

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.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WILDLIFE SOCIETY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 425 BARLOW PLACE, #200 City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814 F Name and address of principal officer: DARREN A. MILLER SAME AS C ABOVE	D Employer identification number 52-0788946 E Telephone number 301-897-9770 G Gross receipts \$ 3,328,198. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WILDLIFE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1948		M State of legal domicile: MD

Part I Summary

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE WILDLIFE SOCIETY'S MISSION IS TO INSPIRE, EMPOWER, AND ENABLE WILDLIFE PROFESSIONALS TO SUSTAIN 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 22 6 Total number of volunteers (estimate if necessary) 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 105,108. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 0.		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	399,416.	352,837.
	9 Program service revenue (Part VIII, line 2g)	1,646,012.	1,599,382.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,038.	194,040.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	837,396.	845,343.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,993,862.	2,991,602.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,600.	94,200.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,401,257.	1,273,847.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,909.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,195,770.	1,345,954.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,711,627.	2,714,001.
	19 Revenue less expenses. Subtract line 18 from line 12	282,235.	277,601.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,214,792.	3,345,086.
	21 Total liabilities (Part X, line 26)	1,336,952.	1,241,172.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,877,840.	2,103,914.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer EDWARD THOMPSON, CHIEF EXECUTIVE OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ANDREW E. YOUNG, CPA	Preparer's signature ANDREW E. YOUNG, CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN P01203950
	Firm's name ▶ RENNER AND COMPANY, CPA, P.C	Firm's EIN ▶ 54-1498950			
	Firm's address ▶ 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314		Phone no. 703-535-1200		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE WILDLIFE SOCIETY'S MISSION IS TO INSPIRE, EMPOWER, AND ENABLE WILDLIFE PROFESSIONALS TO SUSTAIN WILDLIFE POPULATIONS AND HABITATS THROUGH SCIENCE-BASED MANAGEMENT AND CONSERVATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 743,889. including grants of \$) (Revenue \$ 24,330.) PUBLICATIONS - THE WILDLIFE SOCIETY ISSUES VARIOUS PEER-REVIEWED, SCHOLARLY, AND POPULAR PUBLICATIONS. THESE INCLUDE THE JOURNAL OF WILDLIFE MANAGEMENT, WILDLIFE MONOGRAPHS, THE WILDLIFE PROFESSIONAL, AND VARIOUS TECHNICAL REVIEWS. PUBLISHED SINCE 1937, THE JOURNAL OF WILDLIFE MANAGEMENT IS ONE OF THE WORLD'S LEADING SCIENTIFIC JOURNALS COVERING ORIGINAL RESEARCH IN WILDLIFE SCIENCE. TOPICS INCLUDE INVESTIGATIONS INTO THE BIOLOGY AND ECOLOGY OF WILDLIFE AND THEIR HABITATS WITH DIRECT OR INDIRECT IMPLICATIONS FOR WILDLIFE MANAGEMENT AND CONSERVATION. ADDITIONALLY, THE WILDLIFE SOCIETY'S FLAGSHIP MAGAZINE, THE WILDLIFE PROFESSIONAL (PUBLISHED SIX TIMES ANNUALLY), CONTAINS NEWS AND ANALYSIS DESIGNED TO KEEP TODAY'S WILDLIFE PROFESSIONALS INFORMED ABOUT CRITICAL ADVANCES IN WILDLIFE SCIENCE,

4b (Code:) (Expenses \$ 546,354. including grants of \$ 7,000.) (Revenue \$ 611,570.) ANNUAL CONFERENCE - THE WILDLIFE SOCIETY'S ANNUAL CONFERENCE IS ONE OF THE LARGEST GATHERINGS OF WILDLIFE PROFESSIONALS, STUDENTS AND SUPPORTERS IN NORTH AMERICA. FOR MORE THAN 25 YEARS, THE SOCIETY HAS HOSTED THIS UNIQUE AND INFORMATIVE EVENT THAT PROVIDES MORE THAN 900 EDUCATIONAL OPPORTUNITIES AND MORE THAN 40 NETWORKING EVENTS THROUGH WORKING GROUPS, MEETINGS, AND RECEPTIONS. ATTENDEES LEARN ABOUT THE LATEST ADVANCES IN WILDLIFE RESEARCH, MANAGEMENT, AND EDUCATION THROUGH A WIDE VARIETY OF SYMPOSIA, CONTRIBUTED PAPERS, WORKSHOPS, AND FIELD TRIPS. THE 2018 CONFERENCE, HELD IN CLEVELAND, OHIO, ATTRACTED OVER 1,650 ATTENDEES.

