60	Accounts payable and accrued expenses			23,123	+	
	61	Grants payable				61	
	62	Deferred revenue				62	
S	63	Loans from officers, directors, trustees, an	d key e	mployees (attach	}		
iabilities	}					63	
٩	642	Tax-exempt bond liabilities (attach schedule	e) .			64a	
Ë	h	Mortgages and other notes payable (attach	schedul	e)		64b	
	65	Other liabilities (describe ►		·)		65	
	100	Other Machines (accounts			}		
	66	Total liabilities (add lines 60 through 65)		<u> </u>	29,125	66	59,719
_		anizations that follow SFAS 117, check here	► 🗸 at	nd complete lines	_		
	Org	67 through 69 and lines 73 and 74	. u.	ia complete inico	1		
ės		the contract of the contract o			903,229	67	1,196,915
Š	67				831,209	68	1,280,020
ala	68	Temporarily restricted				69	
Fund Balances	69	Permanently restricted					
2	Org	anizations that do not follow SFAS 117, chec	k nere	► 🔲 and	}		
		complete lines 70 through 74.	.1-			70	1
ō	70	Capital stock, trust principal, or current fun	as .			71	
Ş	71	Paid-in or capital surplus, or land, building,	and equ	upment fund .		72	
556	72	Retained earnings, endowment, accumulate					
ď	73	Total net assets or fund balances (add lin	es 67 th	rough 69 OR lines			
Net Assets	}	70 through 72:			1,734,438	(/////	2,476,935
==	ļ	column (A) must equal line 19, column (B)	must ec	ual line 21)			
	74	Total liabilities and net assets / fund balar	1,763,563	74	2,536,654		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Par	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)					Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return						
	Total rove		and other support			а	Total expe	enses and lo	sses per			
а	per audit	ed financial	statements .	a 2,9	83,265		audited fina	ancial statement	ts . 🕨	a //////	2,240,768	
	Amounts		n line a but not on			b	Amounts in on line 17,	rcluded on line Form 990.	a but not			
(1)	Net unrea	alized gains tments .	\$			(1)	Donated s and use of f	_				
(2)		services of facilities				(2)	Prior year adj reported on					
(3)		ies of prior				(3)	Form 990 Losses repo					
(4)	Other (sp	pecify)				(4)	line 20, For Other (spec					
			<u>\$</u>			1						
	Add amo	ounts on line	s (1) through (4) >	b		1	Add amoun	its on lines (1) the	rough (4)	b	0	
		luna la	_	c 2,9	983,265	C	Line a mini		>	С	2,240,768	
C		ninus line b s included d				d		ncluded on line	17,			
d	Form 99	00 but not o	on line a:			(1)		but not on line a				
(1)		nt expenses ided on line				"	not included	•				
	6b, Form		\$				6b, Form 99	90 <u>\$</u>				
(2)	Other (s					(2)	Other (spe	•				
			\$					<u>\$</u>				
	Add am	ounts on Ir	nes (1) and (2)	d	0	4		nts on lines (1)		d		
e	Total rev	venue per l	ine 12, Form 990	1 2	983,265	е	Total exper	nses per line 17,	Form 990 ►	e	2,240,768	
Pa	rt V L	olus line d) ist of Office f the instruc	cers, Directors, 1				oyees (List	each one even			ed; see page 26	
			me and address		(B) Title week	and aver devoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit deferred compe	plans &	(E) Expense account and other allowances	
See	Stateme	ent 8					•					
										-		
					-							
					-	·						
					-							
75	organiza	ation and all	ctor, trustee, or key e related organizations, hedule—see page	of which mo	re than \$	10,000	ompensation was provided	of more than \$10 by the related or	00,000 from ganizations?	your ►	☐ Yes 🗹 No	

