

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning and ending

Form A: Organization details including name (JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH EDUCATION AND CONSERVATION), EIN (94-2474731), address (1120 20TH ST. NW, WASHINGTON, DC 20036), and principal officer (ANNA RATHMANN).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission (SEE PART III, LINE 1), governance (3 voting members), revenue (Total: 30,550,365), expenses (Total: 29,675,282), and net assets (Total: 18,683,616).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Rachel Strittmatter), preparer signature (Richard J. Locastro), and firm information (GELMAN, ROSENBERG & FREEDMAN).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

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**Part III 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 UNDERSTAND AND PROTECT CHIMPANZEES, OTHER APES, AND THEIR HABITATS,  
AND TO WORK TOWARDS CREATING AN INFORMED AND COMPASSIONATE CRITICAL  
MASS OF PEOPLE WHO WILL HELP TO CREATE A BETTER WORLD FOR PEOPLE,  
OTHER ANIMALS, AND OUR SHARED ENVIRONMENT.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 19,106,734. including grants of \$ 1,396,888. ) (Revenue \$ \_\_\_\_\_ )  
ANIMAL WELFARE AND CONSERVATION: THE INSTITUTE PRODUCES HIGH-IMPACT  
CONSERVATION WORK IN AFRICA AND IS A LEADER IN CONSERVATION SCIENCE AND  
RESEARCH. EXPENSES RELATE TO ACTIVITIES IN WHICH THE INSTITUTE IS  
WORKING CLOSELY WITH LOCAL COMMUNITIES AND GOVERNMENTS TO PROTECT GREAT  
APES AND THEIR HABITATS, IMPROVE THE WELL-BEING OF HUMAN COMMUNITIES IN  
AND NEAR THESE HABITATS, ADVANCE CONSERVATION RESEARCH, AND APPLY  
SCIENCE AND TECHNOLOGY TO CONSERVATION CHALLENGES. BY SKILLFULLY  
INTEGRATING THESE CRITICAL COMPONENTS, THE INSTITUTE IS USING A  
HOLISTIC APPROACH TO ACHIEVE DR. JANE GOODALL'S VISION FOR OUR PLANET-A  
PLACE WHERE PEOPLE, OTHER ANIMALS, AND THE ENVIRONMENT COEXIST IN  
SUSTAINABLE HARMONY.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 2,504,499. including grants of \$ \_\_\_\_\_ ) (Revenue \$ 543,238. )  
EDUCATION: SOLVING THE CHALLENGES FACING OUR PLANET REQUIRES A GLOBAL  
MOVEMENT-AND THAT MEANS EMPOWERING OUR YOUNG PEOPLE TO MAKE A  
DIFFERENCE. THROUGH THE LNSTITUTE'S ROOTS & SHOOTS PROGRAM, THE  
INSTITUTE IS ENGAGING YOUNG PEOPLE TO TAKE ACTION IN THEIR OWN  
COMMUNITIES WHICH CREATES A RIPPLE EFFECT OF POSITIVE IMPACT AROUND THE  
WORLD. EXPENSES RELATE TOACTIVITIES INCLUDED IN THE ROOTS & SHOOTS  
PROGRAM, AS WELL AS DR. JANE GOODALL'S TOURS IN THE UNITED STATES TO  
EDUCATE AND INSPIRE FUTURE CHANGEMAKERS..

**4c** (Code: \_\_\_\_\_) (Expenses \$ 2,114,270. including grants of \$ \_\_\_\_\_ ) (Revenue \$ 191,126. )  
COMMUNICATIONS AND PARTNERSHIPS: THROUGH COMMUNICATION AND MEMBERSHIP  
EFFORTS, THE INSTITUTE PROMOTES THEIR WORK AND IMPACT ON THE WORLD TO  
THE GENERAL PUBLIC. BY INFORMING EXTERNAL AUDIENCES ON THE SUCCESSFUL  
WORK BEING DONE IN CONSERVATION SCIENCE, WILDLIFE RESEARCH,  
COMMUNITY-LED CONSERVATION, AND ENVIRONMENTAL EDUCATION, THE INSTITUTE  
CONTINUES TO INCREASE VISIBILITY AND THOUGHT LEADERSHIP IN THE  
INDUSTRY. EXPENSES RELATE TO PROVIDING REGULAR UPDATES ON PROGRESS AND  
OUTCOMES OF THE LNSTITUTE'S WORK, CREATING AND DISTRIBUTING EDUCATION  
MATERIALS THROUGH THE WEBSITE, PRINT MATERIALS, VIDEOS AND DIGITAL  
PROMOTION, AND MEDIA APPEARANCES.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e** Total program service expenses 23,725,503.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | X   |    |
| <b>23</b> 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 "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> 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> .....   |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> 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> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O .....  | X   |    |

**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>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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**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.