4c (Code:) (Expenses \$ 200,441. including grants of \$) (Revenue \$ 612,363.) MEMBERSHIP SERVICES - IN ADDITION TO ITS PUBLICATIONS, THE WILDLIFE SOCIETY PROVIDES MEMBERS WITH A WEEKLY E-NEWSLETTER PROVIDING ORGANIZATION UPDATES WHILE ALSO FEATURING TIMELY NEWS ARTICLES ON WILDLIFE SCIENCE, MANAGEMENT, AND CONSERVATION. MEMBERS ALSO HAVE ACCESS TO AN ONLINE NETWORKING DIRECTORY TO ENHANCE COLLABORATION WITH THEIR PROFESSIONAL PEERS AND FOSTER MENTORING OPPORTUNITIES FOR STUDENTS AND YOUNG PROFESSIONALS. THE SOCIETY PROVIDES YEAR-ROUND ONLINE AND PERSONAL SUPPORT FOR MEMBERSHIP TRANSACTIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 394,956. including grants of \$ 87,200.) (Revenue \$ 97,139.)

4e Total program service expenses 1,885,640.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified 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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

		Yes	No
1a	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 301-897-9770**
425 BARLOW PLACE, BETHESDA, MD 20814

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARREN A. MILLER PRESIDENT	10.00	X		X				0.	0.	0.
(2) GARY C. WHITE PRESIDENT-ELECT	10.00	X		X				0.	0.	0.
(3) CAROL L. CHAMBERS VICE-PRESIDENT	10.00	X		X				0.	0.	0.
(4) JOHN E. MCDONALD, JR. IMMEDIATE PAST-PRESIDENT	10.00	X		X				0.	0.	0.
(5) PAUL R. JOHANSEN NORTHEAST SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(6) MIKE CONNER SOUTHEASTERN SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(7) JOHN J. MORIARTY NORTH CENTRAL SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(8) ROBERT LANKA CENTRAL MOUNTAINS & PLAINS SECTION R	10.00	X						0.	0.	0.
(9) JIM RAMAKKA SOUTHWEST SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(10) HARRIET ALLEN NORTHWEST SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(11) CYNTHIA GRAVES PERRINE WESTERN SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(12) EVELYN MERRILL CANADIAN SECTION REPRESENTATIVE	10.00	X						0.	0.	0.
(13) EDWARD THOMPSON CHIEF EXECUTIVE OFFICER	40.00			X				138,232.	0.	19,212.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							138,232.	0.	19,212.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							138,232.	0.	19,212.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	184,150.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	168,687.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		352,837.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	612,363.	612,363.		
	b ANNUAL CONFERENCE	900099	611,570.	611,570.		
	c ANNUAL CONFERENCE EXHIBITORS	900099	157,535.			157,535.
	d ADVERTISING	541800	105,108.		105,108.	
	e PARTNER FEES	900099	84,667.	84,667.		
	f All other program service revenue	900099	28,139.	28,139.		
	g Total. Add lines 2a-2f		1,599,382.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		79,904.			79,904.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		836,680.			836,680.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	450,732.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	336,596.			
		c Gain or (loss)	114,136.			
	d Net gain or (loss)		114,136.			114,136.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	6,720.				
	b Less: cost of goods sold	0.				
	c Net income or (loss) from sales of inventory		6,720.	6,720.		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	1,943.	1,943.			
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		1,943.				
12 Total revenue. See instructions		2,991,602.	1,345,402.	105,108.	1,188,255.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,000.	15,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	74,200.	74,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000.	5,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,444.	123,511.	35,289.	17,644.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	900,336.	470,453.	344,284.	85,599.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,110.	35,922.	26,216.	9,972.
9 Other employee benefits	41,162.	20,537.	14,938.	5,687.
10 Payroll taxes	83,795.	43,338.	32,360.	8,097.
11 Fees for services (non-employees):				
a Management				
b Legal	9,394.	5,003.	3,462.	929.
c Accounting	78,637.	41,882.	28,979.	7,776.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,419.		15,419.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	365,281.	357,817.	7,464.	
12 Advertising and promotion				
13 Office expenses	6,635.	1,945.	4,690.	
14 Information technology	53,039.	15,668.	36,027.	1,344.
15 Royalties				
16 Occupancy	50,779.	27,045.	18,713.	5,021.
17 Travel	316,631.	250,193.	64,325.	2,113.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,360.	44,360.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,318.	10,824.	7,485.	2,009.
23 Insurance	17,077.	9,096.	6,292.	1,689.
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.)				
a PUBLICATIONS AND PRINTING	227,870.	226,935.	645.	290.
b BANK CHARGES	53,988.	28,755.	19,895.	5,338.
c POSTAGE AND DELIVERY	38,051.	36,998.	1,053.	
d AWARDS AND HONORARIA	26,232.	23,339.	99.	2,794.
e All other expenses	22,243.	17,819.	3,817.	607.
25 Total functional expenses. Add lines 1 through 24e	2,714,001.	1,885,640.	671,452.	156,909.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	443,466.	1	401,768.
	2 Savings and temporary cash investments	85,654.	2	167,672.
	3 Pledges and grants receivable, net	38,375.	3	
	4 Accounts receivable, net	66,035.	4	135,594.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,405.	9	94,084.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 533,922.		
	b Less: accumulated depreciation	10b 463,728.		
	11 Investments - publicly traded securities	81,402.	10c	70,194.
	12 Investments - other securities. See Part IV, line 11	2,396,455.	11	2,475,774.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,214,792.	15		
17 Accounts payable and accrued expenses	123,196.	16	3,345,086.	
18 Grants payable		17	75,514.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	1,213,756.	19	1,165,658.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		
26 Total liabilities. Add lines 17 through 25	1,336,952.	25		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	1,241,172.	
28 Unrestricted net assets	1,305,107.	27	1,494,674.	
29 Temporarily restricted net assets	43,465.	28	69,972.	
30 Permanently restricted net assets	529,268.	29	539,268.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,877,840.	33	2,103,914.	
34 Total liabilities and net assets/fund balances	3,214,792.	34	3,345,086.	

