Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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A	For the	2022 calend	ar year, or tax year beginning 01/01/20	22 and ending	12/3	1/2022	
В	Check if	applicable:	D Emplo	oyer identification number			
П	Address	change	Doing business as				20-2874701
$\overline{\Box}$	Name ch		Number and street (or P.O. box if mail is not delivered	ed to street address)	Room/suite	E Teleph	none number
$\overline{\Box}$	Initial ret	· ·	303 Cavalier Court	·			540-335-6529
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or	foreign postal code			
H	Amende		Silver Spring, MD 20901			G Gross	receipts \$ 182,018
\exists		on pending	F Name and address of principal officer: Lou Ann D	ietz	H(a) Is this	_	or subordinates? Yes Vo
ш	приосп	on ponding	303 Cavalier Ct, Silver Spring, MD 20901	.0.2	1	• .	es included? Yes No
ī	Tax-exe	mpt status:	✓ 501(c)(3)	no.) 4947(a)(1) or 527	` '		ee instructions.
J		<u> </u>	etheliontamarin.org	, (4)(1) 11		o exemption	
<u>к</u>	_	organization:		L Year of for			of legal domicile: IA
_	art I	Summa		2 10di 01101	2003	III Otato	or rogar dormono.
	1		cribe the organization's mission or most sig	unificant activities: Supr	ort conscruati	on of the C	Coldon Lion Tamarin
Ф	1 '						
Activities & Governance			ered monkey native to the Atlantic Forest of the	le State of Rio de Janeiro	o, Brazii, iriciud	ing. neid i	nonitoring, nabitat
ĩ	2		on Schedule O, Statement 1) box ☐ if the organization discontinued its	operations or disposed	of more than	25% of it	e not accote
Š	2		voting members of the governing body (Pa			1 1	
ر مح	3			•			13
Se	4		independent voting members of the govern	J , ,	D)		13
Ę	5		er of individuals employed in calendar yea			. 5	0
Ę	6		er of volunteers (estimate if necessary) .			. 6	21
۹	7a		ated business revenue from Part VIII, colum			. 7a	0
	b	ivet unrelat	ed business taxable income from Form 990	J-1, Part I, line II	Prior Y	. 7b	0
		0	on and amounts (Doubt VIII. Box 41s)		Current Year		
ne	8		ns and grants (Part VIII, line 1h)	165,616	178,486		
Revenue	9	•	ervice revenue (Part VIII, line 2g)	0	0		
æ	10		income (Part VIII, column (A), lines 3, 4, an	9,944	3,532		
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9d			0	0
	12		ue—add lines 8 through 11 (must equal Part			175,560	182,018
	13		similar amounts paid (Part IX, column (A),	·		123,677	142,557
	14	-	id to or for members (Part IX, column (A), li			0	0
es	15		ner compensation, employee benefits (Part I)			0	0
Expenses	16a		al fundraising fees (Part IX, column (A), line	•		0	0
ă	b		aising expenses (Part IX, column (D), line 2				
ш	17	-	nses (Part IX, column (A), lines 11a-11d, 1	2,080	4,624		
	18	-	nses. Add lines 13-17 (must equal Part IX,			125,757	147,181
	19	Revenue le	ss expenses. Subtract line 18 from line 12			49,803	34,837
Net Assets or Fund Balances					Beginning of C	urrent Year	End of Year
set	20	Total asset	s (Part X, line 16)			227,832	216,867
A As	21		ies (Part X, line 26)			16,501	0
			or fund balances. Subtract line 21 from line	<u> 20 </u>		211,331	216,867
P	art II	Signatu	re Block				
			I declare that I have examined this return, including ac beclaration of preparer (other than officer) is based of				my knowledge and belief, it is
	ie, correct	i, and complete	Declaration of preparer (other than officer) is based of	Trail information of which prep	arei nas any know	neuge.	
C :							
Si	_	Signature of	fficer		D	ate	
Here Ines Castro, Treasurer							
		1 7'	name and title				
Pa	nid	Print/Type	preparer's name Preparer's signat	ure	Date	Check [if PTIN
	epare	r				self-emp	ployed
	se Onl	Lives's see	ie		Fir	m's EIN	
		Firm's add		one no.			
Ma	ιν the IF	RS discuss t	his return with the preparer shown above?	See instructions			. Yes No

