### 2018 TAX RETURN

Government Copy

Client:	55E002
Prepared for:	WILD EARTH SOCIETY INCORPORATED DBA WILDLANDS NETWORK 1402 3rd Ave Suite 1019 Seattle, WA 98101
Prepared by:	David G. Bembridge CPA Dave Bembridge, CPA, PS 340 15th Ave East, Ste 303 Seattle, WA 98112 2063237103
Date:	August 30, 2019
Comments:	
<b>5</b>	
Route to:	

FDIL2001L 05/22/18

### DAVE BEMBRIDGE, CPA, PS 340 15TH AVE EAST, STE 303 SEATTLE, WA 98112 2063237103

August 30, 2019

WILD EARTH SOCIETY INCORPORATED DBA WILDLANDS NETWORK 1402 3rd Ave Suite 1019 Seattle, WA 98101

Dear Client:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

David G. Bembridge CPA

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

www.n3.gc	w/e-me-providers/e-me-for-charmes-and-non-pro	onts.						
Automat	ic 6-Month Extension of Time. Only su	ıbmit origin	al (no copies needed).					
All corpora	tions required to file an income tax return other	than Form 99	00-T (including 1120-C filers), partnership	os, REMICs, and tr	usts must			
use Form	7004 to request an extension of time to file incor	me tax returns		fying number, see	instructions			
	Name of exempt organization or other filer, see instructions.		Litter mer 3 identi	Employer identification				
Type or					(=,			
print	WILD EARTH SOCIETY INCORPORA	TED		16 1400407				
	DBA WILDLANDS NETWORK  Number, street, and room or suite number. If a P.O. box, se	e instructions		16-1402497 Social security number	(SSN)			
File by the due date for		0 111011 401101101		Coolar coolarly marrison	(00.1)			
filing your return. See	1402 3rd Ave #1019 City, town or post office, state, and ZIP code. For a foreign a	address see instru	ıctions					
instructions.		address, see mstre	actions.					
	Seattle, WA 98101							
Enter the F	Return Code for the return that this application is	s for (file a se	parate application for each return)		01			
Applicatio	n	Return	Application		Return			
ls For		Code	ls For		Code			
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-l	3L	02	Form 1041-A		08			
Form 4720	(individual)	03	Form 4720 (other than individual)					
Form 990-l	PF	04	Form 5227		10			
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-	T (trust other than above)	06	Form 8870		12			
<ul><li>If the c</li><li>If this i check is</li></ul>	one No. ► (206) 226-3354  organization does not have an office or place of less for a Group Return, enter the organization's found this box ►	our digit Group	e United States, check this box  Exemption Number (GEN)	f this is for the who				
for th ►	lest an automatic 6-month extension of time until e organization named above. The extension is for the calendar year 20 $\underline{18}$ or	ne organization	's return for:	zation return				
<b>•</b>	tax year beginning, 20	, and endir	ng , 20					
2 If the	tax year entered in line 1 is for less than 12 mg	onths, check r	eason: Initial return Fir	nal return				
	change in accounting period							
3a If this	application is for Forms 990-BL, 990-PF, 990-Tefundable credits. See instructions	, 4720, or 600	69, enter the tentative tax, less any	3a \$	0			
<b>b</b> If this tax p	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaym	or 6069, enter nent allowed a	any refundable credits and estimated as a credit	3 b \$	0			
c Balaı EFTF	nce due. Subtract line 3b from line 3a. Include y PS (Electronic Federal Tax Payment System). Se	our payment vee instructions	with this form, if required, by using	3 c \$	0			
	you are going to make an electronic funds with structions.	drawal (direct	debit) with this Form 8868, see Form 84	453-EO and Form 8	8879-EO for			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

### Form 990

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gowForm990 for instructions and the latest information.