Part 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	2,991,602.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,714,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	277,601.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,877,840.
5	Net unrealized gains (losses) on investments	5	-51,527.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,103,914.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 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 activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	213,270.	313,200.	355,809.	399,416.	352,837.	1634532.
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	1540374.	1598168.	1381318.	1406479.	1343459.	7269798.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	153,858.		42,210.	150,934.	157,535.	504,537.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1907502.	1911368.	1779337.	1956829.	1853831.	9408867.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					235,880.	235,880.
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.
c Add lines 7a and 7b					235,880.	235,880.
8 Public support. (Subtract line 7c from line 6.)						9172987.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1907502.	1911368.	1779337.	1956829.	1853831.	9408867.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	613,754.	615,363.	848,160.	882,731.	916,584.	3876592.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	613,754.	615,363.	848,160.	882,731.	916,584.	3876592.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,531.	137.	16,342.	19,385.	1,943.	41,338.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2524787.	2526868.	2643839.	2858945.	2772358.	13326797.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	68.83 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	73.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	29.09 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	26.24 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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 .		

Section B. Type I Supporting Organizations

	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 Part VI the role the organization's supported organizations played in this regard.		

Section 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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.	Yes	No
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.		
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? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 Part VI). 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 Part VI). 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			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g 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 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.			
6 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 Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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

THE WILDLIFE SOCIETY, INC.

Employer identification number

52-0788946

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 54,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 39,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		4,966.
e Publications, or published or broadcast statements?	X		1,248.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		824.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		468.
i Other activities?		X	
j Total. Add lines 1c through 1i			7,506.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **THE WILDLIFE SOCIETY, INC.** Employer identification number **52-0788946**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	572,733.	622,840.	578,568.	549,876.	1,619,803.
b Contributions	379,476.	262,503.	10,000.	28,692.	5,650.
c Net investment earnings, gains, and losses			95,792.		2,607.
d Grants or scholarships					
e Other expenditures for facilities and programs					5,650.
f Administrative expenses	214,661.	312,610.	61,520.		1,072,534.
g End of year balance	737,548.	572,733.	622,840.	578,568.	549,876.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 17.40 %
- b Permanent endowment 73.12 %
- c Temporarily restricted endowment 9.48 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,014.		33,014.
b Buildings		317,095.	301,571.	15,524.
c Leasehold improvements		57,084.	56,321.	763.
d Equipment		124,513.	104,123.	20,390.
e Other		2,216.	1,713.	503.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				70,194.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,924,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-51,527.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-51,527.	
3	Subtract line 2e from line 1	3	2,976,183.	
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	4a	15,419.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	15,419.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,991,602.	