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To support and promote efforts of Associacao Mico Leao Dourado (AMLD), a Brazilian non-profit organization registered under the
	laws of the State of Rio de Janeiro, whose mission is the conservation of the biodiversity of the Brazilian Atlantic Coastal Forest,
	focusing on the long term conservation of the endangered Golden Lion Tamarin monkey in its native habitat and the wellbeing of
	people who live in that region.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 145,191 including grants of \$ 142,557) (Revenue \$ 0)
	Support for Associacao Mico Leao Dourado's efforts to continue its work to save a viable population of Golden Lion Tamarins in
	their native Atlantic Forest habitat in Rio de Janeiro, Brazil. Activities supported included: adaptation of a 10-year strategic plan;
	monitoring and management of the metapopulation of Golden Lion Tamarins, including vaccination against yellow-fever; forest
	restoration and protection; monitoring use of wildlife passages over highways; building capacity of local land-owners to generate
	forest-friendly income; environmental education for local communities; development of a plan for ecotourism benefiting Golden
	Lion Tamarins and their habitat; institutional sustainability of the Associacao Mico Leao Dourado; and promoting education about
	Colden Lion Tamarin conservation in Zoos around the world
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 145,191

Part	V Checklist of Required Schedules		
			Yes
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	~
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_	
_		5	
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	

Part l	Checklist of Required Schedules (continued)			
Tart	Checkinst of required contenties (continues)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		,
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		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV </i>	28b 28c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		V
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		v
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		-
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a J b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Lou Ann Dietz, (540)335-6529

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated amount			
	hours				compensation	compensation	of other			
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Lou Ann Dietz	40.00									
President	0.00	~		~				0	0	0
James Dietz	20.00									
Vice-President	0.00	~		~				0	0	0
Nancy deMoraes	6.50									
Secretary	0.00	~		~				0	0	0
M Ines Castro	12.50									
Treasurer	0.00	~		~				0	0	0
Toni Allen	0.50									
Director	0.00	~						0	0	0
Benjamin Beck	4.00									
Director	0.00	~						0	0	0
Kenton Kerns	1.00									
Director	0.00	~						0	0	0
Jennifer Mickelberg	2.00									
Director	0.00	~						0	0	0
Karen Bonnin	0.50									
Director	0.00	~						0	0	0
Christine Engels	31.00									
Secretary	0.00	~		~				0	0	0
Kara Arundel	2.00									
Director	0.00	~						0	0	0
Andrew Baker	6.70									
Director	0.00	~						0	0	0
Moira Tamayo	1.20									
Director	0.00	~						0	0	0

Part	VII Section A. Officers, Directors,	rustees, I	Key I	⊨mį			s, ar	a F	ignest Compe	nsated Emplo	oyees (continued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	or/tru Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	compensation
1h	Subtotal								0		0
C	Total from continuation sheets to Part	VII, Sectio	n A								
d 2	Total number of individuals (including reportable compensation from the organi		limite	ed t	to t	hos	e lis	ted	above) who re	eceived more	
3	Did the organization list any former of		ector	tru	ıste	- k	ev e	mpl		st compensate	Yes No
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the	Schedule J	for su	uch	indi	ivid	ual				3 🗸
-	organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	tion or individua	
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices .	(C) Compensation
None											
	Total number of independent agreement	ro (includia	20 b	.+	ot '	im:	od t		and listed share	a) who	
2	Total number of independent contractor received more than \$100,000 of compens						.eu ((וו כ	nose listed abov	e) WIIO	

	,
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś Ś	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
	C	Fundraising events			1c					
Ą,	d	Related organization			1d					
ig ig		Government grants			1e					
S, (e f				16					
S S	f	All other contributions, gifts, grants, and similar amounts not included above								
uti he		N		178,486						
등된	g									
nd pu		lines 1a-1f			1g					
<u>a</u> 0	h	Total. Add lines 1a-	-1f .				178,486			
_						Business Code				
<u>.</u>	2a									
@ <u>\$</u>	b									
S E	С									
gram Ser Revenue	d									
g &	е									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-					0			
	3	Investment income								
	-	other similar amoun	•	•			3,532			3,532
	4	Income from investr	-			ļ.	3,332			3,332
	5				•					
	3	noyailles	· ·	(i) Rea		(ii) Personal				
	0-	0	0-	(i) nea	!	(II) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)		,		0				
	d	Net rental income o	r (los	,						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7c		0	0				
-	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	ndraising						
δ		events (not including		•						
		of contributions rep	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)			a eve	nts				
	9a	Gross income f	•]					
		activities. See Part I			9a					
	b	Less: direct expens			9b					
		Net income or (loss)								
		Gross sales of in				55				
	iva	returns and allowan			100					
					10a					
		Less: cost of goods			10b					
	С	Net income or (loss)	irom	ı saies ot ir	ivento					
Sn						Business Code				
ne eo	11a									
scellaneo Revenue	b									
e e	С									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a					0			
	12	Total revenue. See					182,018	0	0	3,532