Open to Public Inspection

A	For the 2	2018 calen	dar year, or tax	year beg	ginning		, 2018	3, and endi	ng	days II			
В	Check if app	plicable:	С	-						D Employ	er identifi	cation number	
	Address	s change	WILD EARTH	WILD EARTH SOCIETY INCORPORATED 16-1402497									
	Name	change	DBA WILDL	ANDS N	NETWORK					E Telepho	ne numbe	H	
	Initial r	netum	1402 3rd										
	H	urn/terminated	Seattle,	WA 981	101					-			
	Н	sed return								G Gross n	Sweet S	1,662,	956
	н	ation pending	F Name and addr	ess of princ	inal officer				H(a) Is this	a group return	_		X No
	Пири	and puranty	Same As C						1	subordinates attach a list		П	No
-	Tax.axan	npt status:	X 501(c)(3)	501(e)	Charles and the same of the sa	sert no.)	4947(a)(1)	or 1 527	H 7No.	" attach a list.	(see inst	ructions)	_
÷		te: - N/	Accept 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	] 301(0)	/ / /*	out no.y	14047(4)(1)	A LUE	- West Comm	exemption nu			
ĸ		organization:	X Corporation	Trust	Association	Other -	T <sub>1</sub>	Year of forma	1-4-5			gal domicile: WA	-
				Trust	Association	Caller.	- 1	, rear or ionna	acon: 133	T 1m :	tale or le	gai comicie: NA	_
1	1 Bri	Summar	<b>y</b> be the organiza	tion's mi	reion or most e	ianificant a	etostine Mi	141660	*****	ah aa		ration as	
	-	ducatio		UOI15 IIII	SSIGIT OF THOSE S	agrillion it a	cuviues.W1	Idille	resear	cn, co	userv	derion, a	iu
90	-	ducatio	<u></u>										
je													
Activities & Governance	2 Ch	eck this be	ox ► if the	organiza	tion discontinue	ed its opera	tions or dis	posed of m	nore than 2	5% of its	net ass	ets.	
පි	3 Nu		oting members									7.000	8
95	4 Nu		dependent votir								4		- 8
Ę.	5 To		r of individuals of								5		16
Ę	6 To		r of volunteers (								6		5
¥		tal unrelat	ed business rev	enue fro	m Part VIII, col	umn (C), lir	ne 12			******	7a		0.
	b No	t unrelated	d business taxal	ole incon	ne from Form 9	90-T, line 3	8		-	CONTRACTOR OF THE PARTY OF	7b		0.
					143					rior Year		Current Ye	_
2	9.0		and grants (Pa							1,351,8		1,660	,199.
Revenue			vice revenue (P							14,6			241
36.			ncome (Part VII ue (Part VIII, col								296.	2	341.
-			e – add lines 8							1,369,4	81.	1,662	722
_			amilar amounts							1,303,9	113.	1,002	, 132.
			to or for memb								-		
			er compensatio		· · · · · · · · · · · · · · · · · · ·				_				
89	15 30								-	150,1	.55.	9/1	, 110.
Expenses	Iba Pr		fundraising fee						77 77 77		and the same of		
×	b To		sing expenses (				- 2						
_	17 0		ses (Part IX, co							353,6			,598.
			es. Add lines 13							1,109,8		1,420	
_		evenue les	s expenses. Sut	otract lin	e 18 from line	2	granita (gr	according to		259,6			,356.
8	20 To									ng of Currer		End of Ye	
		ital assets	(Part X, line 16	1			9.000000			782,6		1,012	
t Ass	21 To		es (Part X, line							54,6	552.	44	,237.
Not			r fund balances	. Subtrac	ct line 21 from I	ine 20				727,9	999.	968	,292.
P	art II	Signatu	re Block										
Und	der penalties	of perjury, 1 d	lecture that I have ex- arer (other than office	amined this	seturn, including acc	companying sch	hedules and sta	ntements, and t	to the best of r	ny knowledge	and belie	of, it is true, correct	t, and
	ipiece. Decia	T.	arer (dater drain onto	17 12 04300	on at thompson o	winds prepare	or mas any rende	nouge.		12		73	
		-	ure of officer	1	Colo					7,1	./	7	
Si	gn			$\mathcal{Q}_{\perp}$					_	are.		0.000000	
Н	ere		GORY COST						Exec	utive .	Direc	ctor	
_		***	e print name and title		10			In.			1. 1	OTIM	
		17.77	preparer's name		Preparer's sign			Date		Check	<b></b> "	PTIN	
	aid		G. Bembri				cidge CI	'A		self-employ	red	P00084442	33
Pi	eparer	Firm's nam			idge, CPA,					4	755		
U	se Only	Firm's add			ve East, S	te 303				Firm's EIN		1666415	
					A 98112					Phone no.		3237103	
Ma	y the IRS	discuss t	his return with t	he prepa	arer shown above	ve? (see ind	structions).		mirror			X Yes	No

