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DLN: 93493184005003

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 Name of organization D Employer identification number B Check if applicable THE SOCIETY FOR THE STUDY OF EVOLUTION C/O DR BUTCH BRODIE UNIV OF VIRGINIA Address change 48-6121424 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (434)982-5486 City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 229044328 Amended return Application pending G Gross receipts \$ 638,864 Name and address of principal officer Is this a group return for **BUTCH BRODIE** ┌ Yes 🗸 No affiliates? PO BOX 400328 CHARLOTTESVILLE, VA 229044328 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► CMS GOGRID EVOLUTIONSOCIETY ORG L Year of formation 1946 M State of legal domicile CO Part I Summary Briefly describe the organization's mission or most significant activities PROMOTE THE STUDY OF ORGANIC EVOLUTION, INTEGRATE WITH OTHER SCIENCES CONCERNING EVOLUTION Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 1,500 Total number of volunteers (estimate if necessary) . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Current Year** 0 0 Contributions and grants (Part VIII, line 1h) . . 337,469 560,835 Program service revenue (Part VIII, line 2g) . 67,558 63.230 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 400,699 628,393 13 80,861 59,177 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 37,000 47,000 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 283,901 267,812 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 401,762 373,989 18 19 Revenue less expenses Subtract line 18 from line 12 -1,063 254,404 t Assets or id Balances **Beginning of Current End of Year** Year 2,634,906 20 Total assets (Part X, line 16) . 2,228,449 21 Total liabilities (Part X, line 26) . . 0 2,228,449 22 Net assets or fund balances Subtract line 21 from line 20 2,634,906 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-07-02 Signature of office Sign Here BUTCH BRODIE EXECUTIVE VICE PRESIDENT

Preparer's signature

Firm's name BROWN SMITH WALLACE LLC

Firm's address ► 6 CITYPLACE DRIVE SUITE 900

ST LOUIS, MO 63141 May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name JENNIFER M VACHA

Check

self-employed

Firm's EIN F 43-1001367

Phone no (314) 983-1200

P01251998

✓ Yes ☐ No

1 0111	330 (2012)						Page 4
Par	Statement of Pro Check if Schedule O	_	-		art III		٠
1	Briefly describe the organiz	ation's mission					
	OBJECTIVES OF THE SOCI LUTION AND THE INTEGRA						
2	Did the organization underta the prior Form 990 or 990-E			rvices during th	•		┌ Yes ┌ No
	If "Yes," describe these new	services on Sche	dule O				
3	Did the organization cease of services?				wit conducts, a	ny program • • • • • •	┌ Yes ┌ No
	If "Yes," describe these cha	nges on Schedule	0				
4	Describe the organization's expenses Section 501(c)(3 the total expenses, and reve) and 501(c)(4) o	rganızatıons	are required to	report the amo		
4a	(Code) (Expenses \$	138,520	including grants o	 f \$) (Revenue \$	353,483)
	PUBLICATIONS - THE SOCIETY PUBLICATION DEVOTED TO THE S JOURNAL IS PUBLISHED MONTHL PROCESSES VOLUME 1 NO 1/2	STUDY OF ORGANIC EN Y AND PRESENTS SIGN	VOLUTION AND NIFICANT AND	THE INTEGRATION	OF THE VARIOUS	FIELDS OF SCIENCE CONCE	RNED WITH EVOLUTION THE
	(Code) (Expenses \$	117,321	ıncludıng grants o	f \$) (Revenue \$	207,352)
	THE EVOLUTION MEETING IS HEL SOCIETY OF SYSTEMATIC BIOLOC CONGRESS ON EVOLUTIONARY B SOCIETY FOR EVOLUTIONARY BIOLOC FORT COLLINS, CO (2004), FAIR (2009), PORTLAND, OREGON (20	SISTS (SSB) FOR THE IOLOGY THE MEETING DLOGY (ESEB) THE 20 BANKS, AK (2005), ST	FIRST TIME IN G ALSO INCLUD 12 MEETING V FONY BROOK,	N THE HISTORY OF ED THE CANADIAN VAS HELD IN OTTAV	THE SOCIETY THE SOCIETY FOR EVOI /A, ONTARIO, CAN/	2012 EVOLUTION MEETING LOGY AND EVOLUTION (CSE ADA PAST MEETINGS WERE	WAS THE 1ST JOINT E) AND THE EUROPEAN HELD IN CHICO, CA (2003),
4c	(Code) (Expenses \$	59,177	including grants o	 f \$	59,177) (Revenue \$)
.~	AWARDS - THE SOCIETY GRANTS AND EXEMPLARY EFFORTS HAVE LIFE IN THE SPIRIT OF STEPHEN OF AN OUTSTANDING YOUNG EV COLLEAGUES, AND REFLECTS HIS FOR AN OUTSTANDING PH D DIS HAMILTON AWARD AND THE ROS	S VARIOUS AWARDS IN ADVANCED PUBLIC UN JAY GOULD THE THEO OLUTIONARY BIOLOGIS S LIFELONG COMMITMI SSERTATION PAPER PU	CLUDING THE IDERSTANDING DOOSIUS DOBZET THE PRIZE ENT TO FOSTE IBLISHED IN THE	STEPHEN JAY GOU G OF EVOLUTIONARY HANSKY PRIZE IS A WAS ESTABLISHED RING THE RESEARC	LD PRIZE IS AWARI Y SCIENCE AND ITS WARDED TO RECO IN MEMORY OF PR CH CAREERS OF YO	DED TO RECOGNIZE INDIVII B IMPORTANCE IN BIOLOGY, GONIZE THE ACCOMPLISHMI OFESSOR DOBZHANSKY BY UNG SCIENTISTS THE R A	EDUCATION, AND EVERYDAY ENTS AND FUTURE PROMISE HIS FRIENDS AND FISHER PRIZE IS AWARDED
	(Code) (EDUCATION OUTREACH - RESPO	Expenses \$ NSIBLE FOR OUTREAC	17,260 H TO THE GEN	including grants o ERAL PUBLIC TO PF	•) (Revenue \$ NT MILESTONES IN EVOLUT) ION
4d	Other program services (D (Expenses \$		le O) ing grants o	f\$) (Re	venue \$)
4-		*			, , , , ,	<u> </u>	•
4e	Total program service expe	nses F	332,278				

