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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

A	For the 2	2023 calend	dar year, or tax year beginning	g 01/01/2023 a	na enaing	1	2/31/2	023			
В	Check if a	pplicable:	C Name of organization SAVE T	HE GOLDEN LION TAMARIN				D Emplo	oyer identification	number	
	Address c	hange	Doing business as						20-2874701		
	Name cha	nge	Number and street (or P.O. box	if mail is not delivered to street address	ss)	Room/suite		<b>E</b> Teleph	none number		
	Initial retur	'n	303 Cavalier Court						540-335-6529		
	Final return	/terminated	City or town, state or province, or	country, and ZIP or foreign postal cod	е						
	Amended	return	Silver Spring, MD 20901					G Gross receipts \$ 224,137			
	Applicatio	n pending	F Name and address of principal or	fficer: Lou Ann Dietz		<b>H(a)</b> Is	this a gro	a group return for subordinates?  Yes  No			
			303 Cavalier Ct, Silver Spring	g, MD 20901		H(b) A	re all su	bordinate	es included? 🗌 <b>Y</b> o	es 🗌 No	
ı	Tax-exem	ot status:	✓ 501(c)(3)	) (insert no.)	or 527	If "No,	" attach	a list. Se	ee instructions.		
J	Website:	www.sav	vetheliontamarin.org			<b>H(c)</b> G	roup ex	emption	number		
K	Form of or	ganization: 🗸	Corporation Trust Associ	ation Other	L Year of for	mation: 20	05	M State	of legal domicile:	IA	
Р	art I	Summa	ry								
	1 E	Briefly des	cribe the organization's mis-	sion or most significant activit	ties: Sup	ort conserv	ation (	of the C	Golden Lion Tan	narin,	
e	;	an endangered monkey native to the Atlantic Forest of the State of Rio de Janeiro, Brazil, including: field monitoring, habitat									
Activities & Governance		(Continued on Schedule O, Statement 1)									
/err	2	Check this	box 🗌 if the organization of	discontinued its operations or	disposed	of more th	an 25	5% of its net assets.			
õ	3 1	Number of	voting members of the gov	erning body (Part VI, line 1a) .				3		12	
<b>∞</b>										12	
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)								0	
Ĭ			ber of volunteers (estimate if		6		15				
Aci			•	Part VIII, column (C), line 12				7a		0	
		let unrelat		7b		0					
						Pri	or Year		Current Ye	ear	
a)	8 (	Contributio	ons and grants (Part VIII, line	e 1h)			17	78,486		216,924	
ž			ervice revenue (Part VIII, line	•				0		0	
Revenue		_	-	A), lines 3, 4, and 7d)				3,532		7,213	
ď			-	nes 5, 6d, 8c, 9c, 10c, and 11e				0		0	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							182,018 224,137		
			and similar amounts paid (Part IX, column (A), lines 1–3)						142,557 123,700		
				X, column (A), line 4)				0		0	
G	1	-	-	benefits (Part IX, column (A), li				0			
Expenses	16a F			column (A), line 11e)	-			0		0	
ber	b 7		raising expenses (Part IX, co		1,044						
Ä	17 (		enses (Part IX, column (A), lir					4,624		5,772	
		-		t equal Part IX, column (A), lin			1,	47,181		129,472	
		-		18 from line 12	-			34.837		94,665	
_ s	10 .	10 101100 10	SOO CAPCHOOC. CUBLICUT IIIO	10 110111 11110 12		Beginning		,	End of Ye		
ets c	20 7	ntal asset	ts (Part X, line 16)					16,867		328,145	
Ass	21 7		ities (Part X, line 26)					0		020,143	
Net Assets or Fund Balances	22		or fund balances. Subtract	line 21 from line 20			2.	16,867		328,145	
	art II		ire Block					10,007		320,143	
Ur	nder penalti	es of perjury	, I declare that I have examined this	return, including accompanying sche n officer) is based on all information o					my knowledge and	belief, it is	
Si	gn	Signature	of officer				Date	)			
He	ere	Ines Cast	tro, Treasurer								
			rint name and title								
Pa Pr	nid eparer		e preparer's name	Preparer's signature		Date		Check [ self-emp	if PTIN		
	se Only		ne				Firm's	EIN			
		Firm's add					Phone	no.			
Ma	iv the IRS	discuss t	this return with the preparer	shown above? See instruction	ns .				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 \$ 126,992 including grants of \$ 123,700 ) (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
	Coldon Lion Tamarin concernation 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 126,992

