PUBLIC DISCLOSURE COPY

# EXTENDED TO NOVEMBER 15, 2021

Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑF	For the	2020 calendar year, or tax year beginning and c	ending		
<b>B</b> (	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	E.O. WILSON BIODIVERSITY FOUNDATION			
	Name change			20-45473	80
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 300 BLACKWELL STREET, SUITE 102	Room/suite	E Telephone number 984-219-2	
	termin ated			G Gross receipts \$	3,264,590.
	Ameno return	DURHAM, NC 27701		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: DK • FAULA ERRUICH		for subordinates	? Yes X No
	pendir	DAME AS C ADOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1	list. See instructions
		e: WWW.EOWILSONFOUNDATION.ORG	1	H(c) Group exemption	
	orm of	organization: X Corporation	L Year	of formation: 2006  N	1 State of legal domicile: CA
a)	1	Briefly describe the organization's mission or most significant activities: $\ {f THE} \ \ \ f E$			
Activities & Governance		FOUNDATION'S MISSION IS TO FOSTER A KNOWI			
erne	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispose	ed of more		
Š	3			3	12
ه 9	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			
ţ	6	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	Ь	Net differated busiliess taxable income from Form 990-1, Fart 1, life 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		802,655.	1,017,150.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,102,206.	2,146,033.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,579.	19,383.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,942,440.	3,182,566.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		867,787.	1,160,054.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	. b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 326, 21			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,622,198.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,489,985.	4,721,836.
		Revenue less expenses. Subtract line 18 from line 12		-1,547,545.	-1,539,270.
Assets or		- · · · · · · · · · · · · · · · · · · ·	Ве	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		7,229,942.	4,858,555. 1,259,975.
let /	-	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		5,138,580.	3,598,580.
Pá	art II	Signature Block		3,130,300	3,330,300.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,
	,	Yum G. Min.		7/26/21	
Sig	n	Signature of officer		Date	
Her		DR. PAULA EHRLICH, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name  MTCHAET. A SHIISKO CPA  Preparer's signature Shiisko CPA	1 CPA 1	Date Check	PTIN
Paid		HICHAEL A: BHODKO, CIA	0	7/15/21 self-employ	
	parer	Firm's name THOMAS, JUDY & TUCKER P.A.		Firm's EIN ▶	56-1965804
Use	Only	Firm's address 4700 FALLS OF NEUSE ROAD		^1	0 571 7055
		RALEIGH, NC 27609		Phone no. 91	9-571-7055
May	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE E.O. WILSON BIODIVERSITY FOUNDATION'S MISSION IS TO FOSTER A	
	KNOWING STEWARDSHIP OF OUR WORLD THROUGH BIODIVERSITY RESEARCH AND	
	EDUCATION INITIATIVES THAT PROMOTE AND INFORM WORLDWIDE PRESERVATION	
	OF OUR BIOLOGICAL HERITAGE. WE BELIEVE THAT BY ENHANCING OUR PUBLIC	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	,
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,355,037. including grants of \$) (Revenue \$	
	HALF-EARTH PROJECT MAP: PROVIDING CONSERVATION MANAGEMENT LEADERSHIP	вх
	MAPPING THE SPECIES OF OUR PLANET AND IDENTIFYING WHERE WE HAVE THE	
	BEST OPPORTUNITY TO PROTECT THE MOST SPECIES.	
4b	(Code: ) (Expenses \$ 225,898 · including grants of \$ ) (Revenue \$	-
	HALF-EARTH DAY: CELEBRATING THE GRAND AMBITION OF HALF-EARTH, SHOWCAST	ES
	PROGRESS, AND ENGAGES PEOPLE IN HOW THEY CAN PARTICIPATE IN THE	
	HALF-EARTH PROJECT. HALF-EARTH DAY BRINGS TOGETHER SCIENTISTS,	
	INDIGENOUS AND LOCAL COMMUNITY LEADERS, AND GLOBAL CONSERVATION AND	
	MULTINATIONAL ORGANIZATIONS TO SHARE THEIR VOICES AND VISIONS FOR HOW	
	WE CAN BEST CARE FOR OUR PLANET.	
	062.040	
4c	(Code:) (Expenses \$263,940. including grants of \$) (Revenue \$)	
	HALF-EARTH PROJECT EDUCATOR AMBASSADORS: PROVIDING A PLATFORM FOR	
	TEACHERS TO ENGAGE EACH OTHER AND THEIR STUDENTS IN THE GRAND AMBITION	N
	OF HALF-EARTH, AND TO INSPIRE AND CONNECT STUDENTS WITH THE NATURAL	
	WORLD.	
	Other program services (Describe on Schedule O.)	
<del>-t</del> u	(Expenses \$ 301,571. including grants of \$ ) (Revenue \$ )	
	Total program service expenses   4,146,446.	

Page 3

# Form 990 (2020) E.O. WILSON BIODIVERSITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	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,			<b> </b> ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			, v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<b> </b> ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		144		125
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 10	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		<del></del>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		<del> </del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>10</del>		<del></del>
"		17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>-''</b> -		<del> </del>
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		+
IJ	,	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<del>  ^</del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democracy government on that by, column by y, into it: II fes, complete ochequie I, Parts I and II			

Page 4

	· (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	Х	1
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 lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			77
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\vdash$
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
o <del>-</del>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	77	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contouring Contouring a recipionage of flotte to drift find it drift in		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		163	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c		

# 020) E.O. WILSON BIODIVERSITY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		77
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
5a	, , , , , , , , , , , , , , , , , , , ,	<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		$\vdash$
Ua	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		<u> </u>
~	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:  Gross income from members or shareholders  11a			
	Gross income from members or shareholders			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

E.O. WILSON BIODIVERSITY FOUNDATION

Form 990 (2020) E.O. WILSON BIODIVERSITY FOUNDATION 20-454/380 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	inio ossion 2 registro memaron asset periodo no registro e y silo monta restallo de como,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA , NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELLIOTT DAVIS PLLC - 704-333-8881			
	500 E. MOREHEAD STREET, SUITE 700, CHARLOTTE, NC 28202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	J	IIIZA	((		ірсі	Said	(D)	(E)	(F)
Name and title	Average		Position (do not check more		ition <sub>more</sub>	than o		Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other				
	(list any			the	organizations	compensation				
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		99/	npens		(W-2/1099-MISC)		organization and related
	below	idual t	Institutional trustee	Ja	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Key (	High	Former			
(1) DR. PAULA EHRLICH	40.00							245 222		40.000
PRESIDENT & CEO	40.00	Х		X				315,000.	0.	48,938.
(2) AMY TIDOVSKY	40.00									
VP OF DEVELOPMENT	40.00				Х			206,439.	0.	30,389.
(3) CHRISTIAN HELTNE	40.00							160 520	_	05 500
VP OF ENGAGEMENT-1/1-12/11	40.00				Х			162,530.	0.	25,788.
(4) DR. DENNIS LIU	40.00	-			х			161 200	0.	22 104
VP OF EDUCATION (5) JULIE PLOWDEN	8.00							161,200.	0.	22,184.
TREASURER & CFO	0.00	Х		х				56,963.	0.	0.
(6) DAVID PREND	1.00	Λ						30,303.	0.	0.
CHAIRMAN OF THE BOARD	1.00	х		Х				0.	0.	0.
(7) CHARLES SMITH	1.00	77						0.	0.	<u></u>
BOARD MEMBER		х						0.	0.	0.
(8) GREGORY CARR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JEFFREY UBBEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARCIA ANGLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PAUL SIMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JOHN TAYLOR WILLIAMS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) LEE ANN DALY	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) PAUL SENNOTT	1.00	l l								•
SECRETARY	1 00	Х		X				0.	0.	0.
(15) DR. CARYL HART	1.00								_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) DR. STEPHEN LOCKHART	1.00	.,						_	_	^
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) KEITH TUFFLEY BOARD MEMBER	1.00	х						0.	0.	0.
DOWN WEWDER		Λ						1 0.	U •	000

032007 12-23-20 Form **990** (2020)

Part VII   Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C					<b>(C</b> \	
(A)	(B) Average			Posi	C) ition	1		(D)	(E)			(F)	
Name and title	hours per		(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation			stimated nount of	
	week			nd a di				from	from related		u,	other	
	(list any	director						the	organization		com	pensati	on
	hours for	or dire	يو ا			ated		organization	(W-2/1099-MIS	SC)		om the	
	related organizations	ustee	truste		9	suadi		(W-2/1099-MISC)				anizatio	
	below	ual tr	tional	١. ا	ploye	st com						d related anizatior	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				o g	2111241101	
(18) DR. DAWN WRIGHT	1.00												
BOARD MEMBER		X						0.		0.			0.
		-											
1b Subtotal							<b></b>	902,132.		0.	12	7,29	
c Total from continuation sheets to Part VI								902,132.		0.	1 2	7,29	<u>0.</u>
d Total (add lines 1b and 1c)  Total number of individuals (including but r							o re	•	000 of reportable		12	1,45	<u>.</u>
compensation from the organization	iot infinted to ti	1000	note	, a ac	, o v o	,, wiii		- The trial of the	ood of reportable				4
												Yes	No
3 Did the organization list any <b>former</b> officer	•		•	•	•		·		•		3		X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	•				•			•			5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										pensa	tion fr	om	
(A)	trie caleridai y	care	<u> </u>	ig w	ILIT	JI VVI		(B)	cai.		((	C)	
Name and business	address							Description of s	ervices	С		nsation	
WALTER JETZ													
110 DEEPWOOD DRIVE, HAMDE	EN, CT C	65	<u>17</u>					SCIENTIFIC C	HAIR		12	<u>6,07</u>	<u>2.</u>
2 Total number of independent contractors (i	ncludina but n	ot lir	mited	d to t	thos	se lis	ted	above) who received mo	ore than				