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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, Part VI	11a		No
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
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 Schedule J	23		No
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 Schedule K. If "No," go to line 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ı		
_		28a		No
В	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes' to line 35a, 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	35b		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Par	Statements Regarding Other IRS Fillings 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 1a 10		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
Ь	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		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ı		
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.	ı		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
ט	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		
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			
C	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
_	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Section A. Governing Body and Management

		Yes	No			
Enter the number of voting members of the governing body at the end of the tax year						
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 in Schedule O						
Enter the number of voting members included in line 1a, above, who are independent						
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		No			
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		No			
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
Did the organization have members or stockholders?	6	Yes				
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	Yes				
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
The governing body?	8a	Yes				
Each committee with authority to act on behalf of the governing body?	8b	Yes				
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		No			
ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)			
		Yes	No			
Did the organization have local chapters, branches, or affiliates?	10a		Νo			
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					
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b					
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a					
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b					
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b		No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13		No No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes	No No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes	No No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14		No No			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14		No No			
	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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	year	year			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION UNIV OF VA DEPT OF BIOLOGY CHARLOTTESVILLE, VA (434) 982-5486

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

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

1a Complete this table for all persons required to be listed 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, or 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 nor any related organization compensated any current officer, director, or trustee

Comparison	(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ect	not box h ar or/tr	offic rustee	ess er	from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
No.		below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related	
PRESIDENT	(1) SCOTT EDWARDS	1 00	,,		,					0		
Name	PRESIDENT		^		^				U	U	U	
PRESIDENT ELECT	(2) RICHARD LENSKI	1 00							_			
California Cal	PRESIDENT ELECT		X		l ×				0	0	0	
EXECUTIVE VICE PRESIDENT		12 00										
A SHARON STRAUSS	EYECUTIVE VICE DDESIDENT		Х		Х				12,000	0	0	
X		1.00										
SOUR SEEHAUSEN		1 00	х		Х				0	0	0	
VICE PRESIDENT		1.00										
Columbia	(5) OLE SEENAUSEN	1 00	х		х				0	0	0	
X												
SECRETARY 1 00 X 0 <t< td=""><td>(6) JOHN KELLY</td><td>1 00</td><td>l _x</td><td></td><td>l _x</td><td></td><td></td><td></td><td>10 000</td><td>0</td><td>0</td></t<>	(6) JOHN KELLY	1 00	l _x		l _x				10 000	0	0	
PAST PRESIDENT	SECRETARY		^		^				10,000	O	0	
PAST PRESIDENT	(7) JERRY COYNE	1 00										
S DAPHNE FAIRBAIRN 20 00	PAST PRESIDENT		X						0	O	0	
EDITOR-IN-CHIEF (9) JENNY BOUGHMAN MEMBER (10) LAURA GALLOWAY MEMBER (11) ANEIL AGRAWAL MEMBER (12) JUDITH MANK MEMBER (13) MARIA SERVEDIO MEMBER (14) JOHN WILLIS MEMBER (15) LAURA GALLOWAY MEMBER X MEMBER MEMBE		20 00										
Sensitive Sens	EDITOR IN CHIEF		Х						25,000	0	0	
MEMBER X		1.00										
Color Colo		1 00	х						0	0	0	
MEMBER X 0 0 0 (11) ANEIL AGRAWAL 1 00 X 0 0 0 MEMBER 1 00 X 0 0 0 (12) JUDITH MANK 1 00 X 0 0 0 MEMBER 1 00 X 0 0 0 (13) MARIA SERVEDIO X 0 0 0 MEMBER 1 00 X 0 0 0 (14) JOHN WILLIS 1 00 X 0 0 0												
