

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

	<u>A </u>	or the	2010 calendar year, or tax year beginning and e	enaing							
	Вс	heck if	C Name of organization		D Employer identif	cation number					
		Addre:	_ SOCIETY FOR THE STUDY OF EVOLUTION								
	<u>_</u>	_chang	OF VIRGINIA	<u> </u>							
	<u> </u>	_chang				121424					
	\vdash	_return Termir		Room/suite	E Telephone numbe						
	\vdash	Jated Amend	FO DOX 400320		1	982.5486					
	 	Jreturn Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,204,858.					
	L	Jtion pendir	CHARLOTTESVILLE, VA 22904-4326		H(a) Is this a group r						
			F Name and address of principal officer: BUTCH BRODIE		for affiliates?	Yes X No					
			SAME AS C ABOVE 	r 527	H(b) Are all affiliates in						
		list. (see instructions)									
	J Website: ▶ WWW. EVOLUTIONSOCIETY.ORG H(c) Group exemption of the properties of the										
		rt I	Summary	j L. i cai	OF IOTHIATION, IJEO	VI State of legal dominione. CO					
	\Box			BIECT	TVE OF THE	SOCIETY FOR					
	Governance		THE STUDY OF EVOLUTION IS THE PROMOTION C								
	E		Check this box fr the organization discontinued its operations or disposi								
	Š		Number of voting members of the governing body (Part VI, line 1a)		3	15					
	ŏ		Number of independent voting members of the governing body (Part VI, line 1b)		4	14					
	Activities &		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0					
	ž		Total number of volunteers (estimate if necessary)		6	1500					
	cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.					
	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
2011					Prior Year	Current Year					
	ē	8	Contributions and grants (Part VIII, line 1h)	77 (PT)	670.	0.					
୧ ୬	Revenue	9	Program service revenue (Part VIII, line 2g)		<u>-1) 413,833.</u>	1,149,987.					
	3ev	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	54,871.					
AUG		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 😴 📗 🔠	9 0 d 2		0.					
	\dashv	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A) lines 1:3)	7 6 6 6	45)/, 2/3.	1,204,858.					
SCANNED					U .	50,645.					
Z			the second secon	DEN.		0.					
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	· -	0.	25,000.					
<u></u>	ë		Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> ⊢	0.	0.					
(CO)	삤		Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u>	256 614	750 506					
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	256,614.	750,506.					
			Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	256,614. 200,659.	826,151. 378,707.					
	-8	19	Revenue less expenses Subtract line 18 from line 12	0.0	ginning of Current Year						
	sets or alances	20	Fotal assets (Part X, line 16)	De	1,728,022.	End of Year 2,256,583.					
	ASS Bas		Fotal liabilities (Part X, line 26)		0.	0.					
	폴틹		Net assets or fund balances. Subtract line 21 from line 20		1,728,022.	2,256,583.					
	Pa	rt II	Signature Block	,	1,,20,022.	2/230/3031					
•	Unde	r pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is					
			, and complete. Declaration of preparer (other than officer) is based on all information of while								
			SOR		30 ly -	22 2011					
	Sign	,	Signature of Officer		Date 3						
	Here	•	BUTCH BRODIE, EXECUTIVE VICE PRESIDENT	•							
			Type or print name and title								
			Print Type preparer's pame Preparer's sugnature Preparer's sugnature	1/	Date Cleck Check C	PTIN					
	Paid	,			seti-employ	ed					
	Prep		Firm's name BROWN SMITH WALLACE, L.L.C.		Firm's EIN						
	Use (Unly	Firm's address 1050 N. LINDBERGH BLVD.			44 000 1000					
			ST. LOUIS, MO 63132-2912		Phone no. 3	14.983.1200					
			S discuss this return with the preparer shown above? (see instructions)		· · -	X Yes No					
	03200	1 02-22	-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2010)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	VARIOUS FIELDS OF SCIENCE CONCERNED WITH EVOLUTION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code
	SOCIETY OF SYSTEMATIC BIOLOGISTS (SSB). APPROXIMATELY 1,950 ATTENDEES
	FAIRBANKS, AK (2005); STONY BROOK, NY (2006); CHRISTCHURCH, NZ (2007);
	MINNEAPOLIS, MINNESOTA (2008); AND MOSCOW, IDAHO (2009).
4b	(Code) (Expenses \$ 99,707. including grants of \$) (Revenue \$ 375,217.)
	PUBLICATIONS - THE SOCIETY PUBLISHES A JOURNAL IN THE FIELD OF
	EVOLUTION ("EVOLUTION") AND OTHER PUBLICATIONS. "EVOLUTION" IS THE
	PREMIER PUBLICATION DEVOTED TO THE STUDY OF ORGANIC EVOLUTION AND THE
	INTEGRATION OF THE VARIOUS FIELDS OF SCIENCE CONCERNED WITH EVOLUTION.
	THE JOURNAL IS PUBLISHED MONTHLY AND PRESENTS SIGNIFICANT AND ORIGINAL
	RESULTS THAT EXTEND OUR UNDERSTANDING OF EVOLUTIONARY PHENOMENA AND
	PROCESSES. VOLUME 1 NO. 1/2 WAS PUBLISHED MAR-JUN 1947.
4c	(Code) (Expenses \$50 , 645 . including grants of \$) (Revenue \$)
	AWARDS - THE SOCIETY GRANTS VARIOUS AWARDS INCLUDING:
	THE STEPHEN JAY GOULD PRIZE IS AWARDED TO RECOGNIZE INDIVIDUALS WHOSE
	SUSTAINED AND EXEMPLARY EFFORTS HAVE ADVANCED PUBLIC UNDERSTANDING OF
	EVOLUTIONARY SCIENCE AND ITS IMPORTANCE IN BIOLOGY, EDUCATION, AND
	EVERYDAY LIFE IN THE SPIRIT OF STEPHEN JAY GOULD.
	THE THEODOSIUS DOBZHANSKY PRIZE IS AWARDED TO RECOGNIZE THE
	ACCOMPLISHMENTS AND FUTURE PROMISE OF AN OUTSTANDING YOUNG EVOLUTIONARY
	BIOLOGIST. THE PRIZE WAS ESTABLISHED IN MEMORY OF PROFESSOR
	DOBZHANSKY BY HIS FRIENDS AND COLLEAGUES, AND REFLECTS HIS LIFELONG
	COMMITMENT TO FOSTERING THE RESEARCH CAREERS OF YOUNG SCIENTISTS.
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ 10,903. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 755,072.
	100/0187