Part IV	Checklist of Required Schedules		
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			res	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	,	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	<b>V</b>	~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	~	
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		~
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		,
С	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\( \tau \)
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
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		,
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		~
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		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part I	V Checklist of Required Schedules (continued)		-	
			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? If "Yes," complete Schedule J	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			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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			ĺ
	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," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		_
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		~
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		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 512(b)(13)2 If "Yes," complete Schoolule P. Part V. line 2	051		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	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			
<b>-</b> -	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
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		~
46	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> 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 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 12 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 1 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 no	r any relate	d org	aniz			ompe	nsa	ated any current	otticer, director,	or trustee.
		(C)								
(A)	(B)	(40 =	ot of		ition		anc	(D)	(E)	(F)
Name and title	Average				ck more than one person is both an			Reportable	Reportable	Estimated amount
	hours per week	Officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any	or c	Inst	Officer	<u>\$</u>	Hig	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	l tr	cer	Key employee	hest	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	organizations	tor all t	ona		plo	e cor		1099-NEC)	1099-NEC)	related organizations
	below	rust	tra		/ee	npe				
	dotted line)	) e	Institutional trustee			Highest compensated employee				
						ed				
Lou Ann Dietz	40.00			١,					_	
President		~		~				0	0	0
James Dietz	20.00								_	
Vice-President		~		~				0	0	0
Nancy deMoraes	0.50								_	_
Director		~						0	0	0
M Ines Castro	20.00			١,					_	_
Treasurer		~		~				0	0	0
Toni Allen	0.50									
Director		~						0	0	0
Benjamin Beck	15.00									
Director		~						0	0	0
Kenton Kerns	1.50									
Director		~						0	0	0
Karen Bonnin	0.50									
Director		~						0	0	0
Christine Engels	25.00			١.						
Secretary		~		~				0	0	0
Kara Arundel	2.50									
Director		~						0	0	0
Andrew Baker	15.00									
Director		~						0	0	0
Moira Tamayo	3.00									
Director		~						0	0	0
		-								
			-							
	+	-								
			1	1	1	1	1			

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ployees (co	ontinued)
					(	C)						
	(A) Name and title	(B) Average hours	box,	unles	heck ss pe	erson	e than of is both or/trus	n an	(D)  Reportable compensation	(E)  Reportable compensation from related	Estimate of o	ed amount 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 (1099-MISC 1099-NEC	W-2/ fror / organiz	ensation n the ation and ganizations
			-									
			-									
			-									
			-									
			-									
			-									
1b	Subtotal								0		0	0
d	Total (add lines 1b and 1c)  Total number of individuals (including reportable compensation from the organi	but not		ed 1	to 1	thos	e lis	ted	above) who re	eceived mo	o re than \$10	0 00,000 of
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete or the line of the </i>										ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th									such	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										V
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensa	tion
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	re) who		

Page 8

## Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S, S	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ي ۾	С	Fundraising events			1c	0				
ţs,	d	Related organization			1d	0				
	e	Government grants			1e	0				
is,	f	All other contribution	ns. ait	ts. grants.						
io s		and similar amounts no			1f	216,924				
를 를	а	Noncash contribution	ons in	cluded in		210,724				
<u>=</u> 0	9	lines 1a–1f			1g	\$ 0				
an	h	Total. Add lines 1a-1f					216,924			
		Totali / Ga iii loo Ta			•	Business Code	210,724			
ĕ	2a					240000 0040				
اء جَ	b									
Sel										
E P	c d									
gram Ser Revenue										
Program Service Revenue	f	f All other program service revenue								
ъ.	g	Total. Add lines 2a-				0				
	3	Investment income	(incl	udina divid	dends	s. interest. and	<u> </u>			
	-	other similar amoun					7,213	0	0	7,213
	4		•				0	0	0	0
	5	D 111	e from investment of tax-exempt be es		-	0	0	0	0	
	·	rioyanioo	· ·	(i) Real		(ii) Personal		J		
	6a	Gross rents	6a	()	0	0				
	b	Less: rental expenses	6b		0	0				
	c	Rental income or (loss)			0	0				
	d	Net rental income o		3)	)		0	0	0	0
	7a	Gross amount from	(.55.	(i) Securit		(ii) Other		3		
		sales of assets								
		other than inventory	7a		0	0				
ø	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
eVe	С	Gain or (loss)	7с		0	0				
	d	Net gain or (loss)					0	0	0	0
Other		Gross income from								
Б		events (not including		0						
		of contributions rep								
		1c). See Part IV, line	18		8a	0				
	b	Less: direct expens	es .		8b	0				
	С	Net income or (loss)	from	fundraisin	g eve	nts	0		0	0
	9a	Gross income f								
		activities. See Part I	V, lin	e 19 .	9a	0				
		Less: direct expense			9b	0				
		Net income or (loss)			tivitie	es	0	0	0	0
	10a	Gross sales of ir								
		returns and allowan			10a	0				
		Less: cost of goods			10b					
	С	Net income or (loss)	trom	sales of in	vento		0	0	0	0
ns						Business Code				
ne eo	11a									
lar	b									
scellaneo Revenue	C	A.IIII								
Miscellaneous Revenue	d	All other revenue					0	0	0	0
	e	Total. Add lines 11a					0	_	_	
	12	Total revenue. See	ınstr	uctions .			224,137	0	0	7,213