MEMBER 1 00 X 0 0 0 MEMBER 1 00 X 0 0 0 (12) JUDITH MANK 1 00 X 0 0 0 MEMBER 1 00 X 0 0 0 (13) MARIA SERVEDIO 1 00 X 0 0 0 MEMBER X 0 0 0 0 (14) JOHN WILLIS 1 00 X 0 0 0	(10) LAURA GALLOWAY	1 00	x						0	0	0	
MEMBER X 0 0 0 (12) JUDITH MANK 1 00 X 0 0 0 MEMBER 1 00 X 0 0 0 (13) MARIA SERVEDIO X 0 0 0 MEMBER X 0 0 0 (14) JOHN WILLIS 1 00 X 0 0 0												
MEMBER 1 00 X 0 0 0 MEMBER 1 00 X 0 0 0 (13) MARIA SERVEDIO 1 00 X 0 0 0 MEMBER X 0 0 0 0 (14) JOHN WILLIS 1 00 X 0 0 0 0	(11) ANEIL AGRAWAL	1 00	_v						0	0	0	
MEMBER (13) MARIA SERVEDIO MEMBER (14) JOHN WILLIS X 0 0 0 0 0 0 0 0 0 0 0 0			_ ^						Ŭ	Ŭ		
MEMBER 1 00 X 0 0 0 MEMBER X 0 0 0 0 (14) JOHN WILLIS 1 00 X 0 0 0 0	(12) JUDITH MANK	1 00										
(13) MARIA SERVEDIO 1 00 X 0 0 0 MEMBER (14) JOHN WILLIS 1 00 X 0 0 0	MEMBER		*						l "l	O O	0	
MEMBER (14) JOHN WILLIS 1 00 X 0 0 0		1 00									_	
(14) JOHN WILLIS 1 00 X 0 0 0	MEMBER		X						0	0	0	
		1 00										
MEMBER			х						0	0	0	
	MEMBEK		—		\vdash	\vdash	-	\vdash				
					L	L						
					\vdash	\vdash	<u> </u>					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A)	(B)	(C) (D) (E)							T	(F)			
	Name and Title	Average hours per	Position (do not check more than one box, unless person is both an officer		Reporta compens		Reportable compensation	ا	Estima imount of	ted				
		week (list			from t	from the from related			compens	ation				
		any hours for related	and a director/trustee)				rganization (W- organizations (\ 2/1099-MISC) 2/1099-MISC			from t rganızatı				
		organizations below	Individual trustae or director	Former Highest compensated employee Key employee Officel Institutional Trustee or director								relate organiza		
		dotted line)	8 2 2 2 3	Institutional Trustee	""	due	9 8 8 0	藍					organiza	
			¥ <u>₹</u>	<u> </u>		eloje	ľğ.							
			<u> </u>	Tug		æ	<u> </u>							
				e e			# P							
												-		
1b	Sub-Total		٠	<u> </u>				 						
c	Total from continuation sheet		ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							 -		47,000		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received	more th	aan			
													Yes	No
3	Did the organization list any fo						emplo	yee	, or highest	compen	sated employee			
	on line 1a? If "Yes," complete S	Schedule J for suc	ch indivi	dual	•	•		•				3		No
4	For any individual listed on line organization and related organ													
	individual					•	• •	•	· · ·			4		No
5	Did any person listed on line 1									nızatıon	or individual for			
	services rendered to the organ	nization? <i>If</i> "Yes	," compl	ete S	ched	ule J	forsu	ch p	erson		[5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix	/e highest comp												
	compensation from the organiz	zation Report co (A)	mpens	atıon	fort	he c	alend	arye	ear ending w	ith or wi	thin the organizati (B)	on's T	tax year (C	
	N	ame and business	address							Des	cription of services	\perp	Comper	
												+		
												1		
												+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	/++1	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII										
		Check if Schedi	ule O contains a respo	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514				
(0	1a	Federated camp	paigns 1a									
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1 b									
Gra not			ents 1c									
.s ⊈	C											
Gif iai	d	Related organiz										
ž E	е	Government grants	s (contributions) 1e									
i S	f	All other contribution	ons, gifts, grants, and 1f			į		j j				
tributio Other	g		ons included in lines									
Ę G	9	1a-1f \$										
Contand	h	Total. Add lines	s 1a-1f	· · · •								
				Business Code								
Program Serwce Revenue	2a	PUBLICATIONS		511120	353,483	353,483						
.≊ .₽	ь	MEMBERSHIP/REG	ISTRATIO	511120	207,352	207,352						
93	С											
ē.	d											
S)	e											
gra	f	All other progra	ım service revenue									
Š	_	Tetal Add lines	s 2a-2f		FC0 03F							
	g 3		ome (including dividen		560,835							
			ar amounts)		55,212			55,212				
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨								
	5	Royalties		*								
	_		(ı) Real	(II) Personal								
	6a b	Gross rents Less rental										
	-	expenses										
	C	Rental income or (loss)										
	d	Net rental incor	me or (loss)									
	l _	C	(ı) Securities	(II) Other								
	7a	Gross amount from sales of assets other than inventory	22,817									
	ь	Less cost or other basis and	10,471									
		sales expenses										
	C .	Gain or (loss)	12,346		12.246			12.246				
	d o-		s)		12,346			12,346				
Other Revenue	J Gu	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding s reported on line 1c)									
<u>.</u>			а									
듄	l c		penses b (loss) from fundraising	events								
•			rom gaming activities	events								
			a									
	b		penses b	L vitios								
	10a	Gross sales of	(loss) from gaming acti	viues								
	104	returns and allo										
			a									
	Ь		oods sold b]				
	С		(loss) from sales of inv									
		Miscellaneous	s Revenue	Business Code								
	11a .											
	b							 				
	С											
	d	All other revenu										
	e	Total. Add lines	s 11a-11d	•								
	12	Total revenue.	See Instructions .	▶	628,393	560,835	(67,558				