48-6121424

Form 990 (2010) C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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			
	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 where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		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		l	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		İ	
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d			İ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI, XII, and XIII	12a		X
O	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yos " and if the organization appropriate the line 12s, then completing School to D. Botto VI. VII. and VIII. and VIII. and VIII. and VIII.	40.		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
_	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	445		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, 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,	-10		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		43
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	\dashv	- 41
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

48-6121424

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			3,5
	Schedule J	_23_	-	<u> X</u>
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	١		₹.
	Schedule K. If "No", go to line 25	24a		<u>X</u>
þ	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	١		
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	-		v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	· · · · · · · · · · · · · · · · · · ·	07		х
20	Schedule L, Part III	27		
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)	200		v
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		- 22
٥.	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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			<u>~~~</u>	

48-6121424

Form 990 (2010)

Form 990 (2010)

C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 16			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			l
а	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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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 and section 509(a)(3) supporting organizations. Did the supporting		.	
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	1	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		
	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 10b	i l		
11	Section 501(c)(12) organizations. Enter	i		į
	Gross income from members or shareholders	i		İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Í
	amounts due or received from them.)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	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	į Į		
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	⊢ l	Į

SOCIETY FOR THE STUDY OF EVOLUTION

Form 990 (2010) C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

48-6121424

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question 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 1a 15			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
	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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
	teri Di Proposition di regione informazioni about ponoleo nel regione di riconali revendo eccer		Yes	No
1 ∩ a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124		
	to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
_	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	 16a		Х
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	ioa		
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
200	exempt status with respect to such arrangements?	100		
17 10		for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	IUI		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request		na:al	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	ia iina	iiciai	
~	statements available to the public	.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon: 🗩	_	
	THE ORGANIZATION - 434.982.5486			
	UNIV OF VA; DEPT OF BIOLOGY, CHARLOTTESVILLE, VA 22904-4328			