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) ANNA RATHMANN<br>EXECUTIVE DIRECTOR                      | 40.00   |   |                       | X       |              |                              | 402,086. | 0.  | 50,751.  |   |
| (2) SUSANA NAME<br>VP, FOUNDER RELATIONS                     | 40.00   |   |                       |         | X            |                              | 201,666. | 0.  | 45,017.  |   |
| (3) PAUL COWLES<br>CHIEF OF PARTY, USAID PROGRAMS TZ         | 40.00   |   |                       |         | X            |                              | 187,654. | 0.  | 45,315.  |   |
| (4) DANIEL KEMP<br>SR. VP, DEVELOPMENT                       | 40.00   |   |                       | X       |              |                              | 191,009. | 0.  | 27,664.  |   |
| (5) DANIEL DUPONT<br>SR. VP, COMM. & PTRSHIPS                | 40.00   |   |                       | X       |              |                              | 181,478. | 0.  | 34,888.  |   |
| (6) RACHEL STRITTMATTER<br>VP, FINANCE                       | 40.00   |   |                       | X       |              |                              | 193,472. | 0.  | 13,195.  |   |
| (7) LILIAN PINTEA<br>VP CONSERVATION & SCIENCE               | 40.00   |   |                       |         | X            |                              | 161,950. | 0.  | 41,749.  |   |
| (8) ALICE MACHARIA<br>VP, AFRICA PROGRAMS                    | 40.00   |   |                       | X       |              |                              | 189,788. | 0.  | 10,449.  |   |
| (9) CAROL IRWIN-BURG<br>VP, BOARD RELATIONS & PLANNED GIVING | 40.00   |   |                       | X       |              |                              | 170,135. | 0.  | 28,645.  |   |
| (10) SARAH FESTA<br>VP DIR. OF DEVELOPMENT OPERATIONS        | 40.00   |   |                       |         | X            |                              | 170,746. | 0.  | 19,211.  |   |
| (11) SHAWN SWEENEY<br>ASSOC. V. PRESIDENT, COMM. & PARTNERS  | 40.00   |   |                       |         | X            |                              | 137,690. | 0.  | 16,645.  |   |
| (12) JANE GOODALL<br>FOUNDER                                 | 20.00   | X   |                       | X       |              |                              | 0.       | 0.  | 22,039.  |   |
| (13) FRANKLIN MOORE<br>CHAIR                                 | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (14) MARY MAPES<br>SECRETARY-UNTIL 9/2024                    | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (15) GEORGE MACRICOSTAS<br>MEMBER                            | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) ANDRE ALEXANDER<br>TREASURER                            | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (17) SUSAN SAKMAR<br>VICE CHAIR                              | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |

JANE GOODALL INSTITUTE FOR WILDLIFE  
RESEARCH EDUCATION AND CONSERVATION

Form 990 (2024)

94-2474731

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |   |  |   |
| (18) SCOTT ATKINSON<br>MEMBER  | 5.00  | X   |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (19) SUZANNE DIBIANCA<br>MEMBER                                      | 1.00  | X   |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (20) STEVE WOODRUFF<br>MEMBER -FROM 03/2024                          | 1.00  | X   |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (21) JEAN ROGERS<br>MEMBER -FROM 12/2024                             | 1.00  | X   |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (22) ANDREW MAYOCK<br>MEMBER -FROM 12/2024                           | 1.00  | X   |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (23) ADDISON FISCHER<br>MEMBER-UNTIL 9/2024                          | 1.00  | X   |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 2,187,674. | 0.  | 355,568.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 2,187,674. | 0.  | 355,568.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 20

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| CHAPMAN CUBINE ADAMS HUSSEY, 2000 15TH STREET N, SUITE 550, ARLINGTON, VA 22201 | DIRECT MAIL FUNDRAISING        | 1,221,947.          |
| MOORE, A SERIES LLC, 4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706         | DIRECT MAIL FUNDRAISING        | 268,270.            |
| INNOVAIRE GLOBAL LLC, 2000 15TH ST. N SUITE 550, ARLINGTON, VA 22201            | FUNDRAISING- DIRECT MAIL       | 197,772.            |
| SALESFORCE.COM, INC, 415 MISSION STREET, 3RD FLOOR, SAN FRANCISCO, CA 94105     | SALES REVENUE PLATFORM         | 191,252.            |
| MARY LEWIS, 1120 20TH STREET NW, SUITE 520S, WASHINGTON, DC 20036               | EXECUTIVE SERVICES             | 190,488.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