1

\$100,000 of compensation from the organization

		Check if Schedule O contains a respons	se or note to any line	in this Part VIII			
		Officer if deficable of contains a respons		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts ts		Federated campaigns 1a					
irai our	b	Membership dues1b					
A, G	С	Fundraising events 1c					
ar it	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e	95,900.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and					
her		similar amounts not included above	921,250.				
햦	a	Noncash contributions included in lines 1a-1f	82,024.				
o d	_	Total. Add lines 1a-1f		1,017,150.			
<u>U 10</u>		Total. Add lines 1a-11	Business Code	_,,			
	_	CEDUTCE COMMPACMC	900099	2 146 022			2 146 022
ice	2 a		- 900099	2,146,033.			2,146,033.
er v	b		_				
S	С		-				
an'	d		_				
Program Service Revenue	е		_				
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,146,033.			
	3	Investment income (including dividends, into					
		other similar amounts)		19,766.			19,766.
	4	Income from investment of tax-exempt bond		•			•
	5	Royalties	· .				
	•	(i) Real	(ii) Personal				
	6 -		(ii) i diddiidii				
		Gross rents 6a					
	р	Less: rental expenses 6b					
	С						
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	<u> </u>				
		assets other than inventory 7a 81,64	1.				
	b	Less: cost or other basis					
ne		and sales expenses	4.				
Revenue	С	Gain or (loss) <b>7c</b>	3.				
Be	d	Net gain or (loss)		-383.			-383.
e		Gross income from fundraising events (not					
퉏		including \$ of					
		contributions reported on line 1c). See					
		. ,	Ba				
	h		3b				
		Net income or (loss) from fundraising events					
			·				
	эa	Gross income from gaming activities. See	<u>,                                     </u>				
	_		9a				
			9b				
		Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
			0a				
	b	Less: cost of goods sold1	0b				
	С	Net income or (loss) from sales of inventory					
,			Business Code				
ou.	11 a						
ane Dug	b						
elk eve	С						
Miscellaneous Revenue	d	All other revenue					
2		Total. Add lines 11a-11d					
		Total revenue See instructions		3 182 566.	0.	0.	2 165 416.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 1,029,431. 694,189. 89,286. 245,956. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 72,339. 52,081. 6,510. 13,748. 7 Pension plan accruals and contributions (include 2,203. 2,203. section 401(k) and 403(b) employer contributions) 3,922. 1,864. 2,058. Other employee benefits 9 52,159. 37,161. 1,988. 13,010. 10 Payroll taxes 11 Fees for services (nonemployees): Management 16,300. 16,300. Legal 11,350. 11,350. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,310,293. 21,404. 3,345,167. 13,470. column (A) amount, list line 11g expenses on Sch O.) 5,890. 5,890. Advertising and promotion 12 121,587. 45,397. 38,735. 37,455. Office expenses 13 37,500. 2,494. 35,006. Information technology 14 15 Royalties 16 Occupancy 4,315. 2,967. 977. 371 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 413. 413. 20 Payments to affiliates 21 11,888. 11,888. Depreciation, depletion, and amortization ..... 22 7,372. 7,372. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 4,721,836. 4,146,446. 249,177. 326,213. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	602,832.	1	246,002.		
	2	Savings and temporary cash investments			2,700,330.	2	1,452,059.
	3	Pledges and grants receivable, net			2,856,354.	3	2,146,318.
	4	Accounts receivable, net			0.	4	32,870.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9					9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	63,175.			
	b				44,243.	10c	32,355.
	11	Investments - publicly traded securities			670,238.	11	673,686.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	349,613.	14	268,933.		
	15	Other assets. See Part IV, line 11			6,332.	15	6,332.
	16	Total assets. Add lines 1 through 15 (must ed	qual line (	33)	7,229,942.	16	4,858,555.
	17	Accounts payable and accrued expenses		285,823.	17	122,971.	
	18	Grants payable			18		
	19	Deferred revenue			1,452,794.	19	861,761.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X	250 545		055 040
		of Schedule D			352,745.	25	275,243.
	26			. 🕶	2,091,362.	26	1,259,975.
s		Organizations that follow FASB ASC 958, c	heck her	e ▶ <u>X</u>			
ice		and complete lines 27, 28, 32, and 33.			1 000 506		1 510 501
alar	27	Net assets without donor restrictions	1,888,526.	27	1,512,531.		
B	28	Net assets with donor restrictions	3,250,054.	28	2,086,049.		
un		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🔛			
ΥF		and complete lines 29 through 33.					
ţ2 C	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			E 130 F00	31	2 500 500
Š	32	Total net assets or fund balances			5,138,580.	32	3,598,580.
	33	Total liabilities and net assets/fund balances			7,229,942.	33	4,858,555.

Form **990** (2020)

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,18				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,72				
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,539,270 5,138,580				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5						
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,59	<u>8,5</u>	<u>80.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>D</b> .					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			
			Form	990	(2020)		

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

E.O. WILSON BIODIVERSITY FOUNDATION

 $Employer\ identification\ number \\ 20-4547380$ 

ГС	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general ¡	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.				
b	, L	Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	: L		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
C			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		er the number of supported o						
		vide the following information  i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		,
_								
_								
Tota	al							

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

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

Calendar year (or fiscal year beginning in)
membership fees received. (Do not include any "unusual grants.")  2
include any "unusual grants.")  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 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 385, 944. 686, 643. 752, 359. 802, 655. 1017150. 3644751  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
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 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3
The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 385,944 686,643 752,359 802,655 1017150 3644751  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) 983,923  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 385,944 686,643 752,359 802,655 1017150 3644751  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
4 Total. Add lines 1 through 3
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)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties,
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total  7 Amounts from line 4 385,944. 686,643. 752,359. 802,655. 1017150. 3644751  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
column (f)       983,923         6 Public support. Subtract line 5 from line 4.       2660828         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       385,944.       686,643.       752,359.       802,655.       1017150.       3644751         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,       securities loans, rents, royalties,
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,    Calendar year (or fiscal year beginning in) ▶   (a) 2016   (b) 2017   (c) 2018   (d) 2019   (e) 2020   (f) Total
Section B. Total Support           Calendar year (or fiscal year beginning in) ►         (a) 2016         (b) 2017         (c) 2018         (d) 2019         (e) 2020         (f) Total           7 Amounts from line 4         385,944.         686,643.         752,359.         802,655.         1017150.         3644751           8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,         securities loans, rents, royalties,         securities loans, rents, royalties,
Calendar year (or fiscal year beginning in) ▶       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       385,944.       686,643.       752,359.       802,655.       1017150.       3644751         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,       a securities loans, rents, royalties,       a securities loans, rents, royalties,       a securities loans, rents, royalties,
7 Amounts from line 4 385,944. 686,643. 752,359. 802,655. 1017150. 3644751  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,
dividends, payments received on securities loans, rents, royalties,
securities loans, rents, royalties,
and income from similar sources 170. 744. 6,780. 37,579. 19,383. 64,656
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 VI.) 1,700. 7. 1,707
11 Total support. Add lines 7 through 10 3711114
12 Gross receipts from related activities, etc. (see instructions) 12 3,483,515
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
organization, check this box and stop here  Section C. Computation of Public Support Percentage
, , , ,
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
stop here. The organization qualifies as a publicly supported organization  ▶ X  b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization
The second discount of
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					<del> </del>	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	1		
3a   3b   3c   4a   4b   4b   4c   5a   5b   5c   5c   6   7   8   9a   9b   9c   10a   10b   10			
3a   3b   3c   4a   4b   4b   4c   5a   5b   5c   5c   6   7   8   9a   9b   9c   10a   10b   10	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a	За		
3c			
3c	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4a		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	5a		
5c 6 7 8 9a 9b 9c 10a 10b			
5c 6 7 8 9a 9b 9c 10a 10b	5b		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a			
9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9c 10a 10b	9a		
9c 10a 10b	OI-		
10a	90		
10a	00		
10b	ЭC		
10b			
	10a		

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations	•		
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.		100	110
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	0010,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Seat	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		<u> </u>
Ject	Juon O. Type it Supporting Organizations		,,	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800+	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Jecl	Audit D. All Type III Supporting Organizations		,,	T
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
O	supported organizations played in this regard.	3		
sect	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а				
b				
С	5	y (see instruction		l .
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	l 3h		I

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		· ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 E.O. WILSON BIODIVERSITY FOUNDATION

20-454<u>7380 Page 8</u>

# Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
E.O. WILSON BIODIVERSITY FOUNDA'	rion 20-4547380

Organiz	ation type (check or	ne):			
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: O	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	neral Rule				
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# E.O. WILSON BIODIVERSITY FOUNDATION

20-4547380

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$30,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$ <u>319,524.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$_95,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# E.O. WILSON BIODIVERSITY FOUNDATION

20-4547380

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

# E.O. WILSON BIODIVERSITY FOUNDATION

20-4547380

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti	359 SH BERKSHIRE HATHAWAY		
3	DI BERREITE IIIIIIIII		
		\$82,024.	11/11/20
(a)	<i>(</i> ()	(c)	(.1)
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
			-
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	-		
		\$	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
—		<u> </u>	
		\$	

	LSON BIODIVERSITY FOUN			20-4547380
fi	exclusively religious, charitable, etc., contribution rom any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try. For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_   -				
		(e) Transfer of gif	t	
-	Transferee's name, address, and	i ZIP + 4	Relationship of tra	nsferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
$- \frac{1}{2}$				
		(e) Transfer of gif	t	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee
- -				
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
		(e) Transfer of gif	t	
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nsferor to transferee
-				_