SOCIETY FOR THE STUDY OF EVOLUTION

C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA 48-6121424

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

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

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

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization		orga	anıza			mper	nsa	1	·	
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per						I. A	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for	trustee or director		all				from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations in Schedule O)	Individual tro	Institutional trustee	Officer	Key employe	Highest compensated employee	Former			and related organizations
ALLEN ORR										
PRESIDENT	1.00	X		Х				0.	0.	0.
JERRY COYNE		l								
PRESIDENT ELECT	1.00	X	<u> </u>	Х		<u> </u>	<u> </u>	0.	0.	0.
CHARLES FENSTER	1									
EXECUTIVE VICE PRESIDENT	12.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
SPENCER BARRETT									_	
VICE PRESIDENT	1.00	X	_	Х		ļ		0.	0.	0.
ZIHENG YANG										
VICE PRESIDENT	1.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
JUDY STONE	1			l						
SECRETARY	1.00	X		X		-		0.	0.	0.
CRAIG MORITZ	1									
PAST PRESIDENT	1.00	X	<u> </u>					0.	0.	0.
DAPHNE FAIRBAIRN	00.00		ŀ					25 222		
EDITOR IN CHIEF	20.00	X	-				<u> </u>	25,000.	0.	0.
MARK RAUSHER	20.00	٦,							٥ ا	_
EDITOR IN CHIEF	20.00	X				H	_	0.	0.	0.
ALEX BADYAEV	1 00	3,								_
MEMBER	1.00	X	 					0.	0.	0.
HOPI HOEKSTRA	1 00	.						0.	0.	0.
MEMBER	1.00	X					<u> </u>	0.		
MOHAMED NOOR	1.00	X						0.	0.	0.
MEMBER TO STATE OF THE STATE OF	1.00	^						0.	V •	0.
LACEY KNOWLES	1.00	x						0.	0.	0.
MARIA CERVEDIO	1.00	┢┸	\vdash	<u> </u>		-		 		<u></u>
MARIA SERVEDIO	1.00	v						0.	0.	0.
MEMBER JOHN WILLIS	1.00	┢	\vdash			H		1	- 0.	
MEMBER	1.00	y						0.	0.	0.
PLETIDEN .	1.00	-21						<u>.</u>	·	
	1		_							
								<u> </u>		

Form 990 (2010)

C/O DR. BUTCH BRODIE: UNIV OF VIRGINIA

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Average Position Reportable Name and title Reportable Estimated (check all that apply) hours per compensation compensation amount of week from from related other individual trustee or director (describe organizations the compensation hours for Highest compensated employee (W-2/1099-MISC) from the organization institutional trustee related (W-2/1099-MISC) organization (ey employee organizations and related ın Schedule organizations O) 25,000. 0. 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 25,000. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

48-6121424

Form 990 (2010)

SOCIETY FOR THE STUDY OF EVOLUTION Form 990 (2010) C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA 48-6121424 Page 9 Part VIII Statement of Revenue (A) (B) (D) Revenue (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 774,770. 375,217. 2 a MEMBERSHIP/REGISTRATIO 511120 774,770. 375,217. PUBLICATIONS 511120 f All other program service revenue 1149987 g Total. Add lines 2a-2f \triangleright Investment income (including dividends, interest, and 47,591 47,591. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Rovalties (i) Real (ii) Personal 6 a Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities Gross amount from sales of (ii) Other assets other than inventory 7,280. b Less cost or other basis and sales expenses 7,280. c Gain or (loss) 7,280. 7,280. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold

and allowances
b Less: cost of goods sold
c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Business Code

11 a
b
c
d All other revenue
e Total. Add lines 11a-11d

Total revenue. See instructions.

Does 1204858. 1149987.

Form 990 (2010)

48-6121424 Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b. Management and Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in 43,145 43,145 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. 7,500 7,500 See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 25,000 25,000 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees). Management 5,000. 5,000. Legal 8,500. 8,500. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e 9,836. 9,836 Investment management fees 23,445. 23,445. a Advertising and promotion 12 23,663. 12. 23,651 13 Office expenses 341 341. Information technology 14 15 Rovalties 16 Occupancy 51,319 51,319 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 541.748 541,748 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 750. 2,092 2,842. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 45,000. 23,000. 22,000 INSTITUTIONAL CONTRIBUT 28,262. 28,262. PUBLICATION EXPENSES 8,350. 8,350. c DUES d EDUCATION OUTREACH 1,453. 1,453. CHARITABLE DONATIONS 601. 601. 146. 146 All other expenses 826,151 755,072 71,079 0. Total functional expenses. Add lines 1 through 24f Joint costs. Check here \(\sum \) if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