**Part VIII Statement of Revenue**

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

|   |   |   | (A)            | (B)                                | (C)                        | (D)  |         |
|---|---|---|----------------|------------------------------------|----------------------------|--|---------|
|   |   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |         |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                |                                    |                            |  |         |
|   | <b>b</b> Membership dues .....  | <b>1b</b>   |                |                                    |                            |  |         |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>   |                |                                    |                            |  |         |
|   | <b>d</b> Related organizations .....  | <b>1d</b>   |                |                                    |                            |  |         |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   | 4,954,305.     |                                    |                            |  |         |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>   | 23,855,374.    |                                    |                            |  |         |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>   | \$ 3,236,035.  |                                    |                            |  |         |
|   | <b>h Total.</b> Add lines 1a-1f .....   |   | 28,809,679.    |                                    |                            |  |         |
| <b>Program Service Revenue</b>  | <b>2 a</b> LECTURE TOUR/HONORARIA   | <b>Business Code</b>  |                |                                    |                            |  |         |
|   |   | 900099  | 543,238.       | 543,238.                           |                            |  |         |
|   | <b>b</b> _____  |   |                |                                    |                            |  |         |
|   | <b>c</b> _____  |   |                |                                    |                            |  |         |
|   | <b>d</b> _____  |   |                |                                    |                            |  |         |
|   | <b>e</b> _____  |   |                |                                    |                            |  |         |
|   | <b>f</b> All other program service revenue .....  |   |                |                                    |                            |  |         |
| <b>g Total.</b> Add lines 2a-2f .....   |   | 543,238.  |                |                                    |                            |  |         |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |   | 499,304.       |                                    |                            | 499,304.   |         |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |   |                |                                    |                            |  |         |
|   | <b>5</b> Royalties .....  |   | 234,665.       |                                    |                            | 234,665.   |         |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>   | (i) Real       |                                    |                            |  |         |
|   |   |   | 29,524.        |                                    |                            |  |         |
|   |   |   | (ii) Personal  |                                    |                            |  |         |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>   | 0.             |                                    |                            |  |         |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>   | 29,524.        |                                    |                            |  |         |
|   | <b>d</b> Net rental income or (loss) .....  |   | 29,524.        |                                    |                            |  | 29,524. |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>   | (i) Securities |                                    |                            |  |         |
|   |   |   | 418,092.       |                                    |                            |  |         |
|   |   |   | (ii) Other     |                                    |                            |  |         |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>   | 387,033.       | 0.                                 |                            |  |         |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>   | 31,059.        | 67,800.                            |                            |  |         |
| <b>d</b> Net gain or (loss) .....   |   | 98,859.   |                |                                    |                            | 98,859.  |         |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   |                |                                    |                            |  |         |
|   |   | <b>8b</b>   |                |                                    |                            |  |         |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |   |                |                                    |                            |  |         |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |   |                |                                    |                            |  |         |
|   |   | <b>9b</b>   |                |                                    |                            |  |         |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |   |                |                                    |                            |  |         |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  | 221,131.  |                |                                    |                            |  |         |
|   |   | <b>b</b> Less: cost of goods sold .....                     | <b>10b</b>     | 30,005.                            |                            |  |         |
|   |   | <b>c</b> Net income or (loss) from sales of inventory ..... |                | 191,126.                           | 191,126.                   |  |         |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> REIMBURSEMENTS  | <b>Business Code</b>  |                |                                    |                            |  |         |
|   |   | 900099  | 74,752.        |                                    |                            | 74,752.  |         |
|   | <b>b</b> MISCELLANEOUS INCOME   | 900099  | 69,218.        |                                    |                            | 69,218.  |         |
|   | <b>c</b> _____  |   |                |                                    |                            |  |         |
|   | <b>d</b> All other revenue .....  |   |                |                                    |                            |  |         |
| <b>e Total.</b> Add lines 11a-11d .....   |   | 143,970.  |                |                                    |                            |  |         |
| <b>12 Total revenue.</b> See instructions .....   |   | 30,550,365.   | 734,364.       | 0.                                 |                            | 1,006,322.   |         |

Form 990 (2024)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 1,034,764.            | 1,034,764.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 98,202.               | 98,202.                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   | 263,922.              | 263,922.                        |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 1,515,599.            | 438,642.                        | 665,468.                               | 411,489.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 8,579,317.            | 6,950,802.                      | 899,248.                               | 729,267.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 170,388.              | 161,473.                        | 40.                                    | 8,875.                      |
| <b>9</b> Other employee benefits .....  | 798,192.              | 649,303.                        | 81,855.                                | 67,034.                     |
| <b>10</b> Payroll taxes .....   | 743,237.              | 566,203.                        | 92,255.                                | 84,779.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 113,119.              | 83,489.                         | 16,388.                                | 13,242.                     |
| <b>c</b> Accounting .....   | 106,299.              |                                 | 106,299.                               |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .....  | 1,221,947.            |                                 |  | 1,221,947.                  |
| <b>f</b> Investment management fees .....   | 53,459.               |                                 | 53,459.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....   | 2,137,886.            | 1,656,344.                      | 218,823.                               | 262,719.                    |
| <b>12</b> Advertising and promotion .....   | 14,954.               | 6,817.                          | 184.                                   | 7,953.                      |
| <b>13</b> Office expenses .....   | 605,253.              | 469,571.                        | 54,847.                                | 80,835.                     |
| <b>14</b> Information technology .....  | 4,248,284.            | 3,630,502.                      | 268,096.                               | 349,686.                    |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 539,317.              | 373,296.                        | 166,021.                               |                             |
| <b>17</b> Travel .....  | 1,744,535.            | 1,614,626.                      | 72,499.                                | 57,410.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 438,722.              | 200,000.                        | 5,386.                                 | 233,336.                    |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 190,020.              | 184,109.                        | 5,911.                                 |                             |
| <b>23</b> Insurance .....   | 157,067.              | 51,652.                         | 62,397.                                | 43,018.                     |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> G&A ALLOCATION   | 0.                    | 1,777,264.                      |  | -1,777,264.                 |
| <b>b</b> FIELD EXPENSES   | 3,322,535.            | 3,321,731.                      | 256.                                   | 548.                        |
| <b>c</b> DIRECT MAIL  | 1,143,983.            |                                 |  | 1,143,983.                  |
| <b>d</b> MISCELLANEOUS  | 108,966.              | 20,029.                         | 46,998.                                | 41,939.                     |
| <b>e</b> All other expenses   | 325,315.              | 172,762.                        | 78,624.                                | 73,929.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 29,675,282.           | 23,725,503.                     | 2,895,054.                             | 3,054,725.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 2,365,931.            | 1,777,264.                      | 0.                                     | 588,667.                    |