Par	i III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		v
1	Briefly	y describe the organization's mission:		. Λ
	-	Schedule 0		
	<u> </u>			
2		e organization undertake any significant program services during the year which were not listed on the prior	[]	
		990 or 990-EZ?	es X	No
			es X	No
		s," describe these changes on Schedule O.	es V	No
		ribe the organization's program service accomplishments for each of its three largest program services, as measured	hv expens	ses.
	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total evenue, if any, for each program service reported.	al expens	es,
	anu n	evenue, il any, for each program service reporteu.		
4 a	(Code	e:) (Expenses \$1,078,200. including grants of \$) (Revenue \$		)
		Schedule 0		
	<u> </u>	- <u></u>		
4 h	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
	(0000			
4 c	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
	`			
4 d	Other	program services (Describe in Schedule O.)		
	(Ехре	enses \$ including grants of \$ ) (Revenue \$	)	
4 e	Total	program service expenses ► 1,078,200.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
k	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

# Form 990 (2018) WILD EARTH SOCIETY INCORPORATED Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<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> .	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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>	35b		
36	<b>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>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
3 A A	(gambling) winnings to prize winners?	1 c	X	(0010)

Form 990 (2018) WILD EARTH SOCIETY INCORPORATED

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Χ
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue gualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) WILD EARTH SOCIETY INCORPORATED 16-1402497 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 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. Indicate how you made these available. Check all that apply X Upon request Own website Another's website X Other (explain in Schedule O) See Sch. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

(206) 226-3354

Seattle WA 98101

ALICIA HEALEY 1402 3rd Ave

## 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) STEVE OLSON 4 0 President Χ Χ 0 0 0. (2) DAVID JOHNS 4 0 Χ Χ 0 0 Secretary 0. (3) KAREN BEAZLEY 1 0 Director Χ 0 0 0. (4) BARBARA DEAN 2 Director 0 Χ 0 0 0. (5) JAMES ESTES 2 0 Χ 0 0. 0. Director 2 (6) DIANA HADLEY 0 Χ 0. 0. Director 0 2 (7) WENDY FRANCIS Vice President 0 Χ 0. Χ 0. 0. 2 (8) RICHARD PRITZLAFF 0 Χ Director 0 0 0. (9) GREGORY COSTELLO 40 Executive Dir. 0 Χ 114,788 0 0. (10) KIMBERLY HEALEY 20 0 Χ 0 0. Bookkeeper 34,545 (11)(12)(13)(14)

Part VII   Section A. Officers, Directors, 11	(B)	ney	Em	1D10	_	es, a	anc	a nignest Com	ipensated Emp	oyees	(cont	inuea)
	` `			•	•	than		<b>(D)</b>	<b>(E)</b>		<b>(</b> E)	
<b>(A)</b> Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trus	n an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	E	<b>(F)</b> stimated	d
	week (list any	L-						compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	unt of o pensati rom the	ion
	hours for	or director	stitut	Officer	ey en	ghesi nploy	Former	(W-2/1099-WIGG)	(W-2/1099-WIGC)	org	janizatio d relate	on
	related organiza - tions	ctor tr	onal	_	Key employee	ee moo 1	۲			org	anizatio	ıns
	below dotted	individual trustee or director	Institutional trustee		ee	Highest compensated employee						
	line)		8			ated						
(15)												
(16)												
(17)												
		•										
(18)												
(19)		•										
(20)												
		•										
(21)												
(22)												
(23)												
(24)		-										
(25)												
(23)												
1 b Sub-total							<b>&gt;</b>	149,333.	0.			0.
c Total from continuation sheets to Part VII, Sec							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							<b>▶</b>	149,333.	0.			0.
2 Total number of individuals (including but not limite from the organization ► 1	ed to those i	istea	abo	ve) \	WHO	recei	veu	more than \$100,00	o or reportable comp	ensalio	1	
											Yes	No
3 Did the organization list any former officer, dire	ctor, or tru	ıstee	, key	y en	nplo	/ee,	or h	nighest compensati	ted employee			
on line 1a? If 'Yes,' compléte Schedule J for su										. 3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations grea	of reportab ter than \$1	le co 50.0	mpe 00?	ensa If '\	tion	and com	oth	er compensation te Schedule J for	from			
such individual										4		X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Yo	ue comper	nsatio	n fr	om	any I fo	unre	late	ed organization or	individual	5		X
Section B. Independent Contractors										ı		1 21
Complete this table for your five highest compecompensation from the organization. Report compe	nsated ind	epen	den alen	t coi dar	ntrad vear	ctors endii	tha	t received more the	nan \$100,000 of ganization's tax year			
(A) Name and business ad			<u></u>		<i>y</i> • • • •	0		(B)		(	C)	
Name and business ad	dress							Description of	of services	Compe	nsatio	on
2 Total number of independent contractors (including		ited t	o the	ose I	listed	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	n <b>-</b> 0											