	† X	Balance Sheet	00127 0111 01	VIRGINIA		6121424 Page II
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		37,255.	1	261,524.
	2	Savings and temporary cash investments		27,297.	2	
- 1	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directo	rs, trustees, key			
		employees, and highest compensated employees. Compensated employees.				
ŀ		of Schedule L		5		
1	6	Receivables from other disqualified persons (as defin				
		4958(f)(1)), persons described in section 4958(c)(3)(B				
		employers and sponsoring organizations of section 5	01(c)(9) voluntary			
		employees' beneficiary organizations (see instruction			6	
ets	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	· · ·
`	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other	1			-
		basis Complete Part VI of Schedule D 10a	,			
	ь	Less accumulated depreciation 10th	<u> </u>		10c	
	11	Investments - publicly traded securities		1,662,380.	11	1,992,077.
	12	Investments - other securities. See Part IV, line 11		,	12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
- 1	15	Other assets See Part IV, line 11	1,090.	15	2,982.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	1,728,022.	16	2,256,583.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
တ္ထ	21	Escrow or custodial account liability Complete Part i	V of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, tru	stees, key employees,		1	
ap		highest compensated employees, and disqualified pe	ersons Complete Part II			
ے		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated t	hird parties		23	
	24	Unsecured notes and loans payable to unrelated third	d parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	-	0.	26	0.
		Organizations that follow SFAS 117, check here	► X and complete			
es		lines 27 through 29, and lines 33 and 34.				
<u>۾</u>	27	Unrestricted net assets		1,728,022.	27	<u>2,256,58</u> 3.
<u>aa</u>	28	Temporarily restricted net assets			28	
ᅙᅵ	29	Permanently restricted net assets			29	
ã		Organizations that do not follow SFAS 117, check	here 🕨 📖 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	ent fund .		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	e, or other funds		32	
~	33	Total net assets or fund balances	•	1,728,022.	33	2,256,583.
	34	Total liabilities and net assets/fund balances		1,728,022.	34	2,256,583.

SOCIETY FOR THE STUDY OF EVOLUTION Form 990 (2010) C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA 48-6121424 Page 12 Part XI | Reconciliation of Net Assets $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part XI 1,204,858. Total revenue (must equal Part VIII, column (A), line 12) 1 826,151. 2 Total expenses (must equal Part IX, column (A), line 25) 2 378,707. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,728,022. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 149,854. Other changes in net assets or fund balances (explain in Schedule O) 5 2,256,583. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash __ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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

X

За

Form 990 (2010)

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number SOCIETY FOR THE STUDY OF EVOLUTION 48-6121424 C/O DR. BUTCH BRODIE: UNIV OF VIRGINIA

Parl	t I	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t) See ıns	tructions.				
he o	ganı	zation is not a	a private foundation	because it is (For lines	1 through	11, check	only one t	oox)	-				
1 [A church, co	nvention of church	es, or association of chur	ches desc	ribed ın se	ection 170)(b)(1)(A)(i).				
2		A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				ortal service organization			170(b)(1)	(A)(iii).					
4		-	•	operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospital	l's nan	ne,
		city, and stat	-	,		•				•	•		
5		An organizati	on operated for the	e benefit of a college or u	niversity ov	vned or o	perated by	a govern	mental un	t describe	d in		
		_	(b)(1)(A)(iv). (Comp	-	•	•	•						
6				ment or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	_			ceives a substantial part					or from the	general p	ublic desc	ribed	ın
_			(b)(1)(A)(vi). (Compl				3			J p			
8 [`		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 [=		ceives: (1) more than 33	•	•	rom contr	ibutions, n	nembershi	p fees, and	d aross re	ceints	from
		-	-	unctions · subject to certa		• •				-	_		
			•	taxable income (less sec	•		•			• •	_		
			509(a)(2). (Complet	•		,		2042	,e e.ge			, , , , ,	
ю [perated exclusively to te	st for publ	ıc safetv. S	See sectio	on 509(a)(4	4).				
11	$\overline{}$	_	_	perated exclusively for the	_	-			-	v out the r	ourposes o	of one	or
_		•	•	zations described in secti		•					•		-
				g organization and compl				-,		-/(-/-			
		a Type		-		e III - Func		tegrated		d	Type III - (Other	
e [at the organization is not			•	·	r more dis	•			ın
		-	•	than one or more publicly		•	•	•					
f			-	itten determination from		•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\- 7()	
-		_	rganization, check t				F - ', ', F -	, , ,					
g			-	organization accepted ar	nv aift or co	ontribution	from any	of the foll	owing per	sons?			
3		-		directly controls, either al			-					Yes	No
		• •	•	supported organization?	.				.,	, ,	11g(i)		
		=		on described in (i) above?	,						11g(ii)		
			•	a person described in (i) o		97					11g(iii)		
h				n about the supported or									
			g		J	1-7							
/iX N	2000	of cupported	/::\ EIN	(iii) Type of	(iv) Is the c	rnanization	(v) Did vo	u notify the	(vi) ls	the	/w:\ An	nount o	
		of supported nization	(ii) EIN	organization	in col. (i) ha			tion in col.	Lorganizátic	on in col. i	(vii) An	port	,,
	o, gu	· neation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.? ""	000	P 0.1	
				(see instructions))	Yes	No	Yes	No	Yes	No			
								<u> </u>					
											-		
							<u> </u>	<u> </u>	<u></u>				
otal				1	1		I			1 !			