Form 990 (2024)

**Part X Balance Sheet**

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

|   |  | (A)                   |             | (B)                   |
|---|--|-----------------------|-------------|-----------------------|
|   |  | Beginning of year     |             | End of year           |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,689,895.            | <b>1</b>    | 3,258,251.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 7,508,312.            | <b>2</b>    | 9,581,681.            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,353,580.            | <b>3</b>    | 562,953.              |
|   | <b>4</b> Accounts receivable, net .....  | 211,097.              | <b>4</b>    | 197,166.              |
|   | <b>5</b> 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 ..... |                       | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                       | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                       | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use .....   |                       | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 259,753.              | <b>9</b>    | 437,558.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 2,303,331. |             |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 596,159.   | 1,272,518.  | <b>10c</b> 1,707,172. |
|   | <b>11</b> Investments - publicly traded securities .....   | 7,243,230.            | <b>11</b>   | 5,076,070.            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                       | <b>12</b>   |                       |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                       | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets .....  |                       | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,010,210.            | <b>15</b>   | 1,737,414.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 21,548,595.  | <b>16</b>             | 22,558,265. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 2,420,125.            | <b>17</b>   | 2,475,211.            |
|   | <b>18</b> Grants payable .....   |                       | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue .....   | 1,240,635.            | <b>19</b>   | 1,357,408.            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                       | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                       | <b>21</b>   |                       |
|   | <b>22</b> Loans and other 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 .....     |                       | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                       | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                       | <b>24</b>   |                       |
|   | <b>25</b> 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 .....  | 205,764.              | <b>25</b>   | 42,030.               |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 3,866,524.            | <b>26</b>   | 3,874,649.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                       |             |                       |
|   | <b>27</b> Net assets without donor restrictions .....  | 12,212,989.           | <b>27</b>   | 12,103,810.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 5,469,082.            | <b>28</b>   | 6,579,806.            |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                       |             |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                       | <b>29</b>   |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                       | <b>30</b>   |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                       | <b>31</b>   |                       |
|   | <b>32</b> Total net assets or fund balances .....  | 17,682,071.           | <b>32</b>   | 18,683,616.           |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 21,548,595.  | <b>33</b>             | 22,558,265. |                       |

Form 990 (2024)

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 30,550,365. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 29,675,282. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 875,083.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 17,682,071. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 281,101.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -154,639.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 18,683,616. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____   | X   |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____  | X   |    |

Form 990 (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH EDUCATION AND CONSERVATION) and Employer identification number (94-2474731)

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [ ] An organization organized and operated exclusively to test for public safety.
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).
a [ ] 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.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations [ ]
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 89.28%; 15 Public support percentage from 2023 Schedule A, Part II, line 14 89.77%; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [ ]; 17a 10% -facts-and-circumstances test - 2024. 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 organization [ ]; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [ ].

Schedule A (Form 990) 2024

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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 .....     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>13 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 year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <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?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |  |
|---|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |  |
| <b>a</b> 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? <i>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.</i> | Yes | No |  |
| <b>b</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? <i>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.</i>  |     |    |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |  |
| <b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>  |     |    |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |  |
| <b>2a</b>   |     |    |  |
| <b>2b</b>   |     |    |  |
| <b>3a</b>   |     |    |  |
| <b>3b</b>   |     |    |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | 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  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2024 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---|---|--|---|
| 1   | Distributable amount for 2024 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2024   |  |   |
| a   | From 2019   |  |   |
| b   | From 2020   |  |   |
| c   | From 2021   |  |   |
| d   | From 2022   |  |   |
| e   | From 2023   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to under distributions of prior years   |  |   |
| h   | Applied to 2024 distributable amount  |  |   |
| i   | Carryover from 2019 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2024 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2024 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2020  |  |   |
| b   | Excess from 2021  |  |   |
| c   | Excess from 2022  |  |   |
| d   | Excess from 2023  |  |   |
| e   | Excess from 2024  |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