#### (e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

E.O. WILSON BIODIVERSITY FOUNDATION

**Employer identification number** 20-4547380

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(m)		<b>.</b> .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assats included in Form 900 Part V		

Sche	edule D (Form 990) 2020 E.O. WIL:	SON BIODIVERS	ITY FOUNDA	TION	20-4	547380 Page <b>2</b>
Pa	rt III Organizations Maintaining Col	lections of Art, Hist	orical Treasure	es, or Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accession	, and other records, chec	cany of the followin	g that make si	gnificant use of its	3
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange	program		
b	Scholarly research	е 🗌	Other			
С	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how the	ney further the organ	nization's exen	npt purpose in Par	t XIII.
5	During the year, did the organization solicit or r	eceive donations of art, h	storical treasures, o	r other similar	assets	
	to be sold to raise funds rather than to be main	tained as part of the orga	nization's collection	?		Yes No
Pa	rt IV Escrow and Custodial Arrange	ements. Complete if the	e organization answ	ered "Yes" on	Form 990, Part IV	, line 9, or
	reported an amount on Form 990, Part	K, line 21.				
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or oth	er assets not i	ncluded	
	on Form 990, Part X?				[	Yes No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				. <b>1</b> f	
2a	Did the organization include an amount on Form	m 990, Part X, line 21, for	escrow or custodial	account liabili	ity?	Yes No
	If "Yes," explain the arrangement in Part XIII. C					
Pa	rt V Endowment Funds. Complete if t	he organization answered	"Yes" on Form 990	, Part IV, line 1	10.	_
	_	(a) Current year (b) I	Prior year (c) Tv	vo years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current	t year end balance (line 1	g, column (a)) held a	as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment	%				
С	Term endowment >%					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3а	Are there endowment funds not in the possess	ion of the organization tha	at are held and admi	inistered for th	e organization	
	by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organization					3b
4	Describe in Part XIII the intended uses of the or		funds.			
Pal	rt VI Land, Buildings, and Equipme					
	Complete if the organization answered					
	Description of property	(a) Cost or other	(b) Cost or other	1 ' '	ccumulated	(d) Book value
10	Land	basis (investment)	basis (other)	del	preciation	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		63,175.	30,820.	32,355.
<u>e</u>	Other				
	I. Add lines 1a through 1e. (Column (d) must equal	Form 990. Part X. colun	nn (B). line 10c.)	<b>)</b>	32,355.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 E.O. WILSON	BIODIVERSITY	FOUNDATION	20-4547380 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lii	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, III	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ....

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	275,243.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	275,243.

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

Part XI	Recond	ciliation o	of Revenue pe	er Audited	l Financia	al Stateme	nts With	Revenue per l	Retur

Pa	Reconciliation of Revenue per Audited Financial Stat	ements with Re	evenue per Rett	arn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,181,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-730.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-730.
3	Subtract line 2e from line 1			3	3,182,566.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)		5	3,182,566.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With E	xpenses per Re	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	4,721,836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,721,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
E	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	2.1		5	4,721,836.

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES.

THESE PROVISIONS REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

FOUNDATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOUNDATION HAS

TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD BE

SUSTAINED UPON EXAMINATION BY THE APPLICABLE AUTHORITIES. MANAGEMENT HAS

ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT

AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR

ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS

SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER THERE ARE

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D	(Form 990) 2020	E.O.	WILSON	BIODIVERSITY	FOUNDATION	20-4547380	Page 5
Part XIII	(Form 990) 2020 Supplementa	Information /	(continued)				<u> </u>
	,	,	<u>oontinaoa</u> ,				

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

E.O. WILSON BIODIVERSITY FOUNDATION

Employer identification number 20-4547380

D		04/38	U		
Pa	rt I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		Х	
	Any related organization?			Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
_	contingent on the net earnings of:				
а	The organization?	6a		Х	
	Any related organization?	. —		Х	
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
-	Regulations section 53.4958-6(c)?	. 9			

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. PAULA EHRLICH	(i)	315,000.	0.	0.	31,500.	17,438.	363,938.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY TIDOVSKY	(i)	206,439.	0.	0.	8,258.	22,131.	236,828.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTIAN HELTNE	(i)	162,530.	0.	0.	6,501.	19,287.		0.
VP OF ENGAGEMENT-1/1-12/11	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DR. DENNIS LIU	(i)	161,200.	0.	0.	6,448.	15,736.		0.
VP OF EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization E.O. WILSON BIODIVERSITY FOUNDATION Employer identification number 20-4547380

Part	I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	<b>(d)</b> Method of det noncash contribut		•	 s
4 /	Aut. Marka of out		literns continbuted	Form 990, Part VIII, line 1g				
	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	ntellectual property	X	1	92 024	CMCCK EXCITY	TOT		
	Securities - Publicly traded			02,024.	STOCK EXCHAI	NGE		
	Securities - Closely held stock							
	Securities - Partnership, LLC, or rust interests							
12 5	Securities - Miscellaneous							
	Qualified conservation contribution -							
H	Historic structures							
14 (	Qualified conservation contribution - Other							
<b>15</b> F	Real estate - Residential							
<b>16</b> F	Real estate - Commercial							
<b>17</b> F	Real estate - Other							
	Collectibles							
	Food inventory							
	Orugs and medical supplies							
	axidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ()							
<b>26</b> (	Other ()							
<b>27</b> (	Other ( )							
	Other ( )							
<b>29</b> N	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions				
f	or which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
<b>30</b> a [	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	nust hold for at least three years from the date							
	exempt purposes for the entire holding period			•		30a		Х
	exempt purposes for the entire holding period? <b>b</b> If "Yes," describe the arrangement in Part II.							
						31		Х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
			•	· ·		32a		Х
	contributions?  If "Yes," describe in Part II.							
	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
	describe in Part II.	. ,	,, , , ,		·			

Schedule N	4 (Form 990) 2020 E.O. WILSON BIODIVERSITY FOUNDATION	20-4547380	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organizati nation of both. Also compl	on ete

#### SCHEDULE O

Internal Revenue Service

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

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

E.O. WILSON BIODIVERSITY FOUNDATION

**Employer identification number** 20-4547380

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH BIODIVERSITY RESEARCH AND EDUCATION INITIATIVES THAT PROMOTE AND INFORM WORLDWIDE PRESERVATION OF OUR BIOLOGICAL HERITAGE. WE BELIEVE THAT BY ENHANCING OUR PUBLIC UNDERSTANDING OF BIODIVERSITY, WE CAN FOSTER A CULTURE OF STEWARDSHIP IN WHICH PEOPLE ARE INSPIRED TO CONSERVE AND PROTECT THE NATURAL WORLD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERSTANDING OF BIODIVERSITY, WE CAN FOSTER A CULTURE OF STEWARDSHIP IN WHICH PEOPLE ARE INSPIRED TO CONSERVE AND PROTECT THE NATURAL WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HALF-EARTH GENERAL: GENERAL PROMOTION AND SUPPORT OF GLOBAL

CONSERVATION AND BIODIVERSITY RESEARCH.

EXPENSES \$ 301,571. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S DIRECTOR OF FINANCE AND THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF THE COMPANY REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT WHICH AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE FOUNDATION MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES.

Name of the organization  E.O. WILSON BIODIVERSITY FOUNDATION  FORM 990, PART VI, SECTION B, LINE 15:  A COMPENSATION COMMITTEE IS IN PLACE FOR THE FOUNDATION.  COMMITTEE IS REQUIRED TO REVIEW AND APPROVE ANY MODIFICAT  COMPENSATION FOR KEY EMPLOYEES OF THE COMPANY BASED ON PE	TION OF
A COMPENSATION COMMITTEE IS IN PLACE FOR THE FOUNDATION.  COMMITTEE IS REQUIRED TO REVIEW AND APPROVE ANY MODIFICATE  COMPENSATION FOR KEY EMPLOYEES OF THE COMPANY BASED ON PE	TION OF
A COMPENSATION COMMITTEE IS IN PLACE FOR THE FOUNDATION.  COMMITTEE IS REQUIRED TO REVIEW AND APPROVE ANY MODIFICATE  COMPENSATION FOR KEY EMPLOYEES OF THE COMPANY BASED ON PE	TION OF
COMMITTEE IS REQUIRED TO REVIEW AND APPROVE ANY MODIFICATE COMPENSATION FOR KEY EMPLOYEES OF THE COMPANY BASED ON PERSONNEL PROPERTY OF THE PROPE	TION OF
COMPENSATION FOR KEY EMPLOYEES OF THE COMPANY BASED ON PE	
	ERFORMANCE AND
COMPARABLE INDUSTRY DATA.	
EODM 000 DADM VI CECHTON C I INE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM EXPENSES:	
PROGRAM SERVICE EXPENSES	54,615.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,615.
MAPPING CONTRACTS:	
PROGRAM SERVICE EXPENSES	3,225,678.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,470.
TOTAL EXPENSES	3,239,148.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	30,000.
MANAGEMENT AND GENERAL EXPENSES	21,404.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	

Schedule O (Form 990 or 990-EZ) 2020  Name of the organization	Page : Employer identification number
E.O. WILSON BIODIVERSITY FOUNDATION	20-4547380
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,345,167.
FORM 990 PART XII LN 2C	
THE ORGANIZATION HAS NOT CHANGED THE PROCESS FROM PRIOR Y	EAR.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