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

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

	(Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	10/	1		, ,		
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	zation'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				İ		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						ĺ
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>		<u> </u>
Sec	tion B. Total Support						T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					ļ. <u>.</u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					1	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		<u> </u>				
11	Total support. Add lines 7 through 10		<u> </u>		<u> </u>		<u> </u>
	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for		s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	<u>,</u>
800	organization, check this box and stor tion C. Computation of Publ		roontago	·			▶∟
				. (0)			
	Public support percentage for 2010 (column (t))		14	
	Public support percentage from 2009			. l 10	14 - 22 1/20/	15	
16a	33 1/3% support test - 2010.If the o	-			14 IS 33 1/3% OF I	nore, check this bo	x ano ⊾ □
	stop here. The organization qualifies		_			طفاهم مصمح	F L
D	33 1/3% support test - 2009.If the o				ine 15 is 33 1/3%	or more, check in	is box
4-	and stop here. The organization qual		•		12 160 165	and line 14 is 100/	. P L
1/a	10% -facts-and-circumstances tes	ū					
	and if the organization meets the "fac			•	•	art iv now the organ	IIZALIOII
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes					17a and line 15 is 1	. ► ∟ 10% or

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

SOCIETY FOR THE STUDY OF EVOLUTION

Schedule A (Form 990 or 990-EZ) 2010 C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA Part III Support Schedule for Organizations Described in Section 509(a)(2) 48-6121424 Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	1						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	110,260.			670.			110,930.
2	Gross receipts from admissions,			'-		1		
_	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose	367,744.	312,236.	270,803.	413,833.	Ι.	1,149,987.	2 514 602
2	, , ,	301,144.	312,230.	210,003.	413,033.	 	1,149,987.	2,514,603.
3	Gross receipts from activities that							
	are not an unrelated trade or bus-					İ		
	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					1		
6	Total. Add lines 1 through 5	478,004.	312,236.	270,803.	414,503.	<u> </u>	1,149,987.	2,625,533.
	Amounts included on lines 1, 2, and		022,200	2,0,0000		-	1,149,507.	2,023,333.
	3 received from disqualified persons							0.
h	Amounts included on lines 2 and 3 received					ļ		
~	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							•
	amount on line 13 for the year					-		0.
	Add lines 7a and 7b				····			0.
	Public support (Subtract line 7c from line 6)							2,625,533.
Sec	tion B. Total Support					,		
Cale	ndar year (or fiscal year beginning ɪn) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009		e) 2010	(f) Total
9	Amounts from line 6	478,004.	312,236.	270,803.	414,503.	1	1,149,987.	2,625,533.
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources	27,447.	48,092.	47,624.	47,475.	4	7,591.	218,229.
h	Unrelated business taxable income		10,001			<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	220,2031
_	(less section 511 taxes) from businesses							
	acquired after June 30, 1975						İ	
	, , , , , , , , , , , , , , , , , , ,	27 447	40 000	47 624	A7 A7E	<u> </u>	7 501	210 220
	Add lines 10a and 10b Net income from unrelated business	27,447.	48,092.	47,624.	47,475.	4	7,591.	218,229.
''	activities not included in line 10b.							
	whether or not the business is							
	regularly carned on	4,533.	1,860.		<u></u>			6,393.
12	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)	7,433.	45,064.	3,752.				<u>56,249.</u>
13	Total support (Add lines 9, 10c, 11, and 12)	517,417.	407,252.	322,179.	461,978.	1	197,578.	2,906,404.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501	(c)(3) organiz	ation,
	check this box and stop here							ightharpoons
Sec	tion C. Computation of Publi	ic Support Per	centage					
15	Public support percentage for 2010 (li	ine 8. column (f) di	vided by line 13. c	olumn (fl)		15		90.34 %
	Public support percentage from 2009		-	(///		16	*	88.84 %
	tion D. Computation of Inves				· · · · · · · · · · · · · · · · · · ·	110 1		00.04 /0
				o 12. column (6)		47		7 51 0
	Investment income percentage for 20		•	e 13, column (t))	•	17		7.51 %
	Investment income percentage from 2					18		8.14 %
19a	33 1/3% support tests - 2010. If the						%, and line 1	
	more than 33 1/3%, check this box ar							. ▶ [X]
b	33 1/3% support tests - 2009. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re tha	an 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and ste	op here. The orga	nızation qualıfies a	s a publicly supp	orted	organization	▶Ц
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	a, or 19b, check th	is box and see ins	structi	ons .	