	to the state of th	179 1
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes, "statement	
0a	Is the organization related (other than by association with a statewide or nationwide organization) through common	80a 🗸
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization See Statement 9	
b	If "Yes," enter the name of the organization and check whether it is exempt OR in nonexempt.	
1a	Enter direct of indirect pointed experiatores, one wife a second of the control o	81b
b	Did the organization file Form 1120-POL for this year?	
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a 🗸
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	83a 🗸
3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b V
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a
4a	Did the organization solicit any contributions or gifts that were not tax deductible?	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	84b
	or gifts were not tax deductible?	85a
15	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	
	received a waiver for proxy tax owed for the prior year. 85c	
	Dues, assessments, and similar amounts from members	<i>*////////////////////////////////////</i>
đ	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	
e	Taxable amount of lobbying and political expenditures (line 85d less 85e)	
q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g
9 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	
"	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	<i>XIIIXIIIX</i> IIII.
	Gross receipts, included on line 12, for public use of club facilities	-\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
B7	501(c)(12) orgs. Enter: a Gross income from members or shareholders	-\(\)\(\)\(\)\(\)
	Gross income from other sources. (Do not net amounts due or paid to other	<i>*(111)\$(111)</i>
	sources against amounts due or received from them.)	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶	<u>o</u>
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0
d	. The state of the	<u> </u>
90a	List the states with which a copy of this return is filed AK,AZ,CA,CO,FL,MA,NC,NM,OK,FA,O1,WA	20
b	Number of employees employed in the pay period that includes Warch 12, 2003 (See Instructions.)	28 520-327-9973
91	The books are in care of ► Linda K. Wells, Secretary Located at ► 1333 N. Oracle , Tucson, AZ ZIP + 4 ► 85702	320-321-3313
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	• [
92	and enter the amount of tax-exempt interest received or accrued during the tax year 92	
	and enter the amount of fax-exempt interest received of accrued during the tax year	

Part	VII	Analysis of Income-Producing A	ctivities (See pa	ige 31 of the ir	nstructions	s.)	
		er gross amounts unless otherwise	Unrelated bu	isiness income	Excluded by s	ection 512, 513, or 514	(E) Related or
indica		er gross amounts amoss emermes	(A)	(B)	(C)	(D)	exempt function
		ram service revenue	Business code	Amount	Exclusion cod	le Amount	income
а	Cost	t recovery for environmental litigation					383,558
b	Settl	ements of environmental cases	_	<u></u>			608,796
~	Univ	ersity of Arizona - work study student	S				14,403
		aking fees				<u> </u>	1,067
e						J	
	Med	icare/Medicaid payments		<u></u>			<u> </u>
		and contracts from government agencie	es		ļ	<u> </u>	
94		nbership dues and assessments	1				
95		est on savings and temporary cash investmen	ts		14	7,63	8
96		dends and interest from securities					
97		rental income or (loss) from real estate					
		t-financed property					
		debt-financed property	621200	3,950			
98		rental income or (loss) from personal property			ļ		
99		er investment income	ĺ	ļ	<u> </u>		
100	Gain	or (loss) from sales of assets other than invento	ry	ļ	18	2,20	2
101		income or (loss) from special events			 		
102		ss profit or (loss) from sales of inventory		ļ	41	18	1
103		er revenue a		}	}		
b					ļ		
С			_		ļ	_	
d				 	 		
е			— <i>111111111111111111111111111111111</i>	3,950		10,02	1 1,007,824
104	Sub	total (add columns (B), (D), and (E))	. *************************************	3,930	***************************************	///	
105	Tota	al (add line 104, columns (B), (D), and (E))			>	1,021,795
		105 plus line 1d, Part I, should equal th	e amount on line	Erromet Dura	2505 (500)	and 22 of the	netructions)
Part	Aili	Relationship of Activities to the Ac	compusiment o	(C) of Doct \((I)	contributed	importantly to the	accomplishment
Line		Explain how each activity for which income of the organization's exempt purposes (of	ne is reported in coit ther than by providin	amn (c) of Part VII	ourposes)	importantly to the	s accomplishment
		See Statement 10	and and by providen	3	<u></u>		
		Oct Otalement 10					
		 					