## FOR THE YEAR ENDING

December 31, 2020

Prepared For:	
E.O. Wilson Biodiversity For 300 Blackwell Street, Suite Durham, NC 27701	
Prepared By:	
Thomas, Judy & Tucker P.A 4700 Falls of Neuse Road Raleigh, NC 27609	А.
To be Signed and Dated By:	
Not applicable	
Amount of Tax:	
Total Tax Less: payments and credits Plus: other amount Plus: interest and penalties No payment is required	\$ 0 \$ 0 \$ 0 \$ 0 \$
Overpayment:	
Credited to your estimated tax Other amount Refunded to you	\$ 0 \$ 0 \$ 0
Make Check Payable To:	
Not applicable	
Mail Tax Return and Check (if applicable)	) To:
electronically to the FTB, ple	red for electronic filing. If you wish to have it transmitted lease contact our office. We will then submit the electronic mail the paper copy of the return to the FTB.
Return Must be Mailed On or Before:	
Not applicable	
Special Instructions:	
•	

Date Accepted

TAXABLE YEAR

# California e-file Return Authorization for

FORM

20	20	Exe	mpt Org	anizat		Addio	TIZALI	JII IV	<b>J</b> i				8453-I	EO
Exempt Org	ganizatio	on name										Identifying n	umber	
E.O.	WI	LSON BIO	DIVERSIT	Y FOUI	NDATI	ON						20-45	47380	
Part I	Elec	ctronic Return Ir	nformation (w	hole dollars	only)									
<b>1</b> Tot	al gro	ss receipts (Form	199, line 4)									1	3,264,5	90
<b>2</b> Tot	al gro	ss income (Form	199, line 8)									2	3,182,5 4,721,8	66
3 Tot	al exp	enses and disbu	rsements (Forr	n 199, line 9	9)							3	4,721,8	36
Part II	Set	tle Your Accoun	t Electronicall	y for Taxal	ole Year	2020								
4	Elec	tronic funds with	ndrawal 4	a Amount				<b>4b</b> Wi	thdrawal	date (mr	n/dd/yy	ууу)		
Part III	Bar	king Informatio	<b>n</b> (Have you ve	erified the ex	xempt or	ganization's	banking in	formati	on?)					
5 Rou	ting n	umber												
6 Acc	ount r	number					<b>7</b> Typ	oe of a	ccount:	Ch	ecking		Savings	
Part IV	Dec	laration of Offic	er											
I authoriz on line 4a		exempt organization	's account to be	settled as de	esignated i	n Part II. If I c	heck Part II,	Box 4,	I authorize	an electr	onic fun	ds withdra	wal for the amount lis	sted
California a balance organizati statement delayed,	electr due re ion wil ts be t	eturn, I understand	best of my know that if the Franch he fee liability an IB by the ERO, to	rledge and be nise Tax Boar d all applicat ransmitter, or	lief, the ex d (FTB) do le interest r intermed	empt organizates not receives and penalties iate service pr	ation's returie full and ting ting the full and tings. I authorize tovider. If the reason(s	n is true nely pay the exe e proce ) for the	e, correct, a ment of the mpt organi ssing of the delay.	nd comp e exempt zation re e exemp	lete. If the organiz turn and	ne exempt ation's fee I accompar	organization is filing liability, the exempt lying schedules and	
Sign							PRES	SIDE	NT &	CEO				
Here		Signature of officer			Date		Title							
Part V		laration of Elec												
am only a accurately provided 1345, 202 the exempled declared	in inter y reflec the org 20 Han pt orga that I h	rmediate service procts the data on the organization officer woldbook for Authorization return is fi	ovider, I underst return.) I have ob ith a copy of all f ed e-file Provide iled, whichever is above exempt or	and that I am otained the or forms and inf rs. I will keep s later, and I v ganization's r	not responganization formation form FTB will make a return and	onsible for rev o officer's sign that I will file v 8453-EO on t a copy availab accompanyin	iewing the exature on for with the FTB file for four le to the FTE g schedules	xempt o m FTB { , and I h years fr } upon r and sta	rganization 3453-EO be ave followe om the due equest. If I	's return fore tran ed all oth date of am also	. I decla smitting er requi the retur the paid	re, however this return rements de n or <b>four</b> y preparer, i	scribed in FTB Pub.	B-EO rjury,
	ERO's						Date		Check if		Check if self-	Ì	ERO's PTIN	
<b>ERO</b>	signati	ure							also paid preparer	X	employ	ed 🔲 🖪	01314870	
Must		name (or yours	THOMAS	, JUDY	JT &	JCKER E	.A.					Firm's FEIN	56-196580	4
Sign	and ac	employed)	4700 F2	ALLS O	F NEU	JSE ROA	\D							
			RALEIG	H, NC								ZIP code 2	27609	
		of perjury, I declar are true, correct, ar									tements.	and to the	best of my knowledo	ge
Paid	,oy		ia complete. i III	and tind 00010	aranon bac	, , , , , , , , , , , , , , , , , , ,			ICTO KITOVII	-		1.5-11	avenavaria DTIN	
Prepai	ror	Paid preparer's						Date		Check if self-			oreparer's PTIN	
Must	CI	Firm's name (or yours								employe	eu			
Sign		if self-employed)	<b>—</b>									Firm's FEIN	1	
Sign		and address	*									ZIP code		

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

TAXABLE YEAR **2020** 

California Exempt Organization Annual Information Return 028941 12-22-20 FORM

199

Calendar Ye	ar 2020 or fiscal year beginning (mm/dd/yyyy) , and endin	g (mm/dd/yy	vv)	
	rganization name		ifornia corporation nu	umber
E.O. 7	VILSON BIODIVERSITY FOUNDATION		2859478	
Additional info	rmation. See instructions.	FE	EIN	
			20-45473	380
Street address	(suite or room)		PMB no.	
300 BI	LACKWELL STREET, SUITE 102			
City		State	ZIP code	
DURHAI	<u> </u>	NC	27701	
Foreign countr	y name Foreign province/state/county		Foreign postal cod	de
A First ret	urn Yes X No I Did the organization h	nave anv chan	aes to its auidelir	nes
<b>B</b> Amendo	ed return $ullet$ Yes $\overline{f X}$ No $llot$ not reported to the FT			
C IRC Sec	ction 4947(a)(1) trust Yes X No J If exempt under R&TC			
<b>D</b> Final in	formation return? engaged in political ac			
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization ex	empt under R	&TC Section 237	01g? ● Yes X No
	e: (mm/dd/yyyy) • If "Yes," enter the gros	ss receipts fro	m nonmember s	
	accounting method: (1) Cash (2) X Accrual (3) Other L Is the organization a I	imited liability	company?	• Yes X No
	return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990)   M Did the organization f			
	Other 990 series report taxable income			
	ı group filing? See instructions			
	organization in a group exemption Yes X No IRS audited in a prior			
If "Yes,	what is the parent's name? 0 Is federal Form 1023/			Yes X No
	Date filed with IRS			
Part I	Complete Part I unless not required to file this form. See General Information B and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		• 1	2,247,440 00
	2 Gross dues and assessments from members and affiliates			00
	3 Gross contributions, gifts, grants, and similar amounts received			1,017,150 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	STMT	2	=
Receipts	This line must be completed. If the result is less than \$50,000, see General Information	В	• 4	3,264,590 00
and	5 Cost of goods sold • 5		00	
Revenues	6 Cost or other basis, and sales expenses of assets sold 6	82,0	24 00	
	7 Total costs. Add line 5 and line 6		7	82,024 00
	8 Total gross income. Subtract line 7 from line 4		● 8	3,182,566 00
Evnonoso	9 Total expenses and disbursements. From Side 2, Part II, line 18		• 9	4,721,836 00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		• 10	-1,539,270 <sub>00</sub>
	11 Total payments			00
	12 Use tax. See General Information K			00
				00
Filing Fee				00
	15 Penalties and Interest. See General Information J			00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	ments, and to th	e best of my knowle	dge and belief,
Sign			knowledge.	
Here	Signature of officer PRESIDENT &	CF		• Telephone 215-847-0920
	of officer Date	Check		● PTIN
	Preparer's Signature Muld Shu . CPA 07/15/			P01314870
Paid	signature U7/15/		. , 📂 📖	● Firm's FEIN
Preparer's	(or yours, THOMAS TIIDY & TIICKER D A			56-1965804
Use Only	employed) 4700 FALLS OF NEUSE ROAD			Telephone
	and address RALEIGH, NC 27609			919-571-7055
	May the FTB discuss this return with the preparer shown above? See instructions		• X Yes	No