# Form 990 (2018) WILD EARTH SOCIETY INCORPORATED Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to a	ny line in this Part V	ΊΙΙ		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in lines 1a-1f: \$   h Total. Add lines 1a-1f	1,660,199.			
ice Revenue	2a Program Revenue b c	1,000,199.			
Program Service Revenue	de  f All other program service revenue  g Total. Add lines 2a-2f	<b>-</b>			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li></ul>	511.			341.
	(i) Real (ii) Personal  6 a Gross rents	-			
	assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
Oth	c Net income or (loss) from fundraising events	-			
	c Net income or (loss) from gaming activities				
	c Net income or (loss) from sales of inventory           Miscellaneous Revenue         Business Code           11a         Other Revenue	-24. 2,000.	-24. 2,000.		
	b Refunds & Reimbursements c Royalties d All other revenue	208.	208.		
	C Total. Add lines Tra Tra	2,216. 1,662,732.	2.192.	0.	341.

#### 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 i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members	149,333.	74,612.	34,491.	40,230.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	743,755.	622,724.	911.	120,120.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	743,733.	022,724.	911.	120,120.					
9	Other employee benefits									
10	Payroll taxes	78,690.	60,412.	4,340.	13,938.					
11	Fees for services (non-employees):	70,050.	00/112.	1,010.	10,750.					
	Management									
	b Legal									
	c Accounting	26,541.		26,541.						
	Lobbying	20,541.		20,041.						
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5ch. QAdvertising and promotion.	176,655.	176,655.							
13	· · · · · · · · · · · · · · · ·	53,848.	50,932.	924.	1,992.					
14	Information technology	00,0101	00,0021	7211						
15	Royalties									
16	Occupancy	39,253.	29,512.	9,741.						
17	Travel	80,884.	45,204.	30,515.	5,165.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,001.	137201.	307313.	37103.					
19 20	Conferences, conventions, and meetings									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	3,717.	79.	3,638.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	3,717.	73.	3,030.						
á	Printing and Publications	16,442.	437.	313.	15,692.					
k	Software and Subscriptions	14,831.	5,493.	2,559.	6,779.					
	Telephone & Internet	11,285.	5,906.	3,236.	2,143.					
	Donor Dev./Solicitation Fees	8,709.	-,	1,535.	7,174.					
	All other expenses	16,433.	6,234.	5,336.	4,863.					
25	Total functional expenses. Add lines 1 through 24e	1,420,376.	1,078,200.	124,080.	218,096.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	·	·	·	·					

**Balance Sheet** 

Part X

16-1402497

**(B)** End of year Beginning of year 1 629,392 726,526. Savings and temporary cash investments..... 2 2 3 3 Pledges and grants receivable, net..... Accounts receivable, net ..... 114,733 4 248,350. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 1,585 8 1,360. Prepaid expenses and deferred charges..... 7,924. 9 8,998. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a **b** Less: accumulated depreciation..... 10b 10 c Investments — publicly traded securities..... 11 11 12 Investments – other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 29,017. 15 27,295. Total assets. Add lines 1 through 15 (must equal line 34).... 16 782,651. 16 1,012,529. 44,237 17 Accounts payable and accrued expenses..... 54,652 17 18 18 19 19 20 20 Tax-exempt bond liabilities ..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilitie 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 Total liabilities. Add lines 17 through 25..... 54,652 26 44,237. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets.... 27 27 19,264 37,552. Temporarily restricted net assets. 28 693,735 915,740. Fund Permanently restricted net assets..... 29 29 15,000 15,000. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 5 Capital stock or trust principal, or current funds..... 30 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 727,999. 33 968,292 Total liabilities and net assets/fund balances. 34 34 1,012,529. 782,651

BAA Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.	 		
1	Total revenue (must equal Part VIII, column (A), line 12)	1,66	62,7	732.
2	Total expenses (must equal Part IX, column (A), line 25)			376.
3	Revenue less expenses. Subtract line 2 from line 1	24	42,3	356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	72	27,9	999.
5	Net unrealized gains (losses) on investments			063.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	96	58 2	292.
Pa	rt XII   Financial Statements and Reporting		JO , Z	
	Check if Schedule O contains a response or note to any line in this Part XII			П
	Check it Schedule O contains a response of note to any line in this r art XII.	 	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		163	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	 2 a		X
	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:  Separate basis  Both consolidated and separate basis			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?	 2 b	Χ	
	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:  X Separate basis  Consolidated basis  Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	 2 c		Х
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	 3 a		Χ
	<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 in Schedule O and describe any steps taken to undergo such audits	3 b	000	(0010:
3A/	TELAUTIZE UO/US/TO	 -orm	990	(2018)

#### SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number WILD EARTH SOCIETY INCORPORATED DBA WILDLANDS NETWORK 16-1402497 **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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or 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—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** 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. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
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 activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				_
	Public support percentage for 20						%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14.			15	%
16a	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box ►
b	<b>33-1/3% support test—2017.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Part ed organization.	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	1,080,631.	1.010.887.	1.097.223.	1,351,844.	1.660.199.	6,200,784.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,000,001.	4,261.	2,422.	1,331,011.	416.	7,099.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		4,201.	2,422.		410.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified persons	37,521.	1,015,148. 69,870.	21,723.	81,148.	22,617.	6,207,883. 232,879.
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.	0.	03,870.	0.	01,140.	0.	0.
С	Add lines 7a and 7b	37,521.	69,870.	21,723.	81,148.	22,617.	232,879.
	Public support. (Subtract line	37,321.	03,070.	21,723.	01,140.	22,017.	
Sec	7c from line 6.)						5,975,004.
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6	1,080,631.	1,015,148.	1,099,645.	1,351,844.	1,660,615.	6,207,883.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,080,031.	1,013,140.	1,099,043.	1,331,644.	1,000,013.	0,207,883.
	similar sources	10.	3.	322.	296.	341.	972.
	Add lines 10a and 10b	10.	3.	322.	296.	341.	972.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	23,162.	12.	898.	2,581.	2,000.	28,653.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				1,354,721.	·	6,237,508.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) . $\square$
Sec	tion C. Computation of Pu						
15	Public support percentage for 20			ne 13, column (f)	)	15	95.79 %
16	Public support percentage from	2017 Schedule A,	Part III, line 15			16	99.41 %
Sec	tion D. Computation of Inv					1	
17	Investment income percentage f	or <b>2018</b> (line 10c,	column (f), divid	ed by line 13, colu	umn (f))	17	0.02 %
18	Investment income percentage f	•		-	* * * *		0.01 %
19a	<b>33-1/3% support tests—2018.</b> If is not more than 33-1/3%, check	the organization d	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17
b	<b>33-1/3% support tests—2017.</b> If fine 18 is not more than 33-1/3%	the organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-	-1/3%, and
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	theck this box and	see instructions.	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Pa	it iv   Supporting Organizations (continued)			
-11	Lies the averagination accorded a gift or contribution from any of the following necessary		Yes	No
	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 in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the directors trustees or membership of one or more supported examinations have the negative to regularly appoint.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		1	
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	struc	tions)	
	The organization supported a governmental oriting become in Part 17 non-year supported a government oriting (see in	-		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<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>	3b		

	edule A (FOITH 990 OF 990-EZ) 2016 WILD EARTH SOCIETY INCORPORATED			102497 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

#### Part III, Line 12 - Other Income

Nature and Source			2018		2017		2016		2015		2014
Other Revenue	Total	\$ \$	2,000. 2,000.	\$ \$	2,581. 2,581.	<u>\$</u> \$	898. 898.	\$ \$	12. 12.	<u>\$</u> \$	23,162. 23,162.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization WILD EARTH SOCIET	Y INCORPORATED	Employer identification number			
DBA WILDLANDS NET	WORK	16-1402497			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	a private foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>Genera</b>	I Rule or a Special Rule.				
<b>Note:</b> Only a section 501(c)(7), (8), or (10) organized	anization can check boxes for both the General Rule an	d a Special Rule. See instructions.			
Special Rules  For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi),	Z, or 990-PF that received, during the year, contributions are Parts I and II. See instructions for determining a condition of the parts I and II. See instructions for determining a condition of the parts I and II. See instructions for determining a condition of the greater of the greater of the parts I and II. See instructions of the greater of the present of the parts I and II.	ntributor's total contributions.  support test of the regulations and 13, 16a, or 16b, and that			
during the year, total contributions of more	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 <i>exclusively</i> 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 <b>General Rule</b> 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, 990-EZ, or 990-PF), but it <b>must</b> 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, 990-EZ, or 990-PF).					