Part TX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizat	ions must comi	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				<u>.</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	54,677	54,677		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	4,500	4,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,000	35,000	12,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
l1	Fees for services (non-employees)				
а	Management				
b	Legal	5,060		5,060	
C	Accounting	10,000		10,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	10,646		10,646	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,113	21,113		
2	Advertising and promotion		,		
3	Office expenses	4,755	750	4,005	
4	Information technology	265	265		
5	Royalties				
6	Occupancy				
7	Travel	75,796	75,796		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	40,469	40,469		
:0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,056	1,056		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PUBLICATION EXPENSES	69,107	69,107		
b	EDUCATION OUTREACH	16,096	16,096		
c	INSTITUTIONAL CONTRIBUT	13,300	13,300		
d	DUES	149	149		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	373,989	332,278	41,711	
26	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)				

art X	Balance Sheet	

		Check if Schedule O contains a response to any question in this Part X	(A) Beginning of year		(B) End of year
	1	Cook non interest heaving	214.801	1	433,208
	_	Cash—non-interest-bearing	214,001	2	455,200
	2	Savings and temporary cash investments		3	
		Pledges and grants receivable, net		4	_
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts S	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contribution employers and sponsoring organizations of section $501(c)(9)$ voluntary employed beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1,992,732	11	2,201,698
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	20,916	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,228,449	16	2,634,906
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
on do		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete			
ĕ		lines 27 through 29, and lines 33 and 34.	2 222 440		2 624 006
<u>ස</u>	27	Unrestricted net assets	2,228,449		2,634,906
Fund Balance	28	Temporarily restricted net assets		28	
Ĭ	29	Permanently restricted net assets		29	
0. ٦		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
ĕ	33	Total net assets or fund balances	2,228,449	33	2,634,906
_	34	Total liabilities and net assets/fund balances	2,228,449	34	2,634,906

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	528,393
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	373,989
3	Revenue less expenses Subtract line 2 from line 1	3			254,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			228,449
5	Net unrealized gains (losses) on investments	5			.52,053
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,6	34,906
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	▼ Separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1			
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 Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493184005003

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Total

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. ▶ See separate instructions.

Open to Public Inspection

Name of the organization Employer identific						ident if icat io	n number						
	THE SOCIETY FOR THE STUDY OF EVOLUTION C/O DR BUTCH BRODIE UNIV OF VIRGINIA								40 61317	124			
_	rt I			ıblic Charity Sta	tus (All or	nanizatione	must comi	alata this r	48-61214				
										isti uctions	•		
1	- F		zation is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	<u>'</u>			d in section 170(b)(1)(-)(\-)(\)				
3	<u>'</u>						•	n 170(h)(1	(A)(iii)				
4	Ë	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						ntortho					
•	'	hospital's name, city, and state											
5	Γ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		sect ior	section 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ			local government o		al unit desc	rıbed ın secti	on 170(b)(:	L)(A)(v).				
7	Г	An org	anization th	at normally receives	a substantia	al part of its	support from	a governme	ental unit or fi	om the gene	eral public		
	_			on 170(b)(1)(A)(vi).				-		_	•		
8		A com	munity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Cor	nplete Part II	()					
9	굣			at normally receives									
			receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	tax) from bu	sinesses		
	_			ganızatıon after June									
10		An org	anızatıon or	ganized and operate	ted exclusively to test for public safety See section 509(a)(4).								
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
			one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
e	Г		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons										
	·	•	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or										