|  |   |
|--|---|
| Name of the organization<br>JANE GOODALL INSTITUTE FOR WILDLIFE<br>RESEARCH EDUCATION AND CONSERVATION | <b>Employer identification number</b><br>94-2474731 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|  |   |
|--|---|
| Name of organization<br>JANE GOODALL INSTITUTE FOR WILDLIFE<br>RESEARCH EDUCATION AND CONSERVATION | <b>Employer identification number</b><br>94-2474731 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ 4,851,155.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ 2,300,000.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ 1,500,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ 1,500,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |  |
|--|--|
| Name of organization<br>JANE GOODALL INSTITUTE FOR WILDLIFE<br>RESEARCH EDUCATION AND CONSERVATION | Employer identification number<br>94-2474731 |
|--|--|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 2                            | SOFTWARE<br>_____<br>_____<br>_____          | \$ 2,300,000.                                   | 05/05/23             |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |

|  |  |
|--|--|
| Name of organization<br>JANE GOODALL INSTITUTE FOR WILDLIFE<br>RESEARCH EDUCATION AND CONSERVATION | Employer identification number<br>94-2474731 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization **JANE GOODALL INSTITUTE FOR WILDLIFE  
RESEARCH EDUCATION AND CONSERVATION**

Employer identification number  
**94-2474731**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held 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 |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....   | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

|   |    |          |
|---|----|----------|
| (i) Revenue included on Form 990, Part VIII, line 1 ..... | \$ | 365,000. |
| (ii) Assets included in Form 990, Part X .....            | \$ | 365,000. |

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 FASB ASC 958 relating to these items:

|   |    |  |
|---|----|--|
| a Revenue included on Form 990, Part VIII, line 1 ..... | \$ |  |
| b Assets included in Form 990, Part X .....             | \$ |  |

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

Schedule D (Form 990) (Rev. 12-2024)

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, 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                     | 1,165,673.       | 1,078,517.     | 1,227,778.         | 1,227,778.           | 1,227,778.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 89,487.          | 87,156.        | -149,261.          | 50,321.              | 109,852.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    | 50,321.              | 109,852.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,255,160.       | 1,165,673.     | 1,078,517.         | 1,227,778.           | 1,227,778.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  |     | X  |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 226,218.                        |                              | 226,218.       |
| b Buildings   |                                      | 954,656.                        | 123,791.                     | 830,865.       |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 183,515.                        | 74,239.                      | 109,276.       |
| e Other   |                                      | 938,942.                        | 398,129.                     | 540,813.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 1,707,172.     |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (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 Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (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 Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) RIGHT-OF-USE ASSET (CONGO ISLAND), NET                                | 1,638,951.     |
| (2) RIGHT-OF-USE ASSET OPERATING LEASE                                    | 38,881.        |
| (3) SECURITY DEPOSIT  | 59,582.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 1,737,414.     |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OPERATING LEASE LIABILITY   | 42,030.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 42,030.        |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 30,550,365.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 29,675,282.

Part XIII Supplemental Information

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

PART III, LINE 4:

IN 2024, JGI-USA BEGAN ACQUIRING A COMMISSIONED COLLECTION OF ORIGINAL ARTWORK PORTRAYING DR. JANE GOODALL AND NOTABLE CHIMPANZEES ASSOCIATED DR. GOODALL'S EXPERIENCES. THE COLLECTION WAS FUNDED ENTIRELY BY DONOR CONTRIBUTIONS DESIGNATED FOR THIS PURPOSE. AS OF YEAR-END 2024, SIX PIECES WERE COMPLETED, APPRAISED OR REASONABLY VALUED, AND RECORDED AS CAPITALIZED, NON-DEPRECIABLE ASSETS. THE COLLECTION IS INTENDED FOR LONG-TERM INSTITUTIONAL USE TO ADVANCE PUBLIC EDUCATION, DONOR ENGAGEMENT, AND MISSION AWARENESS THROUGH EXHIBITS, EVENTS, AND OUTREACH. THESE WORKS OF ART HELP FURTHER JGI-USA'S EXEMPT PURPOSE BY VISUALLY CONVEYING THE IMPACT OF ITS CONSERVATION, SCIENCE, AND EDUCATION PROGRAMS. THE ARTWORK HIGHLIGHTS THE LEGACY OF DR. GOODALL AND THE SPECIES THE INSTITUTE PROTECTS, HELPING TO INSPIRE AND ENGAGE NEW AUDIENCES IN SUPPORT OF ITS CHARITABLE MISSION. ALL SIX STUDIES REMAIN UNDER JGI-USA'S OWNERSHIP AS OF THE FILING DATE, AND THERE ARE NO CURRENT PLANS TO SELL THEM. ONE ADDITIONAL COMMISSIONED PORTRAIT IS EXPECTED TO BE COMPLETED AND CAPITALIZED IN 2025.