Part	· IY	Information Regarding Taxable Sub	sidiaries and Dis	regarded Entiti	es (See pag	ge 32 of the inst	ructions)
1 21		(Δ)	(B)	(C)		(0)	((E)
	Nar	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	ctivities	Total income	assets
		partnership, or disregarded entity	%				
			%				
			%				
			%				
Par	· X	Information Regarding Transfers Ass	ociated with Pers	onal Benefit Cor	ntracts (See	page 33 of the	instructions.)
		the organization, during the year, receive any funds					Yes 🗹 No
(a)	Dia	the organization, during the year, receive any rands	remiums directly o	or indirectly, on a	personal b	penefit contract?	Yes 🗹 No
(D)	טוט איייים	The organization, during the year, pay pages of Yes" to (b) , file Form 8870 and Form	4720 (see instruct	ions)			
INO	te: //		and the second second second	tina accompanying s	chedules and	statements, and to th	ne best of my knowledge
	Ì	Under penalties of perjury, I declare that I have exa and belief, it is true, correct, and complete. Declar	ration of preparer (other	than officer) is base	ed on all inform	nation of which prepare	arer has any knowledge
Plea	se	and Ville				5/27/2004	
Sign	.	Signature of officer				Date	
Here	•	Linda K Wells, Secretary					
		Type or print name and title					
		\ \		Date	Check if	Preparer s SS	N or PTIN (See Gen Inst W)
		Deposit =		ì	self-	1	
Paid		Preparer's signature				▶ ∐	
Prepa	1	signature Firm's name (or yours			employed Ell	,	
	1	signature			employed Ell	,	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information—(see separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization 85 : 0420285 Center for Biological Diversity, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other allowances (d) Contributions to (b) Title and average hours (a) Name and address of each employee paid more employee benefit plans & deferred compensation (c) Compensation per week devoted to position than \$50,000 None Total number of other employees paid over 0 \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 None

Total number of others receiving over \$50,000 for

professional services .

_			
Ра	а	е	

Part	lil.	Statements About Activities (See page 2 of the instructions.)	Yes	No
; (atterr or inc Part \	g the year, has the organization attempted to influence national, state, or local legislation, including any pt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities 129525 (Must equal amounts on line 38, 17-A, or line i of Part VI-B)		
	orgar	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obbying activities.		
!	subsi with owne	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any cantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority art, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions.)		
b	Lend	exchange, or leasing of property?		V
d	Payn	shing of goods, services, or facilities?	V	~
e	Trans	sfer of any part of its income or assets?	\vdash	
	you (determine that recipients qualify to receive payments.)	\ <u>\</u>	-
4	Did ٔ۱	ou have a section 403(b) annuity plan for your employees?		~
Par	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
5 6 7 8 9		Ization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state	- •	
	(An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 Also complete the Support Schedule in Part IV-A.)		
		An organization that normally receives a substantial part of its support from a governmental unit or from the ge Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eneral	public.
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 ½% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more that its support from gross investment income and unrelated business taxable income (less section 511 tax) from business by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	i an 3 3 sses a)	cquired
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 5 section 509(a)(3).)	organ	zations 2). (See
		Provide the following information about the supported organizations. (See page 5 of the instructions.) (b) Line number of the instructions of the instruction of the	nber	
		(a) Name(s) of supported organization(s) from about		
14	\Box	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions	s.)	

	dar year (or fiscal year beginning in) . >	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
;	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	1,492,662	2,155,787	985,890	596,651	5,230,990
	Membership fees received					0
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of acilities in any activity that is related to the organization's charitable, etc., purpose.	253,337	258,259	126,070	11,960	649,626
	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,159	16,769	32,140	16,702	75,770
	Net income from unrelated business activities not included in line 18					0
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	53,496	0	(
	Total of lines 15 through 22	1,756,158	2,484,311	1,144,100	625,313	
	Line 23 minus line 17	1,502,821	2,226,052	1,018,030	613,353	
	Enter 1% of line 23	17,562	24,843	11,441	6,253	
i		a Enter 2% of a	mount in column	(e), line 24	▶ 26a	107,205
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi	ation) whose total i th your return. En	gifts for 1998 thr ter the total of all	ough 2001 exce these excess arr	eded the	
d	Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18	75,770	19	0	260	1,844,330
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera				266	3,515,926
<u></u> 27	Organizations described on line 12: a Fo person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and to e sum of such amo	ed in lines 15, 16 otal amounts reco ounts for each ye	5, and 17 that we eived in each yea ear.	vere received fr ar from, each "di	squamica personi
b	(2002) (2001)	ved from each persyear, that was more 5 through 11, as we the larger amount	on (other than "die than the larger of the l	squalified person of (1) the amount Do not file this li or (2), enter the s	s"), prepare a list on line 25 for the st with your retu um of these diff	t for your records to e year or (2) \$5,000 urn. After computing erences (the exces
	Add: Amounts from column (e) for lines: 15				. (1000)	
С	17 20		21		> 270	c d
đ	Add: Line 27a total	and line 27b total			27	
е	Public support (line 27c total minus line 27d to	otal)	0		• • • • • • • • • • • • • • • • • • • •	
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	s, column (e)	(4/)		
g	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	ator) divided by li	ne 271 (denomin or) divided by lir	18(0 <i>F))</i> 22 (denomin		2