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1

Name of organization

Employer identification number

WILD EARTH SOCIETY INCORPORATED

16-1402497

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$302,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$320,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>82,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	 	\$ <u>105,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>125,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization WILD EARTH SOCIETY INCORPORATED

Employer identification number

16-1402497

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>100,000</u> .	Person X  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

1

Employer identification number

Name of organization
WILD EARTH SOCIETY INCORPORATED

16-1402497

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	_	
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-   \$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		  \$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

WILD EARTH SOCIETY INCORPORATED 16-1402497 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 information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

WILD EARTH SOCIETY INCORPORATED

	DBA WILDLANDS NETWORK			16-1402497
Par	Complete if the organization answ	<b>Advised Funds or Oth</b> vered 'Yes' on Form 990	<b>er Similar Fund</b> ), Part IV, line 6	s or Accounts.
		(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 are the organization's property, subject to the o	or advisors in writing that the organization's exclusive legal	assets held in dono control?	or advised funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	s, and donor advisors in writi of the donor or donor advisor	ng that grant funds , or for any other pu	can be used only urpose conferring
Par	<u> </u>			
aı	Complete if the organization answ	vered 'Yes' on Form 990	). Part IV. line 7	
1	Purpose(s) of conservation easements held by			-
	Preservation of land for public use (e.g., re			a historically important land area
	Protection of natural habitat	•	Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation con	tribution in the form of	of a conservation easement on the
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easem			
(	: Number of conservation easements on a certific	ed historic structure included	in (a)	2c
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, a	nd not on a historic	2 d
3	Number of conservation easements modified, trans tax year ►	sferred, released, extinguished,	or terminated by the	organization during the
4	Number of states where property subject to conserv	vation easement is located >		
5	Does the organization have a written policy reg			
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, in			
7	Amount of expenses incurred in monitoring, inspec ▶\$	eting, handling of violations, and	d enforcing conservat	ion easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.			
Par	Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical vered 'Yes' on Form 990	<b>Treasures, or O</b> ), Part IV, line 8	ther Similar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	d for public exhibition, educatio	n, or research in furth	e statement and balance sheet works of nerance of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to repropulsing exhibition, education, o	ort in its revenue sta r research in furthera	atement and balance sheet works of art, nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li	ine 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, his amounts required to be reported under SFAS 1	storical treasures, or other simi 16 (ASC 958) relating to the	lar assets for financia se items:	al gain, provide the following
	Revenue included on Form 990, Part VIII, line 1			
ŀ	Assets included in Form 990 Part X			<b>▶</b> \$

Part III Organizations Maintaining Cone	CHOILS OF ALL, HIS	oricai Treasures, o	r Other Similar Ass	iels (COITE	illueu)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check	any of the following that a	re a significant use of its	collection	
a Public exhibition	<b>d</b> Loar	or exchange programs			
<b>b</b> Scholarly research	<b>e</b> Othe	er			
c Preservation for future generations	_				
4 Provide a description of the organization's collect Part XIII.	ions and explain how the	ey further the organization	's exempt purpose in		
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	receive donations of a intained as part of the	art, historical treasures, organization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	<b>nents.</b> Complete if Form 990, Part X	the organization an , line 21.	swered 'Yes' on Fo	rm 990, f	Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediar	y for contributions or oth	er assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a					
				Amount	
c Beginning balance			1c		
<b>d</b> Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance			1f		
2a Did the organization include an amount on Fo				Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.			-		<b>—</b>
Part V Endowment Funds. Complete if	the organization a	nswered 'Yes' on Fo	orm 990. Part IV. li	ne 10.	
(a) Current	Ĭ				years back
<b>1 a</b> Beginning of year balance	, ,,,,	(7)			<del>,</del>
<b>b</b> Contributions				+	
				+	
c Net investment earnings, gains, and losses					
d Grants or scholarships				-	
•				+	
e Other expenditures for facilities and programs					
f Administrative expenses				+	
<b>q</b> End of year balance				+	
2 Provide the estimated percentage of the curre	ent vear end halance (I	ine 1g. column (a)) held	as:		
a Board designated or quasi-endowment ►	% %	mo rg, colamir (a)) nola	uo.		
<b>b</b> Permanent endowment ► %					
<b>2</b> 1 0 1 1 1 0 1	%				
c Temporarily restricted endowment ►					
The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3 a Are there endowment funds not in the possession	of the organization that	are held and administered	d for the		
organization by:				Ye	es No
(i) unrelated organizations				3a(i)	
(ii) related organizations				. 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related organiza	tions listed as required	I on Schedule R?		. 3b	
<b>4</b> Describe in Part XIII the intended uses of the	organization's endown	nent funds.			
Part VI Land, Buildings, and Equipmen	t.				
Complete if the organization ans	wered 'Yes' on Fo	rm 990, Part IV, line	e 11a. See Form 99	0, Part X	(, line 10.
Description of property	(a) Cost or other basis		(c) Accumulated		k value
	(investment)	basis (other)	depreciation	(=, =00	
<b>1 a</b> Land				-	
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment					
<b>e</b> Other					
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 10c.)			0.