#### E.O. WILSON BIODIVERSITY FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951	12-22-20

		1	Gross sales or receipts from all b							1	00
		2	Interest						•	2	16,317 00
		3	Dividends						•	3	3,449 00
Recei	ipts	4								4	00
from		5	Gross royalties							5	00
Other		6	Gross amount received from sale	of asse	ets (See Instructio	ns)	STA	ATEMENT 3		6	81,641 00
Sourc	es	7					SEE STA			7	2,146,033 00
		8	Total gross sales or receipts from			_				8	2,247,440 00
		9	Contributions, gifts, grants, and s							9	00
		10	Disbursements to or for member	s					• 1		00
		11	Compensation of officers, directo	rs, and	trustees		SEE STA	ATEMENT 5	. • 1	1	1,029,431 00
		12	Other salaries and wages							2	72,339 00
Exper	nses	13	Interest							_	413 00
and		14	Taxes							4	52,159 00
Disbu	ırse-	15	Rents						• 1	5	00
ment	s	16	Depreciation and depletion (See i	nstruct	ions)				. • 1	-	11,888 00
		17	Other expenses and disbursemen	nts			SEE STA	ATEMENT 6	. • 1	7	3,555,606 00
			Total expenses and disbursemen	ts. Add				ırt I, line 9		8	4,721,836 00
	edul	e L	Balance Sheet			g of taxabl		T	End of t	axable	
Asset					(a)		(b)	(c)		-	(d)
1 (							3,303,162			•	1,698,061
			s receivable							•	32,870
			ceivable							•	
										•	
			state government obligations							•	
			in other bonds							•	
			in stock							•	
	/lortga						670 020			•	<u> </u>
	Other in				62.15	7 -	670,238		175	•	673,686
10 a	L Depr	eciab	le assets	/	63,17		44 242		3,175	)	22 255
			mulated depreciation	(	18,93	0 4)	44,243	30,	820	1 -	32,355
11 L	.and		STMT 8				2 212 200			•	0 401 E00
							3,212,299			•	2,421,583
							7,229,942				4,858,555
			et worth				285,823			+	122,971
			yable				200,023			•	122,9/1
			s, gifts, or grants payable							•	
	_		otes payable							•	
10 (	vioriga	ges p	ayable es STMT 9				1,805,539			•	1,137,004
							1,000,009			•	1,137,004
			or principal fund							<b> </b>	
			tal surplus. Attach reconciliation				5,138,580			<b> </b>	3,598,580
			nings or income fund				7,229,942			•	4,858,555
	edul		ies and net worth	or bool	co with income no	r roturn	1,223,342				<u> </u>
JUII	Cuu	ic iv	Do not complete this sched				e 13. column (d), is les	s than \$50.000.			
1 N	let inc	ome r	per books		<ul><li>−1,540</li></ul>		7 Income recorded				
			ne tax	⊢	• 1/310	,,,,,,	not included in th		MT 1	0 🗖	-730
			pital losses over capital gains	⊢	•		8 Deductions in thi			.	. 3 0
			recorded on books this year	Г	•		1	ome this year		•	
			corded on books this year not	·····			9 Total. Add line 7				-730
			this return		•		10 Net income per re			·	
			ne 1 through line 5		-1,540	0,000	Subtract line 9 fr				-1,539,270

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3		STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FRED STANBACK DONOR ADVISED FUND OF FOUNDATION FOR THE CAROL	507 W INNES ST #270 SALISBURY, NC 28144	01/07/20	30,000.
JEFFREY UBBEN	3355 PACIFIC AVENUE SAN FRANCISCO, CA 94118	07/22/20	100,000.
VIDIRO FUTURO	225 DEER CHASE LANE DURHAM, NC 27705	11/11/20	237,500.
SYNGENTA	PO BOX 18300 GREENSBORO, NC 27409	01/29/20	25,000 <b>.</b>
THE HEARST FOUNDATION	90 NEW MONTGOMERY STREET, SUITE 1212 SAN FRANCISCO, CA 94105	04/14/20	75,000 <b>.</b>
US SMALL BUSINESS ADMINISTRATION	409 3RD STREET SW WASHINGTON, DC 20416	04/01/20	95,900.
ROLAND NORTON	425 MOHAWK ROAD OWENS CROSS ROADS, AL 35763	02/06/20	100,000.
TOTAL INCLUDED ON LINE 3			663,400.
CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
VIDIRO FUTURO	225 DEER CHASE LANE DUR	HAM, NC 2	7705
PROPERTY DESCRIPTION	DATE OF GIFT FMV OF G	IFT 7	TOTAL AMOUNT
359 SH BERKSHIRE HATHAWAY	11/11/20 82	,024.	319,524.
TOTAL INCLUDED ON LINE 3	82	,024.	319,524.

CA 199 GROSS AM	OUNT FROM SA	LE OF ASSETS	S	TATEMENT 3
DESCRIPTION		ATE DA' UIRED SOI		THOD UIRED
			PUR	CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	82,024.	0.	0.	81,641.
TOTAL TO FORM 199, PAGE 2, LN 6	82,024.	0.	0.	81,641.
CA 199	OTHER INCO	ME	S	TATEMENT 4
DESCRIPTION				AMOUNT
SERVICE CONTRACTS				2,146,033.
TOTAL TO FORM 199, PART II, LINE	7			2,146,033.
CA 199 COMPENSATION OF OFF	ICERS, DIREC	TORS AND TRUS	STEES S	TATEMENT 5
NAME AND ADDRESS	AVERA	TITLE AND GE HRS WORKEI	O/WK	COMPENSATION
DR. PAULA EHRLICH 300 BLACKWELL STREET, SUITE 102 DURHAM, NC 27701	PRESI	DENT & CEO		363,938.
AMY TIDOVSKY 300 BLACKWELL STREET, SUITE 102 DURHAM, NC 27701	VP OF	DEVELOPMENT 40.00		236,828.
CHRISTIAN HELTNE 300 BLACKWELL STREET, SUITE 102 DURHAM, NC 27701	VP OF	ENGAGEMENT-1	L/1-12/11	188,318.
DR. DENNIS LIU 300 BLACKWELL STREET, SUITE 102 DURHAM, NC 27701	VP OF	EDUCATION 40.00		183,384.
JULIE PLOWDEN 300 BLACKWELL STREET, SUITE 102 DURHAM, NC 27701	TREAS	URER & CFO 8.00		56,963.

E.O. WILSON BIODIVERS	ITY FOUNDATION		20-4547380
DAVID PREND 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	CHAIRMAN OF THE BOARD 1.00	0.
CHARLES SMITH 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
GREGORY CARR 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
JEFFREY UBBEN 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
MARCIA ANGLE 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
PAUL SIMON 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
JOHN TAYLOR WILLIAMS 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
LEE ANN DALY 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
PAUL SENNOTT 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	SECRETARY 1.00	0.
DR. CARYL HART 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
DR. STEPHEN LOCKHART 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.
KEITH TUFFLEY 300 BLACKWELL STREET, DURHAM, NC 27701	SUITE 102	BOARD MEMBER 1.00	0.

20-4547380

DR. DAWN WRIGHT 300 BLACKWELL STREET, SUITE 102 DURHAM, NC 27701

BOARD MEMBER 1.00

0.

TOTAL TO FORM 199, PART II, LINE 11		1,029,431.
CA 199 OTHER EXPENS	ES	STATEMENT 6
DESCRIPTION		AMOUNT
PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE		2,203. 3,922. 16,300. 11,350. 3,345,167. 5,890. 121,587. 37,500. 4,315. 7,372.
TOTAL TO FORM 199, PART II, LINE 17		3,555,606.
CA 199 OTHER INVESTM	ENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	670,238.	673,686.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	670,238.	673,686.
CA 199 OTHER ASSET	S	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE INTANGIBLE ASSETS DEPOSITS	2,856,354. 349,613. 6,332.	2,146,318. 268,933. 6,332.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,212,299.	2,421,583.

CA 199	OTHER LIABILITI	ES	STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OPERATING LEASE DEFERRED REVENUE		352,745. 1,452,794.	275,243. 861,761.
TOTAL TO FORM 199,	SCHEDULE L, LINE 18	1,805,539.	1,137,004.
CA 199	INCOME RECORDED ON BOOKS NOT INCLUDED IN THIS	•	STATEMENT 10
DESCRIPTION			AMOUNT
UNREALIZED LOSSES			-730.
TOTAL TO FORM 199,	SCHEDULE M-1, LINE 7		-730.

# TAX RETURN FILING INSTRUCTIONS

**CALIFORNIA FORM RRF-1** 

#### FOR THE YEAR ENDING

December 31, 2020

### **Prepared For:**

E.O. Wilson Biodiversity Foundation 300 Blackwell Street, Suite 102 Durham, NC 27701

### Prepared By:

Thomas, Judy & Tucker P.A. 4700 Falls of Neuse Road Raleigh, NC 27609

#### **Amount of Tax:**

Balance due of \$150

### Make Check Payable To:

Department of Justice

#### Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

#### Return Must Be Mailed On Or Before:

Please mail as soon as possible.

### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. (For Registry Use Only)

	Check if:			
E.O. WILSON BIODIVERSITY FOUNDATION  Name of Organization	1 —	inge of address ended report		
List all DBAs and names the organization uses or has used				
300 BLACKWELL STREET, SUITE 102 Address (Number and Street)	State Cha	rity Registration Number CT 0163161		
DURHAM, NC 27701	Corporation	on or Organization No. 2859478		
City or Town, State, and ZIP Code JPLOWDEN@EOWILSONFOUNDA				
984-219-2279 TION.ORG E-mail Address	Federal Er	mployer ID No. 20-4547380		
•	Osda Dawa			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. ( Make Check Payable to Departm				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u> </u>
Less than \$25,000 0 Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$15	
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	<b>\$75</b>	Between \$10,000,001 and \$50 million Greater than \$50 million	\$22 \$30	
PART A - ACTIVITIES		Greater than \$50 minor		
For your most recent full accounting period (beginning 01/01/202	20 endi	ing 12/31/2020 ) list:		
Gross Annual Revenue \$ 3,182,566 Noncash Contributions \$	82	,024 Total Assets \$ 4,85	<u>8,5</u> !	<u>55</u>
Program Expenses \$ 4,146,446	Total Expe	enses \$ 4,721,836		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT		
Note: All questions must be answered. If you answer "yes" to any of the ques				
providing an explanation and details for each "yes" response. Please re	eview RRF-	1 instructions for information required.	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other fire		· ·		
and any officer, director or trustee thereof, either directly or with an entity in whany financial interest?	nich any suc	on officer, director or trustee riad		Х
During this reporting period, was there any theft, embezzlement, diversion or m or funds?	nisuse of the	e organization's charitable property		Х
3. During this reporting period, were any organization funds used to pay any pena	alty, fine or j	udgment?		Х
During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising cou	nsel for charitable purposes, or		77
confinercial coventurer used?				Х
5. During this reporting period, did the organization receive any governmental fun	nding?			Х
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?			Х
7. Does the organization conduct a vehicle donation program?				Х
8. Did the organization conduct an independent audit and prepare audited financ generally accepted accounting principles for this reporting period?	cial statemer	nts in accordance with		Х
9. At the end of this reporting period, did the organization hold restricted net asse	ets, while re	porting negative unrestricted net assets?		Х
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to sig		g documents, and to the best of my know	wledge	е
DD DAITTA ETIDI TOU	<u>.</u>	DECIDENM C CEO		
DR • PAULA EHRLICH Signature of Authorized Agent Printed Name	Tit	RESIDENT & CEO		
<b>L</b>				

## EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	e 2020 calendar year, or tax year beginning	and	ending							
В	Check if applicab	C Name of organization			D Employer identifi	cation number					
	Addre	s E.O. WILSON BIODIVERSIT	Y FOUNDATION								
	Name chang	- · · ·	1 1 0 0 1 0 1 1 1 1 1 1 1		20-45473	80					
	Initial return	Number and street (or P.O. box if mail is not del		Room/suite	E Telephone numbe						
	□Final return	eturn/   300 DDACKWEDD SIREDI, SOIIE 102									
	termir ated		ZIP or foreign postal code		G Gross receipts \$	3,264,590.					
	Amen return	DURHAM, NC 21101			H(a) Is this a group re						
	Application	F Name and address of principal officer: DR •	PAULA EHRLICH		for subordinates	? Yes X No					
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No					
				or 527	If "No," attach a	list. See instructions					
		$_{ m te:} ightharpoonup$ WWW.EOWILSONFOUNDATION.	ORG		H(c) Group exemption						
		organization, , , ,	sociation Other >	L Year	of formation: 2006 i	M State of legal domicile: CA					
P	art I	Summary									
4	1	Briefly describe the organization's mission or most									
ž		FOUNDATION'S MISSION IS TO	) FOSTER A KNOWI	NG STE	WARDSHIP OF	OUR WORLD					
Governance	2	Check this box   if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as:						
ove	3	Number of voting members of the governing body (	Part VI, line 1a)		3	12					
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)			12					
Se	5	Total number of individuals employed in calendar ye	ear 2020 (Part V, line 2a)			6					
Vi <b>č</b> i	6	Total number of volunteers (estimate if necessary)				12					
Activities &	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			0.					
_	<u> b</u>	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		7b	0.					
					Prior Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			802,655.	1,017,150.					
Revenue	9				1,102,206.	2,146,033.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4,			37,579.	19,383.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal			1,942,440.	3,182,566.					
	13	Grants and similar amounts paid (Part IX, column (A			0.	0.					
	14	Benefits paid to or for members (Part IX, column (A)			0.	0.					
S	15	Salaries, other compensation, employee benefits (F			867,787.	1,160,054.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.					
ăx	b	Total fundraising expenses (Part IX, column (D), line	•			2 564 522					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			2,622,198.	3,561,782.					
		Total expenses. Add lines 13-17 (must equal Part IX			3,489,985.	4,721,836.					
_	19	Revenue less expenses. Subtract line 18 from line 1	l2		-1,547,545.	-1,539,270.					
Net Assets or	19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10			Be	ginning of Current Year	End of Year					
sset	ਰੂ 20				7,229,942.	4,858,555.					
etA	21				2,091,362.	1,259,975.					
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		5,138,580.	3,598,580.					
		Ities of perjury, I declare that I have examined this return,	including accompanying achadular	and atatama	unto and to the best of m	/ knowledge and balief it is					
	•	ines of perjury, I declare that I have examined this return, it, and complete. Declaration of preparer (other than office			•	/ Kilowieuge allu bellel, it is					
liue	, corre	i, and complete. Declaration of preparer (other than office)	1) is based on an information of wi	iicii preparei	lias ally kilowieuge.						
C:~		Signature of officer			I Date						
Sig		DR. PAULA EHRLICH, PRES	בדהבאיי ג כבר								
Hei	e	Type or print name and title	DIDENT & CEO								
		Print/Type preparer's name	Preparer's signature	T	Date Check [	PTIN					
Pai	d	MICHAEL A. SHUSKO, CPA	i roparoi o orginature		7/15/21 if self-employ						
	u parer	Firm's name THOMAS, JUDY & TU	ICKER P.A.	ļo	Firm's EIM	56-1965804					
	Only	Firm's address 4700 FALLS OF NEU			I IIIII 2 EIIV	<u> </u>					
036	Only	RALEIGH, NC 27609			Phone no 91	9-571-7055					
Ma	v the II	RS discuss this return with the preparer shown above			11 Holle 110. 2 ±	X Yes No					

Page 2

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE E.O. WILSON BIODIVERSITY FOUNDATION'S MISSION IS TO FOSTER A	
	KNOWING STEWARDSHIP OF OUR WORLD THROUGH BIODIVERSITY RESEARCH AND	
	EDUCATION INITIATIVES THAT PROMOTE AND INFORM WORLDWIDE PRESERVATION	
	OF OUR BIOLOGICAL HERITAGE. WE BELIEVE THAT BY ENHANCING OUR PUBLIC	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	,
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,355,037. including grants of \$) (Revenue \$	
	HALF-EARTH PROJECT MAP: PROVIDING CONSERVATION MANAGEMENT LEADERSHIP	вх
	MAPPING THE SPECIES OF OUR PLANET AND IDENTIFYING WHERE WE HAVE THE	
	BEST OPPORTUNITY TO PROTECT THE MOST SPECIES.	
4b	(Code: ) (Expenses \$ 225,898 · including grants of \$ ) (Revenue \$	-
	HALF-EARTH DAY: CELEBRATING THE GRAND AMBITION OF HALF-EARTH, SHOWCAST	ES
	PROGRESS, AND ENGAGES PEOPLE IN HOW THEY CAN PARTICIPATE IN THE	
	HALF-EARTH PROJECT. HALF-EARTH DAY BRINGS TOGETHER SCIENTISTS,	
	INDIGENOUS AND LOCAL COMMUNITY LEADERS, AND GLOBAL CONSERVATION AND	
	MULTINATIONAL ORGANIZATIONS TO SHARE THEIR VOICES AND VISIONS FOR HOW	
	WE CAN BEST CARE FOR OUR PLANET.	
	0.63 0.40	
4c	(Code:) (Expenses \$263,940. including grants of \$) (Revenue \$)	
	HALF-EARTH PROJECT EDUCATOR AMBASSADORS: PROVIDING A PLATFORM FOR	
	TEACHERS TO ENGAGE EACH OTHER AND THEIR STUDENTS IN THE GRAND AMBITION	N
	OF HALF-EARTH, AND TO INSPIRE AND CONNECT STUDENTS WITH THE NATURAL	
	WORLD.	
	Other program services (Describe on Schedule O.)	
<del>-t</del> u	(Expenses \$ 301,571. including grants of \$ ) (Revenue \$ )	
	Total program service expenses   4,146,446.	

Page 3

# Form 990 (2020) E.O. WILSON BIODIVERSITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	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,			<b> </b> ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			, v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<b> </b> ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		144		125
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 10	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		<del></del>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		<del> </del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>10</del>		<del></del>
"		17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>-''</b> -		<del> </del>
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		+
IJ	,	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<del>  ^</del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democracy government on that by, column by y, into it: II fes, complete ochequie I, Parts I and II			

Page 4

	· (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	Х	1
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 lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			77
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\vdash$
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
o <del>-</del>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	77	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contouring Contouring a recipionage of flotte to drift find it drift in		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		163	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c		

020) E.O. WILSON BIODIVERSITY FOUNDATION

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

			Yes	No
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	G.		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	70		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

E.O. WILSON BIODIVERSITY FOUNDATION

Form 990 (2020) E.O. WILSON BIODIVERSITY FOUNDATION 20-454/380 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	inio ossion 2 registro memaron asset periodo no registro e y silo monta restallo de como,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA , NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELLIOTT DAVIS PLLC - 704-333-8881			
	500 E. MOREHEAD STREET, SUITE 700, CHARLOTTE, NC 28202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	J	IIIZA	((		ірсі	Said	(D)	(E)	(F)
Name and title	Average		not cl	Posi neck r	ition <sub>more</sub>	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		99/	npens		(W-2/1099-MISC)		organization and related
	below	idual t	Institutional trustee	Je.	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Key (	High	Former			
(1) DR. PAULA EHRLICH	40.00							245 222		40.000
PRESIDENT & CEO	40.00	Х		X				315,000.	0.	48,938.
(2) AMY TIDOVSKY	40.00									
VP OF DEVELOPMENT	40.00				Х			206,439.	0.	30,389.
(3) CHRISTIAN HELTNE	40.00							160 520	_	05 500
VP OF ENGAGEMENT-1/1-12/11	40.00				Х			162,530.	0.	25,788.
(4) DR. DENNIS LIU	40.00	-			х			161 200	0.	22 104
VP OF EDUCATION (5) JULIE PLOWDEN	8.00							161,200.	0.	22,184.
TREASURER & CFO	0.00	Х		х				56,963.	0.	0.
(6) DAVID PREND	1.00	Λ						30,303.	0.	0.
CHAIRMAN OF THE BOARD	1.00	х		Х				0.	0.	0.
(7) CHARLES SMITH	1.00	77						0.	0.	<u></u>
BOARD MEMBER		х						0.	0.	0.
(8) GREGORY CARR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JEFFREY UBBEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARCIA ANGLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PAUL SIMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JOHN TAYLOR WILLIAMS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) LEE ANN DALY	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) PAUL SENNOTT	1.00	l l								•
SECRETARY	1 00	Х		X				0.	0.	0.
(15) DR. CARYL HART	1.00								_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) DR. STEPHEN LOCKHART	1.00	.,						_	_	^
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) KEITH TUFFLEY BOARD MEMBER	1.00	х						0.	0.	0.
DOWN WEWDER		Λ						1 0.	U •	000