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schodula O contains a response or note to any line in this Part IV	$\overline{}$

	t include amounts reported on lines 6b, 7b, , 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 domestic organizations		ехрепзез	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	142,557	142,557		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified	0	0	0	0
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				•
7	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include	0	0	0	0
Ü	section 401(k) and 403(b) employer contributions)				•
•		0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	U	0	0	U
9	(A), amount, list line 11g expenses on Schedule O.) .	1 204	000	127	450
12	Advertising and promotion	1,394	809	127	458
13	Office expenses				
14	Information technology	1,405		1,405	
15	Royalties	1,405		1,405	
16	Occupancy				
17	Travel	1,825	1,825		
18	Payments of travel or entertainment expenses	1,023	1,023		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	147,181	145,191	1,532	458
	Joint costs. Complete this line only if the	.,	,	,	
26		Į.	· ·		
	organization reported in column (B) joint costs				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	<u>rt X</u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	54,741	1	69,546
	2	Savings and temporary cash investments	20,523	2	20,531
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	152,568	11	126,790
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	227,832	16	216,867
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	16,501		
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		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		٥-	
	06		0	25	
	26	Total liabilities. Add lines 17 through 25	16,501	26	0
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	34,400	27	63,363
Ва	28	Net assets with donor restrictions	176,931		153,504
pu	20	Organizations that do not follow FASB ASC 958, check here	170,731	20	153,504
Ξ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
μA	32	Total net assets or fund balances	211,331	32	216,867
ž	33	Total liabilities and net assets/fund balances	227,832		216,867

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)			182	,018
2	Total expenses (must equal Part IX, column (A), line 25)			147	,181
3	Revenue less expenses. Subtract line 2 from line 1			34	,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			211	,331
5	Net unrealized gains (losses) on investments			-29	,301
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			216	,867
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	٠,		
		_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	<u></u>			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	. 2	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on			
3a		the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. :	За		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. [3	3b	200	

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Pub

Employer identification number

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		GOLDEN LION TAMARIN					20-28	
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The o	organiz	zation is not a private founda	ition because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		church, convention of churc					0(b)(1)(A)(i).	
2		school described in section		,		•		
3		hospital or a cooperative ho		<i>!</i>			,, ,, ,	
4		medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		ospital's name, city, and state						
5	se	n organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)			·		al unit described in
6 7	✓ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\square A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or ur	n agricultural research organ university or a non-land-gra niversity:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re su ac	n organization that normally in ceipts from activities related apport from gross investment by the organization a	to its exempt fur t income and unr fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2). (Cor	eptions; a ne (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ / ₃ % of its
11		n organization organized and	•	•	-			
12	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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
е		Check this box if the organ functionally integrated, or						e II, Type III
f		er the number of supported o	-					
g	Prov	vide the following information	n about the supp		T			
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 36,820 34,116 26,594 28,852 43,619 170,001 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 **Total.** Add lines 1 through 3 4 36,820 26,594 28,852 43,619 170,001 34,116 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 32,124 **Public support.** Subtract line 5 from line 4 137,877 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 36,820 26,594 28,852 34,116 43,619 170,001 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,576 3,118 4,744 9,944 3,532 23,914 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 193,915 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 71.1 % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	#1.0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and stop he	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	%
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

JCCL	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	Ito
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