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	all columns. All other organizations must complete colum	n (A).
0 1 1 1	<u> </u>		

	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		одранова	денена емренесе	слропосс
	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	123,700	123,700		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified	0	0	0	0
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include	0	0	U	<u> </u>
-	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):	U	U	U	U
а	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	Ţ,	J	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			<u> </u>
	(A), amount, list line 11g expenses on Schedule O.) .	1,487	166	277	1,044
12	Advertising and promotion	0	0	0	0
13	Office expenses	0	0	0	0
14	Information technology	1,159	0	1,159	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	3,126	3,126	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
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.)				
	(A), amount, list line 24e expenses on Schedule O.)				
a					
b					
C					
d	All other expenses		-		
e 25	All other expenses	120.472	127,002	0	0
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	129,472	126,992	1,436	1,044
20	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)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	69,546	1	82,484
	2	Savings and temporary cash investments	20,531	2	86,103
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	513
	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	0
	6	Loans and other receivables from other disqualified persons (as defined		-	0
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
'n	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use		8	
ASS	9			9	0
•	10a	Prepaid expenses and deferred charges		9	0
	100	basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	126,790		159,045
	12	Investments—other securities. See Part IV, line 11	120,770	12	137,043
	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)	216,867	16	328,145
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
api		controlled entity or family member of any of these persons	0	_	0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D	0	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	0
seou		Organizations that follow FASB ASC 958, check here value and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	63,363	27	96,251
Ва	28	Net assets with donor restrictions	153,504		231,894
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	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	
∍t ∤	32	Total net assets or fund balances	216,867	32	328,145
ž	33	Total liabilities and net assets/fund balances	216,867	33	328,145

Check if Schedule O contains a response or note to any line in this Part XI		224,137 129,472 94,665 216,867 16,613
Total expenses (must equal Part IX, column (A), line 25)		129,472 94,665 216,867 16,613
<ul> <li>3 Revenue less expenses. Subtract line 2 from line 1</li></ul>		94,665 216,867 16,613 (
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		216,867 16,613 (
3 , 1 , 1 , 1 , 1 , 1 , 1		16,613 (
5 Net unrealized gains (losses) on investments		(
		(
6 Donated services and use of facilities		(
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain on Schedule O)		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
32, column (B))		328,145
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII	· · ·	
4 4 1 1 1 1 1 5 000 1 0 1 1 0 1		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 or	<del>_</del>	
Schedule O.	""	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	~
If "Yes," check a box below to indicate whether the financial statements for the year were compiled o		
reviewed on a separate basis, consolidated basis, or both.	"	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	V
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		_
separate basis, consolidated basis, or both.	_	
☐ 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 oversight o	of	
the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	
If the organization changed either its oversight process or selection process during the tax year, explain or	n =	
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ie	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	·
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	іе	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b	

Form **990** (2023)

### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

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

Employer identification number

		GOLDEN LION TAMARIN					20-28	
Par		Reason for Public Cha						ons.
The o	_	zation is not a private founda		,		-	•	
1		church, convention of church					0(b)(1)(A)(i).	
2		school described in section			-			
3		hospital or a cooperative hos medical research organization						(iii) Entartha
4	_	ospital's name, city, and state	•	onjunction with a nost	Jilai uesc	nbea in s	section 170(b)(1)(A)	(III). Enter the
5		n organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
•		ection 170(b)(1)(A)(iv). (Com		conogo or armvorony	owned o	. oporate	a by a government	ar arm accornaca m
6	□А	federal, state, or local govern	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7		n organization that normally	•					n the general public
	de	escribed in <b>section 170(b)(1)</b>	(A)(vi). (Complet	e Part II.)				
8	$\square$ A	community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9		n agricultural research organi						
		university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
40		niversity:		45 001-0/ -f:t-				
10	re	n organization that normally r ceipts from activities related	to its exempt ful	nctions. subiect to ce	rtain exce	eptions: a	and (2) no more than	33 <sup>1</sup> / <sub>3</sub> % of its
	SU	ipport from gross investment equired by the organization a	t income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
11		rquired by the organization a n organization organized and		•		•	,	
12		n organization organized and	•		-			out the purposes of
		ne or more publicly supported						
	th	e box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization					he directors or trust	ees of the
		supporting organization. You	ou must comple	ete Part IV, Sections	A and B.	•		
b		Type II. A supporting organ						
		control or management of organization(s). <b>You must</b>				persons	that control or man	age the supported
•		Type III functionally integ	-			onnection	n with and functions	ally integrated with
С	Ш	its supported organization(						any integrated with,
d		Type III non-functionally i	, ,	•				orted organization(s)
_		that is not functionally integ	•		•			• • • • • • • • • • • • • • • • • • • •
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or 7		tionally integrated sup	oporting (	organizat	ion.	
f		er the number of supported of						
<u>g</u>		vide the following information		,	1			
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
/A\								
(A)								
(B)								
(C)								
(D)								
<b></b>								
(E)								

Schedule A (Form 990) 2023 Page **2** 

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) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 26,594 28,852 34,116 43,619 40,673 173,854 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 **Total.** Add lines 1 through 3 4 26,594 28,852 34,116 43,619 40,673 173,854 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) . . . . 35,516 **Public support.** Subtract line 5 from line 4 138,338 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 26,594 28,852 34,116 43,619 40,673 173,854 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 9,944 3,118 4,744 3,532 7,213 28,551 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 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 **Total support.** Add lines 7 through 10 11 202,405 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 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 68.35 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 331/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

### 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
3	organization's tax-exempt purpose						
3	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	<b>Total.</b> 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 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	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						
12	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	 s first_second	third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
	organization, check this box and <b>stop he</b>	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch						%
Secti	on D. Computation of Investment In	come Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2023 (	line 10c, colun	nn (f), divided b	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/_{3}\%$ , check this box	and <b>stop here</b> .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this l	box and <b>stop h</b>	ere. The organ	ization qualifies	s as a publicly s	upported orgar	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . $\square$

Schedule A (Form 990) 2023 Page 4

### Part IV **Supporting Organizations**

(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

Secti	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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination.			
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3b 3c		
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 <b>Part VI</b> 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 <b>Part VI</b> 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		
5а	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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> 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			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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)? <i>If "Yes," answer line 10b below.</i>	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.)

Schedule A (Form 990) 2023 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) 2023 Page **6** 

				. ago <del>-</del>
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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 <b>Part VI</b> ):			
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	tion 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	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 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 2023 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-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . **e** From 2022 . . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 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
2023

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	ls 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	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control	? Yes 🗌 No
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	Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the conservation	organization (check all that apply).	
	Preservation of land for public use (for example, recre		f a historically important land area
	☐ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. <b>2</b> a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register	·	. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year	_	-
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the foot	•	tements that describes the
	organization's accounting for conservation easemen		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or 0	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		
	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	SB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li><li>If the organization received or held works of art,</li></ul>		\$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		\$