032007 12-23-20 Form **990** (2020)

Part VII   Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C					<b>(C</b> \	
(A)	(B) Average			Posi	C) ition	1		(D)	(E)			(F)	
Name and title	hours per		not c	heck i	more	than o		Reportable Report compensation compen				stimated nount of	
	week			nd a di				from	from related		u,	other	
	(list any	director						the	organization		com	pensati	on
	hours for	or dire	يو ا			ated		organization	(W-2/1099-MIS	SC)		om the	
	related organizations	ustee	truste		9	suadi		(W-2/1099-MISC)				anizatio	
	below	ual tr	tional	١. ا	ploye	st com						d related anizatior	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				o g	2111241101	
(18) DR. DAWN WRIGHT	1.00												
BOARD MEMBER		X						0.		0.			0.
		-											
		-											
1b Subtotal							<b></b>	902,132.		0.	12	7,29	
c Total from continuation sheets to Part VI								902,132.		0.	12	7,29	<u>0.</u>
d Total (add lines 1b and 1c)  Total number of individuals (including but r							o re	•	000 of reportable		12	1,45	<u>.</u>
compensation from the organization	iot infinted to ti	1000	note	, a ac	, o v o	,, wiii		- The trial of the	ood of reportable				4
												Yes	No
3 Did the organization list any <b>former</b> officer	•		•	•	•		·		•		3		X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	•				•			•			5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										pensa	tion fr	om	
(A)	trie caleridai y	care	<u> </u>	ig w	ILIT	JI VVI		(B)	cai.		((	C)	
Name and business	address							Description of s	ervices	С		nsation	
WALTER JETZ													
110 DEEPWOOD DRIVE, HAMDE	EN, CT C	65	<u>17</u>					SCIENTIFIC C	HAIR		12	<u>6,07</u>	<u>2.</u>
2 Total number of independent contractors (i	ncludina but n	ot lir	mited	d to t	thos	se lis	ted	above) who received mo	ore than				

1

\$100,000 of compensation from the organization

Form 990 (2020)

Part VIII	Statement of Revenu	i

		Check if Schedule O contains a respons	e or note to anv lin	e in this Part VIII			
		Oncon II denotatio d'occidante a respens	<u> </u>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
3ra Iou		b Membership dues 1b					
S, (		c Fundraising events1c					
ar F	(	d Related organizations 1d					
s, (	(	e Government grants (contributions) 1e	95,900.				
ion	1	f All other contributions, gifts, grants, and					
but		similar amounts not included above <b>1f</b>	921,250.				
ΞÓ	9	g Noncash contributions included in lines 1a-1f	82,024.				
Sol	i	h Total. Add lines 1a-1f	<b></b>	1,017,150.			
			Business Code				
σ.	2 :	a SERVICE CONTRACTS	900099	2,146,033.			2,146,033.
Š				, , ,			, , ,
ser Iue			-				
m S		C	-				
gra Re		d	-				
Program Service Revenue		e	-				_
₾		f All other program service revenue					
_	9	Total. Add lines 2a-2f		2,146,033.			
	3	Investment income (including dividends, inte					
		other similar amounts)	<b>&gt;</b>	19,766.			19,766.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties	<b>&gt;</b>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	•				
		a Gross amount from sales of (i) Securities					
		assets other than inventory <b>7a</b> 81,643	```				
		b Less: cost or other basis					
o o	'		,				
ğ							
eve		Gain or (1000)	-	-383.			-383.
her Revenue		d Net gain or (loss)	<b>•</b>	-303,			-303,
the	8 8	a Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		, <del>-</del>	Ba				
	ı	b Less: direct expenses	Bb				
	(	c Net income or (loss) from fundraising events	<b>_</b>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19	)a				
	ı	I	)b				
		Net income or (loss) from gaming activities	<b>&gt;</b>				
		a Gross sales of inventory, less returns					
		• • • • • • • • • • • • • • • • • • • •	0a				
			Ob				
		c Net income or (loss) from sales of inventory					
		The meeting of (1995) from calce of inventory	Business Code				
ns	11 4	2					
Miscellaneous Revenue		ab					
la Ven							
Sce	,	d All other revenue					
Σ	`	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,182,566.	0.	0.	2,165,416.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 1,029,431. 694,189. 89,286. 245,956. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 72,339. 52,081. 6,510. 13,748. 7 Pension plan accruals and contributions (include 2,203. 2,203. section 401(k) and 403(b) employer contributions) 3,922. 1,864. 2,058. Other employee benefits 9 52,159. 37,161. 1,988. 13,010. 10 Payroll taxes 11 Fees for services (nonemployees): Management 16,300. 16,300. Legal 11,350. 11,350. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,310,293. 21,404. 3,345,167. 13,470. column (A) amount, list line 11g expenses on Sch O.) 5,890. 5,890. Advertising and promotion 12 121,587. 45,397. 38,735. 37,455. Office expenses 13 37,500. 2,494. 35,006. Information technology 14 15 Royalties 16 Occupancy 4,315. 2,967. 977. 371 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 413. 413. 20 Payments to affiliates 21 11,888. 11,888. Depreciation, depletion, and amortization ..... 22 7,372. 7,372. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 4,721,836. 4,146,446. 249,177. 326,213. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	602,832.	1	246,002.		
	2	Savings and temporary cash investments	2,700,330.	2	1,452,059.		
	3	Pledges and grants receivable, net	2,856,354.	3	2,146,318.		
	4	Accounts receivable, net	0.	4	32,870.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other	. [				
		basis. Complete Part VI of Schedule D	. 10a	63,175.			
	b				44,243.	10c	32,355.
	11	Investments - publicly traded securities			670,238.	11	673,686.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets	349,613.	14	268,933.		
	15	Other assets. See Part IV, line 11	6,332.	15	6,332.		
	16	Total assets. Add lines 1 through 15 (must ed	7,229,942.	16	4,858,555.		
	17	Accounts payable and accrued expenses	285,823.	17	122,971.		
	18	Grants payable		18			
	19	Deferred revenue			1,452,794.	19	861,761.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X	250 545		055 040
		of Schedule D			352,745.	25	275,243.
	26			. 🕶	2,091,362.	26	1,259,975.
s		Organizations that follow FASB ASC 958, c	heck her	e ▶ <u>X</u>			
ice		and complete lines 27, 28, 32, and 33.			1 000 506		1 510 501
alar	27	Net assets without donor restrictions	1,888,526.	27	1,512,531.		
B	28	Net assets with donor restrictions			3,250,054.	28	2,086,049.
un		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🔛			
ΥF		and complete lines 29 through 33.					
ţ2 C	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			E 130 F00	31	2 500 500
Š	32	Total net assets or fund balances			5,138,580.	32	3,598,580.
	33	Total liabilities and net assets/fund balances			7,229,942.	33	4,858,555.

Form **990** (2020)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,18		
2	2 Total expenses (must equal Part IX, column (A), line 25)			<u>1,8</u>	
3	3 Revenue less expenses. Subtract line 2 from line 1				<u>70.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,138,580		
5	Net unrealized gains (losses) on investments	5		-7	30.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,59	<u>8,5</u>	<u>80.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>D</b> .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2020)

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

E.O. WILSON BIODIVERSITY FOUNDATION

 $Employer\ identification\ number \\ 20-4547380$ 

ГС	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	, L		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	: L		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
C			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		er the number of supported o						
		vide the following information  i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		,
_								
_								
Tota	al							

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	385,944.	686,643.	752,359.	802,655.	1017150.	3644751.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	385,944.	686,643.	752,359.	802,655.	1017150.	3644751.
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)						983,923.
	Public support. Subtract line 5 from line 4.						2660828.
	tion B. Total Support				Г		
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	385,944.	686,643.	752,359.	802,655.	1017150.	3644751.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 = 0		6 700			
	and income from similar sources	170.	744.	6,780.	37,579.	19,383.	64,656.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital		1 500	-			1 505
	assets (Explain in Part VI.)		1,700.	7.			1,707.
	Total support. Add lines 7 through 10						3711114.
	Gross receipts from related activities,						<u>,483,515.</u>
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop tion C. Computation of Publi						<b>&gt;</b>
	•			valuman (f))		44	71.70 %
	Public support percentage for 2020 (li					15	70.41 %
	Public support percentage from 2019 33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2019. If the co						
	and <b>stop here.</b> The organization quali						. $\Box$
	and stop here. The organization quali 10% -facts-and-circumstances test					 and line 14 is 10% (	
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-		· ·	▶ □
	10% -facts-and-circumstances test	•	•			7a. and line 15 is	
	more, and if the organization meets the	_					. 270 01
	organization meets the facts-and-circu		•		•		
	- · J a		gaao que	25 as a pasiloly			

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T		T	T	T
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	acquired after June 30, 1975  Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section 5	i01(c)(3) organizatio	on .
•	check this box and stop here	•			•		
Se	ction C. Computation of Publi						·····
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	1		
3a   3b   3c   4a   4b   4b   4c   5a   5b   5c   5c   6   7   8   9a   9b   9c   10a   10b   10			
3a   3b   3c   4a   4b   4b   4c   5a   5b   5c   5c   6   7   8   9a   9b   9c   10a   10b   10	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a	За		
3c			
3c	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4a		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	5a		
5c 6 7 8 9a 9b 9c 10a 10b			
5c 6 7 8 9a 9b 9c 10a 10b	5b		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a			
9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9c 10a 10b	9a		
9c 10a 10b	0.		
10a	90		
10a	0-		
10b	ЭC		
10b			
	10a		