PART V, LINE 4:

INCOME EARNED ON THE INVESTED BALANCE IS TO BE USED TO SUPPORT THE GENERAL OPERATIONS OF THE INSTITUTE.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>JANE GOODALL INSTITUTE FOR WILDLIFE<br/>RESEARCH EDUCATION AND CONSERVATION</b> | <b>Employer identification number</b><br><br>94-2474731 |
|--|---|

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional 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 |
|---|-------------------------------------|--|--|--|--|
| SUB-SAHARAN AFRICA                                      | 4                                   | 372  | PROGRAM SERVICES   | PROGRAM WORK, INVOLVES PROTECTING CHIMPANZEES AND THEIR HABITAT  | 18,928,734.  |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | GRANTMAKING  |  | 135,922.   |
| EUROPE  | 0                                   | 0  | GRANTMAKING  |  | 128,000.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 4                                   | 372  |  |  | 19,192,656.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 4                                   | 372  |  |  | 19,192,656.  |

**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.

| 1<br>(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) |
|-------------------------------|--|--------------------|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | SUB-SAHARAN AFRICA | FUNDING SUPPORT FOR CHIMP EDEN IN SOUTH AFRICA | 50,000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | EUROPE             | FUNDING TO PROGRAM                             | 103,000.                 | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | EUROPE             | FUNDING TO PROGRAM IN EUROPE                   | 25,000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  |                    |  |                          |                                 |                                  |                                       |   |
|                               |  |                    |  |                          |                                 |                                  |                                       |   |
|                               |  |                    |  |                          |                                 |                                  |                                       |   |
|                               |  |                    |  |                          |                                 |                                  |                                       |   |
|                               |  |                    |  |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 3

3 Enter total number of other organizations or entities ..... 0

**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) |
|---|--------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| SCHOLARSHIP FUNDS OFFERED TO STUDENTS AT VARIOUS EDUCATION LEVELS | SUB-SAHARAN AFRICA | 67                       | 85,922. WIRE             |                                 | 0.                               |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |
|   |                    |                          |                          |                                 |                                  |                                       |   |

**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) (Rev. 12-2024)

**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.

PART I, LINE 2:

PROJECT PROPOSALS ARE REQUIRED PRIOR TO FUNDING AND PROGRESS REPORTS AND MONTHLY CALLS ARE REQUIRED THROUGHOUT THE DURATION OF EACH PROJECT.

Lined area for supplemental information input.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|--|---|--------------|--------------|------------------|---------------------------------|
|  |   | (event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts .....   |              |              |                  |                                 |
|  | <b>2</b> Less: Contributions .....  |              |              |                  |                                 |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           |              |              |                  |                                 |
| Direct Expenses  | <b>4</b> Cash prizes .....  |              |              |                  |                                 |
|  | <b>5</b> Noncash prizes .....   |              |              |                  |                                 |
|  | <b>6</b> Rent/facility costs .....  |              |              |                  |                                 |
|  | <b>7</b> Food and beverages .....   |              |              |                  |                                 |
|  | <b>8</b> Entertainment .....  |              |              |                  |                                 |
|  | <b>9</b> Other direct expenses .....  |              |              |                  |                                 |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |              |                  |                                 |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |              |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|------------------|--|
|   |   | <b>1</b> Gross revenue .....  |   |                  |  |
| Direct Expenses   | <b>2</b> Cash prizes .....  |   |   |                  |  |
|   | <b>3</b> Noncash prizes .....                                       |   |   |                  |  |
|   | <b>4</b> Rent/facility costs .....                                  |   |   |                  |  |
|   | <b>5</b> Other direct expenses .....                                |   |   |                  |  |
| <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |                  |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |                  |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

JANE GOODALL INSTITUTE FOR WILDLIFE

Schedule G (Form 990) (Rev. 12-2024) RESEARCH EDUCATION AND CONSERVATION

94-2474731

Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHAPMAN CUBINE ADAMS & HUSSEY

(I) ADDRESS OF FUNDRAISER: 2000 15TH ST. N, ARLINGTON, VA 22201

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **JANE GOODALL INSTITUTE FOR WILDLIFE  
RESEARCH EDUCATION AND CONSERVATION** Employer identification number **94-2474731**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| PATHFINDER<br>9 GALEN STREET, SUITE 217<br>WATERTOWN, MA 02472                  | 53-0235320 | 501(C)(3)                       | 866,510.                 | 0.                               |   |                                       | IMPROVE ACCESS TO QUALITY<br>SEXUAL REPRODUCTIVE<br>HEALTH (SRH). INCREASE<br>YOUTH ACCESS TO |
| SAVE THE CHILDREN<br>501 KINGS HIGHWAY EAST, SUITE 400<br>FAIRFIELD, CT 06825   | 06-0726487 | 501C3                           | 157,254.                 | 0.                               |   |                                       | SUPPORT 58 VILLAGES IN<br>WESTERN TANZANIA TO<br>ADDRESS FOREST<br>DEGRADATION AND            |
| MASON COUNTY BOARD OF EDUCATION<br>1 EDUCATION LANE<br>POINT PLEASANT, WV 25550 |            | 115                             | 11,000.                  | 0.                               |   |                                       | ROOTS AND SHOOT PROGRAM<br>AND THE RAPAIR OF<br>GREENHOUSE                                    |
|   |            |                                 |                          |                                  |   |                                       |   |
|   |            |                                 |                          |                                  |   |                                       |   |
|   |            |                                 |                          |                                  |   |                                       |   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 3.