BAA Schedule D (Form 990) 2018

	Investments -			N/A	
				, Part IV, line 11b. See Form 9	
(a) Desc	cription of security or cate	egory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financ	cial derivatives				
(2) Closel	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colui	mn (b) must equal Form 9	990, Part X, column (B) line 12.) 🎙	-		
<b>Part VIII</b>	I Investments -	- Program Related.	E 000	N/A	200 D IV I: 12
				, Part IV, line 11c. See Form 9	
	(a) Description of	rinvestment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(1) 1 15 (	000 D 17 / (D) / 10 )			
		990, Part X, column (B) line 13.) •			
Part IX	Other Assets.		N/A	, Part IV, line 11d. See Form 9	990, Part X, line 15
	Other Assets.	e organization answere	N/A	, Part IV, line 11d. See Form 9	990, Part X, line 15 (b) Book value
Part IX (1)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answere (a) Di	N/A d 'Yes' on Form 990 escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the	e organization answere (a) Do	N/A d 'Yes' on Form 990 escription	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answere (a) Do	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ca	Other Assets. Complete if the organization (a) Descrip	e organization answere (a) Do	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cc) Part X	Other Assets. Complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colored Total (Co	Other Assets. Complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cc) Part X	Other Assets. Complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca) (2) (3) (4) (5)	Other Assets. Complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Call Part X (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (10) (10) (10) (10) (10)	Other Assets. Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answere (a) December (a) Dece	N/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (11) (10) (11)	Other Assets. Complete if the Complete if the Complete if the Other Liabilitie Complete if the organization (a) Descriperal income taxes	e organization answere  (a) December (a) Dec	M/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (11) (11) (11) (11) (11) (11) (11	Other Assets. Complete if the Complete if the Complete if the Other Liabilitie Complete if the organization (a) Descriperal income taxes	e organization answere (a) December (a) Dece	M/A d 'Yes' on Form 990 escription  (B) line 15.)		(b) Book value

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er Return.	
Total revenue, gains, and other support per audited financial statements	1	1,660,893.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,000,000
	063.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
Coo Domt VIII	224.	
e Add lines 2a through 2d.		-1,839.
3 Subtract line 2e from line 1.	3	1,662,732.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,662,732.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	-	
1 Total expenses and losses per audited financial statements	1	1,420,600.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
<b>c</b> Other losses		
d Other (Describe in Part XIII.) See Part XIII 2d	224.	
e Add lines 2a through 2d.	2 e	224.
3 Subtract line 2e from line 1	3	1,420,376.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,420,376.
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 2 line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	2b; Part V,	nal information
into 4, 1 art X, into 2, 1 art XI, into 2a and 45, and 1 art XII, into 2a and 45. Also complete this part to provi	ac any addition	iai imormation.
Schedule D, Part XI, Line 2d		
Other Revenue Included In F/S But Not Included On Form 990		
Cost of Goods Sold	Ġ	224
COSC OI GOODS SOID	Total \$	224.
Schedule D, Part XII, Line 2d		
Other Expenses And Losses Per Audited F/S		
•		
Cost of Goods Sold		224.
	Total \$	224.

BAA Schedule D (Form 990) 2018

#### **SCHEDULE F** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

WILD EARTH SOCIETY INCORPORATED

Employer identification number

16-1402497

DBA WILDLANDS NETWORK 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	<b>For grantmakers.</b> 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>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors	(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	(f) Total expenditures for and investments in the region
		in the region	located in the region)	the región	Pt V
(4)				Wildlife habitat	
(1) Mexico		1	Program Services	preservation	53,499.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
<u>(</u> 14)					
<u>(</u> 15)					
(16)					
(17)					
<b>3a</b> Subtotal		1			53,499.
<b>b</b> Total from continuation sheets to Part I					
C Totals (add lines 3a and 3b)	O Act Notice see the	1	N. LOWER 000		53, 499.