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Vaa	NIO
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:	32a	,,,,,,,,	(1/1/1/
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32c		
.1	with student admissions, programs, and scholarships?	32d		
a	Copies of all material used by the organization of on its behalf to solicit contributions.			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		-
С	Employment of faculty or administrative staff?	33c		_
d	Scholarships or other financial assistance?	33d		<u> </u>
е	Educational policies?	33e		<u> </u>
f	Use of facilities?	33f		ļ
•				
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34 <u>a</u>		-
b	Has the organization's right to such aid ever been revoked or suspended?	34b	ייווואי	
J	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		. 000	_

	t VI-A Lobb	ving Expenditures by Ele	cting Public Cl	harities (See	page 9 of th	e instr	uctions	s.)	
Charl	(10 b)	e completed ONLY by an organization belongs to an affiliat	eligible organiza	b ∏ if v	ou checked "a"	and "lim	ited cont	rol" p	rovisions apply.
Cneci		Limits on Lobbyin	g Expenditures	6			(a) ated grou totals		(b) To be completed for ALL electing organizations
		(The term "expenditures" mean			36			-+	13,171
36	Total lobbying ex	penditures to influence public	opinion (grassroot	s lobbying) .	37				116,353
37		penditures to influence a legisl			38			0	129,524
38		openditures (add lines 36 and 3			39				1,777,818
39	Other exempt pu	rpose expenditures rpose expenditures (add lines 3						0	1,907,342
40	Total exempt put	able amount. Enter the amount	t from the following	a table—	· · · ////				
41	If the amount of		bying nontaxable	amount is—					
		00			1				
	Over \$500,000 but	not over \$1,000,000 \$100,00	0 plus 15% of the	excess over \$50	0,000	MAMM)			245,367
	Over \$1,000,000 b	ut not over \$1,500,000 . \$175,00	0 plus 10% of the e	xcess over \$1,00	0,000				245,301 [[[]]]]]]]]]]
	Over \$1,500,000 b	ut not over \$17,000,000 . \$225,00	0 plus 5% of the ex	cess over \$1,50	0,000				
	Over \$17,000,000		000					0	61,342
42	Grassroots nonta	axable amount (enter 25% of li	ne 41)		4:			0	0
43		from line 36. Enter -0- if line 4			4			0	0
44	Subtract line 41	from line 38. Enter -0- if line 4	is more than line	9 38	· · ·				
	Caution: If there	ıs an amount on either line 43	or line 44, you mi	ust file Form 47.	20.				
			eraging Period						
	(Some or	ganizations that made a section	n 501(h) election d	lo not have to c	omplete all of	the five	column	s be	ow.
		See the instructions for	or lines 45 through	50 on page 11	of the instruct	ions.)			
			Lobb	ying Expenditu	res During 4-	Year Av	reraging	y Per	iod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year begi		2003	2002	2001		2000		Total
			045 367			-			245,367
45	Lobbying nonta	xable amount	245,367			anami			240,001
40	والمعامل والمعامل المعامل المع	amount (150% of line 45(e)).							368,051
46	Lobbying Cening	amount (13078 of line 43(e)).						111110	<u></u>
47	Total lobbying e	expenditures	129,525						129,525
	Total lobbying o	Aponataroo	 						
48	Grassroots non	axable amount	61,342						61,342
49	Grassroots ceilii	ng amount (150% of line 48(e))							92,013
									13,171
50		ying expenditures			<u> </u>				13,171
Pa	rt VI-B Lob	bying Activity by Nonelectory reporting only by organization	cting Public Ch	narities	Dart 1/1_A) (S	oo nac	م 11 م	f the	e instructions.)
							1 1		1
Dur	ing the year, did	the organization attempt to infl	uence national, sta	ate or local legis	slation, includir	ng any	Yes	No	Amount
atte	mpt to influence	public opinion on a legislative i	matter or reference	am, unough the	use or.				
а	Volunteers	, , , , , , , , , , , , , , , , , , ,	ion in evnences re	enorted on lines	c through h)		LI		
a b	Volunteers Paid staff or ma	anagement (Include compensate			c through h.)				
a b	Volunteers Paid staff or ma Media advertise	ements			c through h.)				
a b c	VolunteersPaid staff or maMedia advertiseMailings to mei	ements	· · · · · · · · · · · · · · · · · · ·		c through h.)				
a b	Volunteers Paid staff or ma Media advertise Mailings to mei Publications, or	ements	nents		c through h.)				
a b c	Volunteers Paid staff or ma . Media advertise . Mailings to mei . Publications, of . Grants to other	ements	nents						
a b c	Volunteers Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other Direct contact	ements	nents	or a legislative					
a b c d e f	Volunteers Paid staff or ma Media advertise Mailings to mei Publications, oi Grants to other Direct contact Railies, demons	ements	nents	or a legislative	body				