**b** Assets included in Form 990, Part X.

Schedu	le D (Form 990) 2023					Page 2
Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	ner records, chec	k any of the follow	wing that make sig	nificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ram	
b	Scholarly research		e Other			
С	Preservation for future generations		<del>_</del>			
4	Provide a description of the organizat XIII.		nd explain how tl	ney further the org	ganization's exemp	ot purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather					☐ Yes ☐ No
Part	EV Escrow and Custodial Arra	ngements				
	Complete if the organization 990, Part X, line 21.	•	on Form 990, F	Part IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able.		
	, 1	,	J		Am	ount
С	Beginning balance			10	:	
d	Additions during the year				t	
е	Distributions during the year				9	
f	Ending balance			11	f	
2a	Did the organization include an amour	nt on Form 990, Pa	rt X, line 21, for e	scrow or custodia	al account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provid	ed in Part XIII .	$\square$
Par	t V Endowment Funds					
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	126,791	152,568	73,830	61,846	53,514
b	Contributions	9,000	0	65,000	0	0
С	Net investment earnings, gains, and losses	23,254	-25,777	13,738	12,349	8,602
d	Grants or scholarships	0	-23,111	0	0	0,002
e	Other expenditures for facilities and	0	0	<u> </u>	0	
	programs	0	0	0	0	0
f	Administrative expenses	0	0	0	365	270
g	End of year balance	159,045	126,791	152,568	73,830	61,846
2	Provide the estimated percentage of the					01,010
a	Board designated or quasi-endowmer	•	, -	,		
b		%				
C	Term endowment 0 %	i- 1 1				
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.			
3a	Are there endowment funds not in the			at are held and ac	Iministered for the	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i) 🗸
	(ii) Related organizations?					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as required on So	chedule R?		3b
4	Describe in Part XIII the intended uses		n's endowment fu	unds.		
Part	, , ,					
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth (investme	` '	, ,	Accumulated epreciation	(d) Book value
	Land					
b	Buildings					
C	Leasehold improvements					
d	Equipment					
е	Other					
	Add lines 1a through 1e. (Column (d) m		0, Part X, line 10	c, column (B)) .		

Part VII	Investments—Other Securities	N/ E 44b O E		David V. Brand O
	Complete if the organization answered "Yes" on Form 990, Part  (a) Description of security or category  (including name of security)	(b) Book value	(c) M	ethod of valuation:
(1) Financial	· · · · · · · · · · · · · · · · · · ·			,
` '	neld equity interests			
. ,	······································			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See Fo	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation: id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form	m 990, Part X,
1.	line 25.  (a) Description of liability			(b) Book value
(1) Federal in				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		·	at rangets the
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orgar s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Schedule D (Form 990) 2023 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.) . . . . . . . . . . . . 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. Amounts included on line 1 but not on Form 990. Part IX. line 25: 2 Donated services and use of facilities 2a . . . . . . . . . . 2b Prior year adjustments 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 the 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 emergency.

### **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 Inspection

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.

Employer identification number 20-2874701

SAVE	THE GOLDEN LION TAMARIN					20-2	874701
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	nplete if the organ	ization ans	wered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility				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 g	rants and o	other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is neede	d.)	
	(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 a program serv describe specific t service(s) in the re	ice, type of	(f) Total expenditures for and investments in the region
(1)	South America	0	0	Grantmaking	Endangered speci	es biodiv	124,000
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Subtotal						
b							

c Totals (add lines 3a and 3b)

124,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of organization section and EIN grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) 3,200 Radio telemetry equipm Purchase receipt South America Implementation of stra 120,500 Bank wire transfer (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 0

Schedule F (Form 990) 2023

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>b)</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) 2023 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 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 tecnical or financial reports are received and approved by the President or
Vice-President for tecnical reports, and Treasurer for financial reports. SGLT Board members make periodic site visits to monitor project
progress and results.

### **SCHEDULE 0** (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

Open to Public

Department of the Treasury Internal Revenue Service

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

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-President).	
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 900	
form is available on the SGLT password-protected website. Individual Board members reviewed and approved the form before it was filed.	
Form 990, Part VI, Section B, Line 12c - All Board members are required to submit in writing annual disclosures 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 infor	
such belief and affords that Director an opportunity to explain that alleged failure to disclose. If, after hearing the Director's response and	
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 person must leave a Board meeting	
during which the Board is discussing and/or voting on the transaction involving a possible conflict of interest.	
Form 990, Part VI, Section C, Line 19 - SGLT made its governing documents, conflict of interest policies, and financial statements available	
to the public via email upon request. The financial statements are available on our website (www.savetheliontamarin.org) and on the	
GuideStar website.	

Schedule O, Statement 1 SAVE THE GOLDEN LION TAMARIN

Form: Form 990 (2023) 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.

Page: 1