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

Schedule F (Form 990) 2018

16-1402497

Schedule F (Form 990) 2018 WILD EARTH SOCIETY INCORPORATED

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	(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)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	
	the grantee or counsel has provided a section 501(c)(3) equivalency letter.	<b>&gt;</b>
3	Enter total number of other organizations or entities	<u> </u>

BAA Schedule F (Form 990) 2018 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	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	1	l		l	l	Schedule F	(Form 990) 2018

Par	rt IV   Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cert Foreign Corporations (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualification global fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	···· Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
BAA	TEEA3505L 11/02/18	Schedule F (For	m 990) 2018

#### 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 3f - Investments & Expenditures Per Region

Wildlands Network has a contractor who does some program work for them in Mexico.

BAA TEEA3504L 11/02/18 Schedule F (Form 990) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

WILD EARTH SOCIETY INCORPORATED DBA WILDLANDS NETWORK

Employer identification number

16-1402497

#### Form 990, Part III, Line 1 - Organization Mission

The Wild Earth Society, Incorporated, d/b/a Wildlands Network, is a Vermont corporation with its headquarters located in Seattle, Washington. Wildlands Network's mission is to reconnect nature across North America, and to inspire similar efforts worldwide. We focus on the protection and creation of large-scale wildlife corridors to enable wide-ranging wildlife to adapt to a changing climate and to facilitate the restoration of apex predators. And we do this through the application of conservation science, the formulation and advocacy for new conservation laws and policies, and through collaborations of networked partners and resources to reduce duplicative efforts and address the urgent challenges facing our planet posed by the rapid decline in biodiversity and climate change. Using our science, policies, networks and collaboratives we are creating protected landscapes that sustain life and provide enough Room to Roam to protect wildlife and people for the long-term. This includes safe passage on private lands, highway overpasses and underpasses to reduce wildlife-vehicle collisions, protecting core habitat areas through laws, easements or purchase, and reintroducing species (keystone species) that have a significant impact on maintaining a natural ecological balance and reducing fragmentation of landscapes. Incorporated in 1991, we were founded by the father of conservation biology, Michael Soule and renowned conservationist David Foreman, and their respective colleagues. We were the original voice for landscape connectivity and governments and NGOs across the world have adopted our approach to conservation...

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Over the past year, Wildlands Network made great strides towards protecting and restoring wildlife habitat connectivity across North America, with an approach that blends science and policy.

Employer identification number 16-1402497

#### Form 990, Part III, Line 4a - Program Service Accomplishments

In the Pacific Northwest, we completed the first draft of a "Pacific Wildway" map, in collaboration with experts at the University of Washington. The map identifies priority areas of wildlife habitat and corridors on which to focus protection and restoration efforts in the Pacific Northwest, accounting for anticipated climate change-induced ecological shift. This map will be officially unveiled in 2019.

In the interior West, we completed mapping and analysis of the core habitat areas and movement corridors used by Mexican wolves within their designated recovery area in Arizona and New Mexico. We will use this data to work with federal land managers and state agencies to better understand and mitigate impediments to wolf dispersal and recovery. Additionally, we worked with legislators and state agencies to draft legislation in New Mexico that would allow for the creation of a state-wide wildlife corridor action plan. And we continued to work with local leaders, private landowners, scientists and conservationists to spotlight the impacts of border barriers on local wildlife populations, which resulted in national news coverage of the biological richness of the U.S.-Mexico borderlands.

In the East, we continued our outreach efforts across the entire Eastern Wildway, with a focus on providing insights to regional conservation efforts using our previously completed "Half East" map. We also made significant strides in community outreach through our work with landowners in the red wolf recovery area. We have placed numerous wildlife cameras throughout this area and have been able to document wolves and other native wildlife, dispelling myths about the negative impacts of wolves to other animals, such as deer.

Name of the organization WILD EARTH SOCIETY INCORPORATED
DBA WILDLANDS NETWORK

Employer identification number
16-1402497

#### Form 990, Part III, Line 4a - Program Service Accomplishments

In D.C., we continued our focus on advocating for legislative protection of wildlife corridors, working with Senators and Representatives to introduce the newest version of the National Wildlife Corridors Conservation Act in 2018. When this legislation is passed, it will create a pivotal new management system for wildlife corridors on public lands, informing future wildlife and land management efforts at the state and federal level.

In addition to our work in the United States, we continue to invest in strategic partnerships and contract work in Mexico and Canada, as we seek to build bridges within the science and policy community across North America to inform continentally significant conservation projects.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

990 is reviewed by the Board of Directors prior to filing.

#### Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Available upon request.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available on request

#### Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B)	(C)	(D)
		Program	Management	Fund-
	Total	Services	& General	<u>raising</u>
Contract and Professional Svcs	176,655.	176,655.		
Total	\$ 176,655.	\$ 176,655.	\$ 0.	\$ 0.