Sched	lule A	(Form 990 or 990-EZ)	2003					age o
Par	t VII	Exempt Org	ganizations (See	page 12 of the instruction	s and Relationships With Nonc s.)			
51	Did 501(the reporting organ	nization directly or in ner than section 501	ndirectly engage in any of the to (c)(3) organizations) or in section	following with any other organization d in 527, relating to political organization	lescribed s?		
а	Tran	sfers from the repo	orting organization to	o a noncharitable exempt orgai	nization of:		Yes	No
•		Cash				51a(i)		V
	٠.	Other assets .				a(ii)		~
h	Ç	er transactions:					}	
			es of assets with a r	oncharitable exempt organizat	ion	b(i)_		V
	(ii)	Purchases of asse	ets from a noncharita	able exempt organization		b(ii)	ļ	1
	(iii)			er assets		b(iii)		1
	(iv)					b(iv)		~
						b(v)		~
	(vi)	Performance of se	ervices or membersh		b(vi)	 	~	
С	Sha	ring of facilities, eq	iuipment, mailing list	s, other assets, or paid employ	yees	С	<u> </u>	~
d	If the	e answer to any of t	the above is "Yes," co	omplete the following schedule. (Column (b) should always show the fair m ganization received less than fair market v s, other assets, or services received:	narket va value in a	lue of iny	the
	a)	(b)		(c)	(d)			
	e no	Amount involved	Name of nonch	aritable exempt organization	Description of transfers, transactions, and s	haring ari	angem	ents
			f					
		 						
		 						
		 	 					
		ļ	 					
			 					
		 	 					
		 	 					
		<u> </u>	 					
		 	 		 			
		 	 		 			
		ļ	ļ					
	des	scribed in section 5 Yes," complete the	rectly or indirectly a 501(c) of the Code (c e following schedule:	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☑ Ye	:s [□ No
		(a) Name of organi	zation	Type of organization	Description of relations	hip		
Se	e Sta	tement 12						
					 			
_					Schedule A (Fo	orm 990 (or 990-	EZ) 2003

2003 Ce	enter for E	Biologi	cal Diversity	, Inc. 85-042	0285	Page 1
			STATEMENT			
	Part I L	ine 8		other than Invent	torv	
	raiti L		<u>Jaios 01 7400010</u>	<u> </u>	Direct	
Description				Revenue	Expenses	Net Income
Automobiles			\$	730	500	230
Securities Securities			·	55,469	53,498	1,972
goodiffics	Total		\$	55,469	53,498	2,202
			STATEMEN	T 2		
		Part I		of Inventory		
Description				Sales	Cost of Sales	Gross Profit
T-Shirt sales			\$	2,053	2,100	(47)
Book sales				600	372	228
Book sales	Total		\$	2,653	2,472	181
			STATEMEN	T 3		
		Pa	rt II Line 22	Grants		
California Native Plant Soci	ety				9	•
American Land Institute	•					60,000
Save Our Forests and Ranch	lands					100,000
	Total				-9	180,000
			STATEMEN			
	Pa	art II L	ine 42 Deprec	iation Expense		Current
					Amount	Depreciation
Description		_		3		42,629.5
Office Equipment				3	29,595	8,129.0
Autos						•
Land and Buildings					409,625	10,135.5
Leasehold improvements				-	5,747	872.0
	Total			=	643,249	61,767.0
			STATEMEN	IT 5		
		Part II	Line 43 Oth	er expenses		
			(A)	(B)	(C) General and	(D)
OIL T			Total	Program	Management	Fundraising
Other Expenses		<u> </u>		103,575	3,960	7,52
Professional services		\$	115,056	103,575	1,574	,,52
Legal			123,110	8,842	1,5/7	
Education			8,842	•	2,480	
Advertising			5,492	3,012	2,308	1,690
Dues and subscriptions			11,613	7,616		1,050
Insurance			20,954	16,973	2,724	1,23
Contributions			3,675	3,675	#O#1 15	
Bank charges			7,029	1,054	5974.43	
Miscellaneous			2,046		2046	
	Total	\$	297,817	266,283	21,066	10,46