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2010
Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA 48-6121424 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? __ Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, agents, and expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region in region in region 3 a Sub-total 0 0. b Total from continuation sheets to Part I 0 0. c Totals (add lines 3a

and 3b)

SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Schedule F (Form 990) 2010

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 48-6121424 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed

Page 2

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
2 Enter total number of the IRS, or for which the IRS or for which the IRS or for which the IRS or for the IRS or for the IRS or for the IRS or for the IRS or for the IRS or for the IRS or for the IRS or for for for for for for for for for	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	is listed above that are r I has provided a section r entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2010

SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 48-6121424 Schedule F (Form 990) 2010

Page 3

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)						
(g) Description of non-cash assistance						
(f) Amount of non-cash assistance	0	0				
(e) Manner of cash disbursement	СНВСК	СНЕСК				
(d) Amount of cash grant	000 5					
(c) Number of recipients		1				
(b) Region	BUROPE	NORTH AMERICA				
(a) Type of grant or assistance (b) Region	THEODOSIUS DOBZHANSKY PRIZE					

Schedule F (Form 990) 2010

Schedu	SOCIETY FOR THE STUDY OF EVOLUTION LIE F (Form 990) 2010 C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA	48-6121424	Page 4
Part			
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number 48-6121424		tion X Yes No	IV, line 21, for any	♠ peb	(h) Purpose of grant or assistance				A A	Schedule I (Form 990) (2010)
		istance, and the select	'es" to Form 990, Part	additional space is nee	(g) Description of non-cash assistance					
		y for the grants or ass	anization answered "Y	can be duplicated if a	(f) Method of valuation (book, FMV, appraisal, other)					
		grantees' eligibilit	d states. Somplete if the org	ian \$5,000 Part II	(e) Amount of non-cash assistance					
EVOLUTION V OF VIRGINIA		or assistance, the	United States. C	it received more th	(d) Amount of cash grant					
OF UNI		amount of the grants	Oring the use of grant d Organizations in the	box if no one recipien	(c) IRC section if applicable				ganizations	ons for Form 990.
FOR THE STUDY BUTCH BRODIE;	nd Assistance	o substantiate the stance?	Governments and	55,000 Check this	(b) EIN				nd government or	see the Instructi
Name of the organization SOCIETY FOR THE STUDY C/O DR. BUTCH BRODIE;	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Observe in Dart IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	l

SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STEPHEN JAY GOULD PRIZE, R.A. FISHER PRIZE, HAMILTON AWARD, ROSEMARY GRANT AWARDS FOR GRADUATE STUDENT RESEARCH - AWARDS FOR EXCELLENCE IN THE FIELD OF ORGANIC EVOLUTION AND THE INTEGRATION OF	22	43,145.	0		
Part IV Supplemental Information. Complete this part to provide the	de the informatio	n required in Part I, I	line 2, and any other	information required in Part I, line 2, and any other additional information	
SCHEDULE I, PART I, LINE 2: THE SO	SOCIETY PR	PROVIDES AWA	AWARDS TO RECOGNIZE	OGNIZE	
INDIVIDUALS WHO, THROUGH WRITINGS,	TEACHINGS,	AND	OTHER ACTIVITIES,	FIES, ADVANCE	
THE UNDERSTANDING OF EVOLUTIONARY	SCIENCE AND	ITS	IMPORTANCE IN BIOLOGY	N BIOLOGY,	
EDUCATION, AND LIFE. WINNERS OF T	THE ROSEM	ROSEMARY GRANT AWARDS		FOR GRADUATE	
STUDENT RESEARCH ARE REQUIRED TO S	SUBMIT A	FULL CITAT	IT A FULL CITATION OF THEIR WORK	IR WORK	
WITHIN 2 MONTHS OF PUBLICATION.					
	ļ				