SAVE	THE GOLDEN LION TAMARIN	20-2874701			
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a	<u> </u>			
	funds are the organization's property, subject to the				
6	Did the organization inform all grantees, donors, ar				
	only for charitable purposes and not for the benefit		· · · ·		
	conferring impermissible private benefit?		· · · · · · · · Yes No		
Par					
	Complete if the organization answered "				
1	Purpose(s) of conservation easements held by the c				
	Preservation of land for public use (for example, recreated)	,	f a historically important land area		
	☐ Protection of natural habitat	\square Preservation of	a certified historic structure		
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	in the form of a conservation		
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а					
b	Total acreage restricted by conservation easements				
C	Number of conservation easements on a certified hi				
d	Number of conservation easements included in (c) a historic structure listed in the National Register .				
_			Zu		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or term	ninated by the organization during the		
	tax year	vations accommonst in Income at			
4 5	Number of states where property subject to conserve Does the organization have a written policy regular.		ootion handling of		
3	violations, and enforcement of the conservation eas				
6	Staff and volunteer hours devoted to monitoring, inspec		_		
U	Starr and volunteer flours devoted to morntoning, inspec	and emorcing	conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations, and enforcing o	conservation easements during the year		
•	7 thount of expenses mounted in morntoning, inspecting	g, narialing of violations, and emoreing c	onservation easements during the year		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	• •	. , . , . , . ,		
9	In Part XIII, describe how the organization repo	rts conservation easements in its re			
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial statements that describes the		
	organization's accounting for conservation easemer	nts.			
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.		
	Complete if the organization answered "				
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works		
	of art, historical treasures, or other similar assets	•	•		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.		
b	If the organization elected, as permitted under FAS				
	art, historical treasures, or other similar assets held	The state of the s	earch in furtherance of public service,		
	provide the following amounts relating to these item				
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part XIf the organization received or held works of art,		\$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the		
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$		

b Assets included in Form 990, Part X .

Schedul	e D (Form 990) 2022									Page 2
Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar As	ssets (contir	nued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth								
а	☐ Public exhibition		d [Loan	or exchang	ie proai	ram			
b	☐ Scholarly research		e [Other	_					
С	☐ Preservation for future generations	;								
4	Provide a description of the organizar XIII.		ınd expla	in how t	hey further	the org	ganization's exe	mpt pu	rpose i	in Par
5	During the year, did the organization assets to be sold to raise funds rather								Yes 「	□No
Part					<u> </u>				103	
ı aı ı	Complete if the organization	•	on Form	n 000 E	Part IV/ lin	a 0 or	reported an ar	nount	on Fo	rm
	990, Part X, line 21.	i alisweled Tes	0111 011	11 330, 1	aitiv, iiii	e 9, Oi	reported air ai	Hourit		1111
1a	Is the organization an agent, trustee	oustadian or oth	or intorm	odion, fo	or contribut	tions of	other accete n	ot		
ıa	included on Form 990, Part X?							_	Yes [☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	able:					
							A	mount		
С	8 8					10	;			
d	Additions during the year					10	I			
е	Distributions during the year					16	•			
f	Ending balance					11				
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	l account liability	y? 🗌	Yes [_ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatio	n has been	provide	ed on Part XIII .		. [
Par	t V Endowment Funds.									
	Complete if the organization	answered "Yes"	on Forr	n 990, F	Part IV, line	e 10.				
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three years bac	k (e) F	our years	s back
1a	Beginning of year balance	152,568		73,830		61,846	53,51	4		58,540
b	Contributions	0		65,000		0		0	-	0
С	Net investment earnings, gains, and								-	
	losses	-25,778		13,738		12,349	8,60	2		-4,756
d	Grants or scholarships	0		0		0		0		0
e	Other expenditures for facilities and							_		
	programs	o		0		0		0		0
f	Administrative expenses	0		0		365	27			270
g	End of year balance	126,790		152,568		73.830	61,84			53,514
2	Provide the estimated percentage of t	· · ·	d halance		column (s			0		33,314
a	Board designated or quasi-endowmer			c (iiiic 19	, coluitiii (c	ijj ricia	as.			
b	Permanent endowment (, O							
	Term endowment 0 %	<u>.</u> 70								
С	The percentages on lines 2a, 2b, and	On abould agual 10	000/							
3a	Are there endowment funds not in the			ation the	at are held	and ad	ministered for th	20		
oa	organization by:	e possession or th	e organiz	-ation the	at are ricid	and ad	iriiriisterea ioi ti	10	Yes	No
	•							20		_
	(i) Unrelated organizations							3a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	()							3a(· ·
b	If "Yes" on line 3a(ii), are the related o							3k)	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unas.					
Part				000 7)t	_ 4 4	0 5 222	ъ.,	, ı.	10
	Complete if the organization									
	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated epreciation	(d) E	Book valu	ue
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment									
e	Other									
	<u>, </u>									