_			section 509(a)(2)										
f			If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box										
g				2006, has the organ	ızatıon accer	oted any gift	or contributi	on from anv	of the		,		
3			ng persons?	-		, .		- · · · · · · · · · · · · · · · · · · ·					
		(i) A p	erson who d	rectly or indirectly o	controls, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No		
		and (111	nd (III) below, the governing body of the supported organization?										
		(ii) A family member of a person described in (i) above?											
		(iii) A	(iii) A 35% controlled entity of a person described in (i) or (ii) above?										
h		Provide	e the followi	ng information about	the supporte	ed organızat	ıon(s)						
			1	T	1								
	i) Nan				(iv) Is		(v) Did you notify		(vi) Is		(vii) A mount of		
suppor organiza				organization (described on	organızatı col (i) lıs		the organiz		organizat col (i) org		monetary support		
		acion		lines 1 - 9 above	your gove		suppor	,	in the U				
				or IRC section	docume								
				(see									
				instructions))	Yes	No	Yes	No	Yes	No]		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2	
Pa	(Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q		
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)		
	ection A. Public Support endar year (or fiscal year beginning					1			
	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received (Do not 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								
6	(f) Public support. Subtract line 5 from								
	line 4								
S	ection B. Total Support								
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total	
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,	
7 8	Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
9	sources Net income from unrelated								
9	business activities, whether or not								
	the business is regularly carried								
	on D. matamakada asan								
10	Other income Do not include gain or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support (Add lines 7 through								
4.0	10)		<u> </u>						
12	Gross receipts from related activities					12			
13	First five years. If the Form 990 is this box and stop here							ization, check	
	ection C. Computation of Pub				<u> </u>	<u> </u>			
14	Public support percentage for 2012			11, column (f))		14			
15	Public support percentage for 2011			, , , , , , ,		15			
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov	
	and stop here. The organization qua				1 . 13 33 1/3/0	3. 111010,	c C	▶ □	
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this	
4-7	box and stop here. The organization				12 16	L	. 1 4	► □	
1/a	10%-facts-and-circumstances test-							•	
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization				4	r	,rF3	▶ □	
b	10%-facts-and-circumstances test-								
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv	
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□	
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s 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 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		670				670
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	270,803	413,833	1,149,987	337,469	560,835	2,732,927
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	270,803	414,503	1,149,987	337,469	560,835	2,733,597
	A mounts included on lines 1, 2, and 3 received from disqualified	·	·		·	·	0
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed						0
	the greater of \$5,000 or 1% of the amount on line 13 for the year						O O
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from line 6)						2,733,597
Se	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	in) ► A mounts from line 6	270,803	414,503	1,149,987	337,469	560,835	2,733,597
9 10a	Gross income from interest,	270,003	414,303	1,149,907	337,409	300,033	2,733,397
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	47,624	47,475	47,591	53,418	55,212	251,320
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	47,624	47,475	47,591	53,418	55,212	251,320
11	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 IV)	3,752					3,752
13	Total support. (Add lines 9, 10c, 11, and 12)	322,179	461,978	1,197,578	390,887	616,047	2,988,669
14	First five years. If the Form 990 is f check this box and stop here		•	, thırd, fourth, or f	ifth tax year as a	501(c)(3) orgar	nization, ►
	ction C. Computation of Publ			<u> </u>			
15	Public support percentage for 2012		•	13, column (f))		15	91 470 %
16	Public support percentage from 201 ction D. Computation of Inve			10		16	89 390 %
17	Investment income percentage for 2				n (f))	17	8 410 %
18	Investment income percentage from				·· X'//	—	
					lina 1 E	18	8 780 %
19a b	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a 33 1/3% support tests—2011. If the	nd stop here. The	e organization qu	alıfıes as a publıc	ly supported org	anızatıon	►✓