COLUMN (A): PART III

FISHER R.A. (A) TYPE OF GRANT OR ASSISTANCE: STEPHEN JAY GOULD PRIZE,

032102 01-13-11

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

•			OF EVOLUTION	
Schedule I (Form 990) 2010 Part IV Supplemental I	C/O DR.	BUTCH BRODIE;	UNIV OF VIRGI	NIA 48-6121424 Page 2
raitiv Supplementari	inioiniauon			
PRIZE, HAMILTON A	AWARD, ROSEMA	ARY GRANT AWAR	DS FOR GRADUAT	E STUDENT
RESEARCH - AWARD	ס ד∩ף פערפונו.	מורים זא יישום פרואי	FID OF OPCANIC	י בערונית און אור
RESEARCH - AWARD,	5 FOR EACELLI	SNCE IN THE FI	EDD OF ORGANIC	. EVOLUTION AND
THE INTEGRATION (OF VARIOUS F	ELDS OF SCIEN	CE CONCERNED W	VITH EVOLUTION
		* 1	· · · · · · · · · · · · · · · · · · ·	
. ,				
<u></u>				
· · · · · · · · · · · · · · · · · · ·				
			 	
4	· · · · · · · · · · · · · · · · · · ·			
T-18			······································	
	· •		······································	
				
				_

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

QMB No 1545-0047
2010
Open to Public Inspection

Name of the organization

SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Employer identification number 48-6121424

Schedule O (Form 990 or 990-EZ) (2010)

0,0 511 501011 110511 110511 1105111 1 1 1
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EVOLUTION AND THE INTEGRATION OF VARIOUS FIELDS OF SCIENCE CONCERNED
WITH EVOLUTION.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE R. A. FISHER PRIZE IS AWARDED FOR AN OUTSTANDING PH.D. DISSERTATION
PAPER PUBLISHED IN THE JOURNAL EVOLUTION DURING A GIVEN CALENDAR YEAR.
OTHER AWARDS INCLUDE THE HAMILTON AWARD AND THE ROSEMARY GRANT AWARD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EDUCATION OUTREACH - RESPONSIBLE FOR OUTREACH TO THE GENERAL PUBLIC TO
PROMOTE SIGNIFICANT MILESTONES IN EVOLUTION.
EXPENSES \$ 10,903. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6: THERE ARE MULTIPLE CATEGORIES OF
MEMBERS, EACH OF WHICH CARRIES ELECTRONIC ACCESS TO THE JOURNAL OF THE
SOCIETY, THE RIGHT TO VOTE IN SOCIETY ELECTIONS, AND ALL OTHER PRIVILEGES
OF MEMBERSHIP. ALL MEMBERS IN GOOD STANDING HAVE VOTING RIGHTS. THE
MEMBER AND ASSOCIATE MEMBER IN A FAMILY SHALL HAVE SEPARATE VOTES.
FORM 990, PART VI, SECTION A, LINE 7A: NOT LESS THAN SIX MONTHS PRIOR TO
AN ELECTION, THE PRESIDENT SHALL APPOINT A NOMINATING COMMITTEE OF THREE
MEMBERS. THE COMMITTEE SHALL BE CHAIRED BY THE SENIOR MEMBER. IT IS THE
DUTY OF THE COMMITTEE, AFTER RECEIVING BY MAIL THE MEMBERSHIP PROPOSALS FOR

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

Name of the organization SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA

Employer identification number 48-6121424

EACH OFFICE, EXCEPT FOR THE OFFICES OF EXECUTIVE VICE PRESIDENT AND

SECRETARY, FOR EACH OF WHICH A SINGLE NOMINATION SHALL BE MADE, AND THE

OFFICE OF THE EDITOR OF THE JOURNAL, WHO SHALL RUN UNOPPOSED AND BE

NOMINATED BY AN INDEPENDENT SEARCH COMMITTEE. IN SELECTING CANDIDATES, DUE

CONSIDERATION SHALL BE GIVEN TO REPRESENTATION OF THE VARIOUS FIELDS OF

INTEREST TO THE SOCIETY. THE COMMITTEE SHALL TRANSMIT ITS NOMINATIONS TO

THE SECRETARY AT LEAST THREE MONTHS PRIOR TO THE ELECTION.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF 990 IS REVIEWED BY THE

EXECUTIVE VICE PRESIDENT. CHANGES, IF ANY, ARE INCORPORATED AND THE RETURN

IS FINALIZED FOR SUBMISSION TO IRS. A COPY OF THE RETURN IS THEN MADE

AVAILABLE THE REST OF THE COUNCIL.