**3** Enter total number of other organizations listed in the line 1 table ..... 0.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| BASECAMP PROGRAM                | 176                      | 0.                       | 98,202.                           | FMV   | BASECAMP'S PROGRAMS                   |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

JGI MONITORS THE ORGANIZATION'S FINANCIAL AND TECHNICAL PERFORMANCE THROUGH THE REVIEW OF MONTHLY FINANCIAL REPORTS AND THE REVIEW OF PROGRAM REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PATHFINDER

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE ACCESS TO QUALITY SEXUAL REPRODUCTIVE HEALTH (SRH). INCREASE YOUTH ACCESS TO EDUCATION, COUNSELING, AND SERVICES; IMPROVE MATERNAL, NEWBORN AND CHILD HEALTH (MNCH). ENHANCE INTEGRATION OF FP AND BIODIVERSITY CONSERVATION AND PREVENTION OF GENDER-BASED VIOLENCE (GBV).

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT 58 VILLAGES IN WESTERN TANZANIA TO ADDRESS FOREST DEGRADATION AND BIODIVERSITY LOSS BY PROMOTING CLIMATE-SMART AGRICULTURE, SUSTAINABLE INTENSIFICATION, AND INCOME DIVERSIFICATION. THE PROJECT WILL EMPOWER WOMEN AND YOUNG GIRLS, STRENGTHEN AGRICULTURAL VALUE CHAINS, AND FOSTER PRIVATE ENTERPRISES TO

Schedule I (Form 990)

**Part IV Supplemental Information**

IMPROVE LIVELIHOODS AND RESILIENCE.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **JANE GOODALL INSTITUTE FOR WILDLIFE  
RESEARCH EDUCATION AND CONSERVATION** Employer identification number  
**94-2474731**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) (Rev. 12-2024)



**Part III Supplemental Information**

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

JANE GOODALL, FOUNDER, FLIES IN BUSINESS CLASS OR FIRST CLASS WHEN TRAVELING AND IS REIMBURSED BY THE INSTITUTE. WHEN A STAFF MEMBER TRAVELS AS A COMPANION TO DR. GOODALL THEY FLY IN THE SAME CLASS. THIS ARRANGEMENT WAS APPROVED BY THE BOARD OF DIRECTORS.

ONE HIGHLY COMPENSATED EMPLOYEE LIVES IN TANZANIA AND SERVES AS THE CHIEF OF PARTY FOR THE INSTITUTE'S COOPERATIVE AGREEMENT WITH USAID. AS PART OF HIS EMPLOYMENT TERMS, HE RECEIVES FINANCIAL SUPPORT FOR HIS HOUSING AND SECURITY IN TANZANIA UNDER THE PROGRAM'S EXPENSES.

PART I, LINE 7:

ANNA RATHMANN -RECEIVED A MERIT BASED BONUS OF \$67,098 DURING THE YEAR.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **JANE GOODALL INSTITUTE FOR WILDLIFE  
RESEARCH EDUCATION AND CONSERVATION** Employer identification number  
**94-2474731**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|---|--|--|
| 1 Art - Works of art   |                               |   |  |  |
| 2 Art - Historical treasures                                 |                               |   |  |  |
| 3 Art - Fractional interests                                 |                               |   |  |  |
| 4 Books and publications                                     |                               |   |  |  |
| 5 Clothing and household goods                               |                               |   |  |  |
| 6 Cars and other vehicles                                    |                               |   |  |  |
| 7 Boats and planes   |                               |   |  |  |
| 8 Intellectual property                                      |                               |   |  |  |
| 9 Securities - Publicly traded                               | X                             | 64  | 384,035.   | INVESTMENT BROKER REPORT                                     |
| 10 Securities - Closely held stock                           |                               |   |  |  |
| 11 Securities - Partnership, LLC, or trust interests         |                               |   |  |  |
| 12 Securities - Miscellaneous                                |                               |   |  |  |
| 13 Qualified conservation contribution - Historic structures |                               |   |  |  |
| 14 Qualified conservation contribution - Other               |                               |   |  |  |
| 15 Real estate - Residential                                 |                               |   |  |  |
| 16 Real estate - Commercial                                  |                               |   |  |  |
| 17 Real estate - Other                                       |                               |   |  |  |
| 18 Collectibles  |                               |   |  |  |
| 19 Food inventory  |                               |   |  |  |
| 20 Drugs and medical supplies                                |                               |   |  |  |
| 21 Taxidermy   |                               |   |  |  |
| 22 Historical artifacts                                      |                               |   |  |  |
| 23 Scientific specimens                                      |                               |   |  |  |
| 24 Archeological artifacts                                   |                               |   |  |  |
| 25 Other ( SOFTWARE )  | X                             | 1   | 2,800,000.   | FMV  |
| 26 Other ( )   |                               |   |  |  |
| 27 Other ( )   |                               |   |  |  |
| 28 Other ( )   |                               |   |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a | X   |    |
| 31  | X   |    |
| 32a | X   |    |

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

Schedule M (Form 990) 2024

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | JANE GOODALL INSTITUTE FOR WILDLIFE<br>RESEARCH EDUCATION AND CONSERVATION | Employer identification number | 94-2474731 |
|--------------------------|--|--------------------------------|------------|