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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

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

OMB No 1545-0047

DLN: 93493184005003

Open to Public

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service Name of the organization			Attach to Form 990			Employer identification	Inspection
THE SOCIETY FOR THE STUDY OF						48-6121424	on number
C/O DR BUTCH BRODIE UNIV OF V Part I General Information		l Assistance				10 0121121	
Does the organization maintain the selection criteria used to a Describe in Part IV the organization	ward the grants or as	sıstance?					√Yes
Part II Grants and Other A Form 990, Part IV, III							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 53 Enter total number of other org.						_	
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2012

Part III 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.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) 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 VARIOUS FIELDS OF SCIENCE CONCERNED WITH EVOLUTION	27	54,677			
Death TV					

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	, ,	SCHEDULE I, PART I, LINE 2 THE SOCIETY PROVIDES AWARDS TO RECOGNIZE INDIVIDUALS WHO, THROUGH WRITINGS, TEACHINGS, AND OTHER ACTIVITIES, ADVANCE THE UNDERSTANDING OF EVOLUTIONARY SCIENCE AND ITS IMPORTANCE IN BIOLOGY, EDUCATION, AND LIFE WINNERS OF THE ROSEMARY GRANT AWARDS FOR GRADUATE STUDENT RESEARCH ARE REQUIRED TO SUBMIT A FULL CITATION OF THEIR WORK WITHIN 2 MONTHS OF PUBLICATION
		Schodulo I (Form 000) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184005003

OMB No 1545-0047

2012

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

48-6121424

ldentifier	Return Reference	Explanation
	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 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
	FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, SECTION B, LINE 15A AND 15B COMPENSATION AWARDED IS SUBJECT TO REVIEW AND APPROVAL BY NON-INTERESTED MEMBERS OF THE COUNCIL COMPARABILITY DATA OF OTHER SIMILAR SOCIETIES IS CONSIDERED IN THE DELIBERATION AND DECISION-MAKING PROCESS
	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 XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE COMPILATION OF ITS FINANCIAL STATEMENTS THE PROCESS HAS NOT CHANGED