0

P.O. Box 41652, Tucson, AZ 85717

30 hours

Center for Biological Diversity, Inc. 85-0420285

STATEMENT 6 Part III Statement of Program Service Accomplishments Organization's Primary Exempt Purpose: Protecting endangered species and wild places through science, policy, education, and environmental law. a. We educate the public about endangered and threatened species and the perils they now face through community presentations, guided hikes, guest lectures at schools and colleges, collaborating with other groups and outreach at public events. We also provide information through quarterly newsletters, action alerts, email letters, and the Center's website. 500,639 (Grants and allocations \$ b. We appeal projects on federal and private land to ensure compliance with current environmental laws such as the Endangered Species Act. 673,273 (Grants and allocations \$ c. We research the biology of endangered and threatened species and the ecology of important habitat and we write and submit detailed biological petitions requesting endangered species designation and critical habitat protection. 552,429 20,000 (Grants and allocations \$ 1,726,341 **Total of Program Service Expenses** STATEMENT 7 **Balance Sheet** Line 57a Part IV Total Depreciation Balance **Amount** Description 78,107 \$ 120,174 198,281 Office Equipment 13,268 16,328 29,596 Autos 382,002 27,623 409,625 Land and Buildings 4,072 1,675 5,747 Leasehold improvements 480,508 162,741 643,250 Totals STATEMENT 8 List of Officers, Directors, Trustees, and Key Employees Part IV (E) (B) (C) Expense Contributions to Title and average hours per Compensation Name and Address employee benefit plans & account and other (if not paid, enter-O-) week devoted to position allowances deferred compensation **Executive Director** Kieran Suckling 0 48,128 6,579 1502 N. Mohave, Tucson, AZ 85705 50 hours **Board Member** Peter Galvin 0 48,128 7,021 PO Box 40090, Berkeley, CA 94704 | 50 hours Treasurer Todd Schulke 0 11,054 34,816 50 hours 16 Spring St, Pinos Altos, NM 88053 Board member Robin Silver 0 0 PO Box 39382, Phoenix, AZ 85020 40 hours Secretary Linda Wells

23,200

746

Form 990 Schedules

2002		, 0,,,, 000 00,,0,,,,,,,,,,,,,,,,,,,,,,	Page 3				
2003	Center for	Biological Diversity, Inc.					
	STATEMENT 9						
	Part V	Line 80b Other Information	<u> </u>				
80b.	Southwest Action						
		STATEMENT 10					
	Part VIII Line 93 Relationship	of Activities to the Accomplish	nment of Exempt Purposes				
93a	1 1 1 Communications						
_	exempt purpose, protecting endangered species and their habitats.						
93b	Settlements of environmental of	eases					
93c	1 1 1 1 me an anning month is great						
7	and the law.						
93d		the public about endangered s	species and their habitats.				
	11						
		STATEMENT 11					
	Schedule A	Part IV-A Support Schedule L	ine 22 Other Income				
Retur	n of settlement bond						
Ttotal	in of section of the						
		STATEMENT 12					
	Schedule A Part VII Line		aritable Exempt Organizations				
	(a)	(b)	(c)				
	Name of organization	Type of organization	Description of relationship				
South	hwest Action (Inactive)	501(c)(4)	Overlapping Board of Directors				