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:  
TANZANIA, CONGO, DEM REP, CONGO (BRAZZAVILLE), UGANDA

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

1. SENIOR MANAGEMENT OF THE ORGANIZATION IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE 990.
2. THE COMPLETED DRAFT FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL MEMBERS OF THE COMMITTEE. ALL QUESTIONS, CONCERNS, ETC. OF THE AUDIT COMMITTEE MEMBERS WERE ADDRESSED BY THE VP OF FINANCE AND INCORPORATED INTO THE FORM 990, AS APPROPRIATE.
3. ALL MEMBERS OF THE BOARD WERE INVITED TO REVIEW THE COMPLETED FORM 990 IN ADVANCE OF THE FILING DEADLINE. ALL QUESTIONS, CONCERNS, ETC. OF THE MEMBERS OF THE BOARD WERE ADDRESSED BY THE VP OF FINANCE AND INCORPORATED INTO THE FORM 990, AS APPROPRIATE.
4. AFTER ALL OF THE INPUT FROM THE BOARD AND THE AUDIT COMMITTEE WAS APPROPRIATELY ADDRESSED, SENIOR MANAGEMENT OF THE ORGANIZATION FORWARDED A FINAL COPY TO THE BOARD AND FILED THE FINAL FORM 990.
5. A BOARD/COMMITTEE RESOLUTION IS REQUIRED IN ORDER FOR FORM 990 TO BE FILED.

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

ON AN ANNUAL BASIS, EACH INSTITUTE EMPLOYEE, OFFICER, DIRECTOR, FORMAL REPRESENTATIVE AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON:

- (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- (B) HAS READ AND UNDERSTANDS THE POLICY,
- (C) HAS AGREED TO COMPLY WITH THE POLICY, AND
- (D) UNDERSTANDS THAT THE INSTITUTE IS A NON-PROFIT/CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

AFTER DISCLOSURE OF A FINANCIAL INTEREST, THE INTERESTED PERSON LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE DISCLOSURE IS MADE TO THE EXECUTIVE DIRECTOR, THE EXECUTIVE DIRECTOR GIVES INSTRUCTIONS TO THE INTERESTED PERSON FOR HOW THE MATTER WILL BE ADDRESSED.

PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST:

- (A) THE EXECUTIVE DIRECTOR OR THE CHAIRPERSON OF THE BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE EXISTING OR PROPOSED TRANSACTION OR ARRANGEMENT.
- (B) AFTER EXERCISING DUE DILIGENCE, THE EXECUTIVE DIRECTOR OR BOARD OR COMMITTEE DETERMINES WHETHER THE INSTITUTE CAN OBTAIN A MORE ADVANTAGEOUS (OR COMPARABLE) TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- (C) IF A MORE ADVANTAGEOUS (OR COMPARABLE) TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

|  |  |
|--|--|
| Name of the organization<br>JANE GOODALL INSTITUTE FOR WILDLIFE<br>RESEARCH EDUCATION AND CONSERVATION | Employer identification number<br>94-2474731 |
|--|--|

OF THE DISINTERESTED DIRECTORS (OR COMMITTEE MEMBERS, AS THE CASE, MAY BE), OR THE EXECUTIVE DIRECTOR DETERMINES, WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE INSTITUTE'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE INSTITUTE AND MAKES ITS DECISION AS TO WHETHER TO MAINTAIN OR ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A:

JGI'S BOARD, WITH EXTERNAL CONSULTANTS, SETS COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2023. THE RESULTS OF THE SALARY COMPENSATION REVIEW WAS REVIEWED WITH THE SENIOR LEADERSHIP TEAM AND BOARD AND WAS USED TO GUIDE MANAGEMENT IN DETERMINING SALARY LEVELS. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN WRITING TO OUTSIDE H.R. PERSONNEL.

MANAGERS COMPLETE SELF-EVALUATIONS. PERFORMANCE REVIEW FORMS ARE ALSO COMPLETED BY THE EXECUTIVE DIRECTOR FOR SENIOR MANAGERS AND BY MANAGERS FOR THEIR STAFF. IN-PERSON REVIEWS ARE ALSO CONDUCTED AT ALL LEVELS. COMPLETED EVALUATION FORMS ARE MAINTAINED IN THE INDIVIDUAL'S PERSONNEL FILE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

JGI MAINTAINS COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS IN ITS OFFICE IN WASHINGTON, DC. THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. A SUMMARY STATEMENT OF THE ORGANIZATION'S FINANCIAL POSITION IS INCLUDED IN THE ANNUAL REPORT, WHICH IS MAILED TO CONTRIBUTORS AND AVAILABLE ON JGI'S WEB SITE.

FORM 990, PART VII, BOARD MEMBER COMPENSATION:

DURING 2024, JGI PAID \$22,039 IN BENEFIT COSTS ON JANE GOODALL'S (BOARD MEMBER) BEHALF. THESE BENEFITS WERE LESS THAN THE FAIR MARKET VALUE OF SERVICES PROVIDED BY HER TO JGI. THE INSURANCE COST BENEFITS WERE UNRELATED TO HER POSITION AS A BOARD MEMBER.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EXCHANGE RATE LOSS -154,639.