THE SOCIETY DID NOT COMPENSATE

OFFICERS. IF COMPENSATION IS TO BE AWARDED THE PROCESS FOR DETERMINING THE

COMPENSATION IS SUBJECT TO REVIEW AND APPROVAL NON-INTERESTED MEMBERS OF

THE COUNCIL. COMPARABILITY DATA OF OTHER SIMILAR SOCIETIES WOULD

CONSIDERED IN THE DELIBERATION AND DECISION-MAKING PROCESS.

THE SOCIETY DID COMPENSATE THE NEW EDITOR IN CHIEF DURING 2010. THE

COMPENSATION, A STIPEND FOR SERVICES PROVIDED AS EDITOR IN CHIEF, WAS

DETERMINED THROUGH THE ANALYSIS OF COMPARABLE DATA OF SIMILAR

ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

Schedule O (Form 990 or	r 990-EZ) (2010)	Page 2
Name of the organization	SOCIETY FOR THE STUDY OF EVOLUTION C/O DR. BUTCH BRODIE; UNIV OF VIRGINIA	Employer identification number 48-6121424
NET UNREALIZE	ED GAINS ON INVESTMENTS:	149,854.
150		
-		
		

Form **8868**(Rev. January 2011)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box	. 		· LXJ			
If you	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of th	is for	n).				
Do not e	complete Part II unless you have already been granted	an autom	atic 3-month extension on a previously	filed I	Form 8868.				
	nic filing (e-file). You can electronically file Form 8868 if	-							
	to file Form 990-T), or an additional (not automatic) 3-mo								
	o file any of the forms listed in Part I or Part II with the ex	•							
	Benefit Contracts, which must be sent to the IRS in pa		(see instructions). For more details on	the e	lectronic filing of this t	orm,			
Part I	wirs.gov/efile and click on e-file for Chanties & Nonprofite Automatic 3-Month Extension of Time		ubmit original (no copies needed).						
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and co	mplet	e				
Part I on	ly								
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and	trusts must use Form 7004 to request a	an ext	ension of time				
Type or	Name of exempt organization			Em	ployer identification	number			
print	SOCIETY FOR THE STUDY OF E	VOLUT	ION	1	•				
	C/O DR. CHARLES B. FENSTER				48-6121424				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s U OF MARYLAND DEPT OF BIOL		tions.						
return See instructions	instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
COLLEGE PARK, MD 20742									
	1 Journal Prince In Borra								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applicati	on	Return	Application			Return			
Is For Code Is For Code									
Form 990 01 Form 990-T (corporation) 07									
Form 990 01 Form 990-1 (corporation) 07 Form 990-BL 02 Form 1041-A 08									
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09									
Form 990		04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
	THE ORGANIZATION	ON - U	JNIVERSITY OF MARYLA	MD	- DEPT. OF				
• The bo	ooks are in the care of BIOLOGY - COLLE	EGE PA	ARK, MD 20742						
	one No ▶ 301.412.9765		FAX No ▶						
• If the c	rganization does not have an office or place of business	in the Un	ited States, check this box	-	. •				
• If this i	s for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) If th	ıs ıs fe	or the whole group, cl	neck this			
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	mem	bers the extension is	lor.			
1 I red	quest an automatic 3-month (6 months for a corporation	required t	o file Form 990-T) extension of time un	tıl					
	AUGUST 15, 2011 , to file the exempt	organizat	tion return for the organization named a	above	. The extension				
	r the organization's return for:								
►Ĺ	$\overline{\mathbf{X}}$ calendar year $\underline{2010}$ or								
►Ĺ	tax year beginning	, and	d ending						
2 If th	e tax year entered in line 1 is for less than 12 months, ch	neck reasc	on: Initial return Fina	al retu	m				
L.	Change in accounting period								
				,	,				
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	nter the tentative tax, less any			_			
	refundable credits. See instructions,			3a	\$	0.			
	s application is for Form 990-PF, 990-T, 4720, or 6069, ϵ					_			
	nated tax payments made. Include any prior year overpa			3b	\$	0.			
	ince due, Subtract line 3b from line 3a. Include your pay			i		^			
by u	sing EFTPS (Electronic Federal Tax Payment System). S	ee instruc	tions.	3c	1 \$	0.			