ı ai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c k	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
С	A 359	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		/ in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			110
	direc	tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supe	rvised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	_	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
Ü	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sec	supp tion	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1					
' a	Cried	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructions).</b> The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	c)	
2	Activ	ities Test. Answer lines 2a and 2b below.	struction	Yes	No
– a		substantially all of the organization's activities during the tax year directly further the exempt purposes of			140
_		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
b		these activities constituted substantially all of its activities.  he activities described in line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
b					
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2		e activities but for the organization's involvement.	ZÜ		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
J.		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		· ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 E.O. WILSON BIODIVERSITY FOUNDATION

20-454<u>7380 Page 8</u>

# Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
E.O. WILSON BIODIVERSITY FOUNDA	TION 20-4547380

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# E.O. WILSON BIODIVERSITY FOUNDATION

20-4547380

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$30,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$ <u>319,524.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$_95,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# E.O. WILSON BIODIVERSITY FOUNDATION

20-4547380

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

# E.O. WILSON BIODIVERSITY FOUNDATION

20-4547380

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
3	359 SH BERKSHIRE HATHAWAY						
	·						
		\$82,024.	11/11/20				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
1 4111							
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

	WILSON BIODIVERSITY FOUNDATION			20-4547380		
fi	exclusively religious, charitable, etc., contribution rom any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try. For organizations			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_   -						
		(e) Transfer of gif	t			
-	Transferee's name, address, and	i ZIP + 4	Relationship of tra	nsferor to transferee		
-						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
$- \frac{1}{2}$						
		(e) Transfer of gif	t			
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee		
- -						
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-						
	(e) Transfer of gift					
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nsferor to transferee		
-				_		

### (e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

E.O. WILSON BIODIVERSITY FOUNDATION

**Employer identification number** 20-4547380

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fur	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	tements that describes the
<b>D</b>	organization's accounting for conservation easements.	A. J. Historia Co. J. T. Co. Co.	Oller O're'ller Assets
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche	edule D (Form 990) 2020 E.O. WIL:	SON BIODIVERS	ITY FOUNDA	TION	20-4	547380 Page <b>2</b>
Pa	rt III Organizations Maintaining Col	lections of Art, Hist	orical Treasure	es, or Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accession	, and other records, chec	cany of the followin	g that make si	gnificant use of its	3
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange	program		
b	Scholarly research	е 🗌	Other			
С	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how the	ney further the organ	nization's exen	npt purpose in Par	t XIII.
5	During the year, did the organization solicit or r	eceive donations of art, h	storical treasures, o	r other similar	assets	
	to be sold to raise funds rather than to be main	tained as part of the orga	nization's collection	?		Yes No
Pa	rt IV Escrow and Custodial Arrange	ements. Complete if the	e organization answ	ered "Yes" on	Form 990, Part IV	, line 9, or
	reported an amount on Form 990, Part	K, line 21.				
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or oth	er assets not i	ncluded	
	on Form 990, Part X?				[	Yes No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				. <b>1</b> f	
2a	Did the organization include an amount on Form	m 990, Part X, line 21, for	escrow or custodial	account liabili	ity?	Yes No
	If "Yes," explain the arrangement in Part XIII. C					
Pa	rt V Endowment Funds. Complete if t	he organization answered	"Yes" on Form 990	, Part IV, line 1	10.	_
	_	(a) Current year (b) I	Prior year (c) Tv	vo years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current	t year end balance (line 1	g, column (a)) held a	as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment	%				
С	Term endowment >%					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3а	Are there endowment funds not in the possess	ion of the organization tha	at are held and admi	inistered for th	e organization	
	by:					Yes No
	(i) Unrelated organizations					
(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organization					3b
4	Describe in Part XIII the intended uses of the or		funds.			
Pal	rt VI Land, Buildings, and Equipme					
	Complete if the organization answered					
	Description of property	(a) Cost or other	(b) Cost or other	1 ' '	ccumulated	(d) Book value
10	Land	basis (investment)	basis (other)	del	preciation	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		63,175.	30,820.	32,355.
<u>e</u>	Other				
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)				

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 E.O. WILSON	BIODIVERSITY	FOUNDATION	20-4547380 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lii	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, III	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ....

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	275,243.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	275,243.

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

Part XI	Recond	ciliation o	of Revenue pe	er Audited	l Financia	al Stateme	nts With	Revenue per l	Retur

Pa	Reconciliation of Revenue per Audited Financial Stat	ements with Re	evenue per Rett	arn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,181,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-730.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-730.
3	Subtract line 2e from line 1			3	3,182,566.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)		5	3,182,566.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With E	xpenses per Re	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	4,721,836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,721,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
E	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	2.1		5	4,721,836.

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES.

THESE PROVISIONS REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

FOUNDATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOUNDATION HAS

TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD BE

SUSTAINED UPON EXAMINATION BY THE APPLICABLE AUTHORITIES. MANAGEMENT HAS

ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT

AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR

ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS

SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER THERE ARE

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D	(Form 990) 2020	E.O.	WILSON	BIODIVERSITY	FOUNDATION	20-4547380	Page 5
Part XIII	(Form 990) 2020 Supplementa	Information /	(continued)				
	,	,	<u>oontinaoa</u> ,				

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

E.O. WILSON BIODIVERSITY FOUNDATION

Employer identification number 20-4547380

D		04/38	U	
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?			Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?			Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	. 9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable	(D) Nontaxable benefits	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	perients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. PAULA EHRLICH	(i)	315,000.	0.	0.	31,500.	17,438.	363,938.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY TIDOVSKY	(i)	206,439.	0.	0.	8,258.	22,131.	236,828.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTIAN HELTNE	(i)	162,530.	0.	0.	6,501.	19,287.		0.
VP OF ENGAGEMENT-1/1-12/11	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DR. DENNIS LIU	(i)	161,200.	0.	0.	6,448.	15,736.		0.
VP OF EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization E.O. WILSON BIODIVERSITY FOUNDATION Employer identification number 20-4547380

Part	I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	<b>(d)</b> Method of det noncash contribut		•	 s
4 /	Aut. Marka of out		literns continbuted	Form 990, Part VIII, line 1g				
	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	ntellectual property	X	1	92 024	CMCCK EXCITY	TOT		
	Securities - Publicly traded			02,024.	STOCK EXCHAI	NGE		
	Securities - Closely held stock							
	Securities - Partnership, LLC, or rust interests							
12 5	Securities - Miscellaneous							
	Qualified conservation contribution -							
H	Historic structures							
14 (	Qualified conservation contribution - Other							
<b>15</b> F	Real estate - Residential							
<b>16</b> F	Real estate - Commercial							
<b>17</b> F	Real estate - Other							
	Collectibles							
	Food inventory							
	Orugs and medical supplies							
	axidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ()							
<b>26</b> (	Other ()							
<b>27</b> (	Other ( )							
	Other ( )							
<b>29</b> N	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions				
f	or which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
<b>30</b> a [	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	nust hold for at least three years from the date							
	exempt purposes for the entire holding period			•		30a		Х
	f "Yes," describe the arrangement in Part II.							
						31		Х
	Does the organization hire or use third parties	-	· ·	•				
			•	· ·		32a		X
	contributions?  Describe in Part II.							
	f the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.	. ,	,, , , ,		·			

Schedule N	4 (Form 990) 2020 E.O. WILSON BIODIVERSITY FOUNDATION	20-4547380	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organizati nation of both. Also compl	on ete

#### SCHEDULE O

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

E.O. WILSON BIODIVERSITY FOUNDATION

**Employer identification number** 20-4547380

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH BIODIVERSITY RESEARCH AND EDUCATION INITIATIVES THAT PROMOTE AND INFORM WORLDWIDE PRESERVATION OF OUR BIOLOGICAL HERITAGE. WE BELIEVE THAT BY ENHANCING OUR PUBLIC UNDERSTANDING OF BIODIVERSITY, WE CAN FOSTER A CULTURE OF STEWARDSHIP IN WHICH PEOPLE ARE INSPIRED TO CONSERVE AND PROTECT THE NATURAL WORLD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERSTANDING OF BIODIVERSITY, WE CAN FOSTER A CULTURE OF STEWARDSHIP IN WHICH PEOPLE ARE INSPIRED TO CONSERVE AND PROTECT THE NATURAL WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HALF-EARTH GENERAL: GENERAL PROMOTION AND SUPPORT OF GLOBAL

CONSERVATION AND BIODIVERSITY RESEARCH.

EXPENSES \$ 301,571. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S DIRECTOR OF FINANCE AND THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF THE COMPANY REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT WHICH AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE FOUNDATION MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES.

Name of the organization  E.O. WILSON BIODIVERSITY FOUNDATION	Employer identification number 20-4547380
FORM 990, PART VI, SECTION B, LINE 15:	
A COMPENSATION COMMITTEE IS IN PLACE FOR THE FOUNDATION.	THE COMPENSATION
COMMITTEE IS REQUIRED TO REVIEW AND APPROVE ANY MODIFICA	ATION OF
COMPENSATION FOR KEY EMPLOYEES OF THE COMPANY BASED ON F	PERFORMANCE AND
COMPARABLE INDUSTRY DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM EXPENSES:	
PROGRAM SERVICE EXPENSES	54,615.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,615.
MAPPING CONTRACTS:	
PROGRAM SERVICE EXPENSES	3,225,678.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,470.
TOTAL EXPENSES	3,239,148.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	30,000.
MANAGEMENT AND GENERAL EXPENSES	21,404.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,404.
032212 11-20-20	Schedule O (Form 990 or 990-FZ) 2020

Schedule O (Form 990 or 990-EZ) 2020  Name of the organization	Page : Employer identification number
E.O. WILSON BIODIVERSITY FOUNDATION	20-4547380
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,345,167.
FORM 990 PART XII LN 2C	
THE ORGANIZATION HAS NOT CHANGED THE PROCESS FROM PRIOR Y	EAR.