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

Part VII	Investments – Other Securities.	V line 11h Coo E		Dowl V. line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . .			
Part VIII	Investments—Program Related.			
r are viii	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See Fo	orm 990	Part X line 13
	(a) Description of investment	(b) Book value		ethod of valuation:
	(a) Bossiphon of invocation	(b) Book value		nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	V P - 44 I O - E	000	D. IV P. 45
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 11a. See F	orm 990,	
	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		-	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	runcertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	temente th	at reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments Donated services and use of facilities h Recoveries of prior year grants Other (Describe in Part XIII.) Add lines **2a** through **2d** 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part V, Line 4 - The purpose of Devra Kleiman Fund (our Board designated fund) is to support at least the minimum operations required to maintain survival of the Golden Lion Tamarin in its natural habitat in perpetuity. The funds could also be used to take advantage of an extraordinary opportunity to promote the survival of Golden Lion Tamarins in perpetuity or to ameliorate a species-threatening

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

SAVE	THE GOLDEN LION TAMARIN				2	0-2874701
Par	General Information Form 990, Part IV, line		ties Outside	the United States. Con	nplete if the organization a	nswered "Yes" or
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility			selection criteria used to	✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	South America	0	0	Grantmaking	Endangered species and bi	161,692
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a	Subtotal					
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

161,692

Par		and Other A line 15, for ar	ssistance to Org	anizations or Entiteceived more than \$	ies Outside the 5,000. Part II ca	United States. Co in be duplicated if a	mplete if the orga dditional space is	nization answered "\ needed.	es" on Form 990,
1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South America	Implementation of Str.	159,058	Bank wire	0	NA	NA
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2				sted above that are rewhich the grantee or continuous					1
3	Enter total nur	mber of other o	organizations or enti	ties				>	0

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2022 Page **4**

Part IV Foreign Forms

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	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	☐ Yes	✓ 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	✓ 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ 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	☑ No
6	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - All grant fund transfers are preceded by a Save the Golden Lion Tamarin (SGLT) Grant Agreement (based on		
Board-approved project proposal) signed by both the SGLT President or Vice-President and the Official Representative of the recipient		
organization. The SGLT President, Vice-President, and Treasurer monitor agreed technical and financial requirements and withhold any		
future grant payments to the recipient until any outstanding technical or financial reports are received and approved by the President or		
Vice-President (technical reports) and Treasurer (financial reports). SGLT Board members make periodic site visits to monitor project		
progress and results.		

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
SAVE THE GOLDEN LION TAMARIN	20-2874701
Form 990, Part VI, Section A, Line 2 - Lou Ann Dietz (President) is married to James M. Dietz (Vice-Pre	esident).
Form 990, Part VI, Section B, Line 11b - Before filing, SGLT advised via email all members of its Board of Directors that a copy of this 990	
Form is available on the SGLT password protected website. Individual Board members reviewed and	
	<u> </u>
Form 990, Part VI, Section B, Line 12c - All Board members are required to submit in writing annual di	sclosures of Conflict of Interest The
Board of Directors conducts periodic reviews to determine if actions during the year are in accordance with Conflict of Interest policy. If the	
Board has reasonable cause to believe a Director has failed to disclose actual or potential conflict, it informs that Director of the basis for	
such belief and affords that Director an opportunity to explain the alleged failure to disclose. If, after I	
after making further investigation as warranted by the circumstances, the Board determines that the Director has failed to disclose an actual	
or possible Conflict of Interest, it takes appropriate disciplinary and corrective action. An interested p	
during which the Board is discussing and/or voting on the transaction involving a possible Conflict o	f Interest.
Form 990, Part VI, Section C, Line 19 - SGLT made its governing documents, Conflict of Interest polic	
to the public via email upon request. The financial statements are available on our website (www.save	etheliontamarin.org) and on the
GuideStar website.	

Schedule O, Statement 1 SAVE THE GOLDEN LION TAMARIN

Form: Form 990 (2022) EIN: 20-2874701

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

restoration and protection, environmental education, strategic planning and institutional capacity building for Associacao Mico Leao Dourado, a Brazilian non-profit organization dedicated to conservation of the species.

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