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

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

1	Total expenses and losses per audited financial statements		1	2,698,582.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	2,698,582.	
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	4a	15,419.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	15,419.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,714,001.	

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE SOCIETY DOES COLLECT DUES AND VARIOUS OTHER TRANSACTIONS ON BEHALF OF ITS CHAPTERS, SECTIONS, AND WORKING GROUPS THAT OPERATE AUTONOMOUSLY. THE SOCIETY REMITS THESE TRANSACTIONS ON A QUARTERLY BASIS.

PART V, LINE 4:

THE ENDOWMENT FUNDS REPRESENT CONTRIBUTIONS RECEIVED FROM DONORS TO BE HELD IN PERPETUITY, OR UNTIL THE PURPOSE RESTRICTIONS HAVE BEEN RELEASED. INVESTMENT EARNINGS CAN BE USED TO FUND GENERAL OPERATIONS. BOARD DESIGNATED ENDOWMENTS REPRESENT THE COUNCIL ACTION FUND WHICH CONTAINS FUNDS SET ASIDE FOR USAGE BY THE SOCIETY'S COUNCIL ACCORDINGLY.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SOCIETY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, THE SOCIETY HAD NO TAXABLE NET INCOME OR TAX LIABILITY.

THE SOCIETY BELIEVES THAT THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. NONE OF THE SOCIETY'S FEDERAL OR STATE INCOME TAX RETURNS ARE CURRENTLY UNDER EXAMINATION.

**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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **THE WILDLIFE SOCIETY, INC.** Employer identification number: **52-0788946**

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	SUPPORT FOR 2ND ANNUAL CONFERENCE OF WILDLIFE CONSERVATION AND MANAGEMENT IN MEXICO.	5,000.
3 a Subtotal	0	0			5,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,000.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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 3:

COST

PART II, COLUMN (D):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(D) PURPOSE OF GRANT: THE WILDLIFE SOCIETY DONATED \$5,000 IN SUPPORT OF THE 2ND ANNUAL CONFERENCE OF WILDLIFE CONSERVATION AND MANAGEMENT IN MEXICO.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **THE WILDLIFE SOCIETY, INC.** Employer identification number **52-0788946**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAX MCGRAW WILDLIFE FOUNDATION 14N322 ROUTE 25 DUNDEE, IL 60118	36-2519612	501(C)(3)	15,000.	0.	COST	N/A	SUPPORT FOR STUDENT WORKSHOPS

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

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NATIVE AMERICAN RESEARCH ASSISTANTSHIPS	6	29,500.	0.	FMV	N/A
NATIVE STUDENT PROFESSIONAL DEVELOPMENT PROGRAMS	11	22,700.	0.	FMV	N/A
LEADERSHIP INSTITUTE STIPEND	10	15,000.	0.	FMV	N/A
STUDENT TRAVEL GRANT TO ATTEND ANNUAL CONFERENCE	17	7,000.	0.	FMV	N/A

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

PART I, LINE 2:

NATIVE AMERICAN RESEARCH ASSISTANTSHIPS: THIS PROGRAM PROVIDES MENTORING AND LEARNING OPPORTUNITIES FOR NATIVE AMERICAN STUDENTS INTERESTED IN WILDLIFE AND FOREST RESOURCES, PAIRING THEM WITH U.S. FOREST SERVICE RESEARCH AND DEVELOPMENT SCIENTISTS ON PROJECTS DURING SHORT-TERM ASSISTANTSHIPS

NATIVE STUDENT PROFESSIONAL DEVELOPMENT GRANTS: GRANTS ARE PROVIDED TO PROMISING SOCIETY MEMBERS IN THE EARLY STAGES OF THEIR CAREER TO ATTEND THE

Part IV Supplemental Information

ANNUAL CONFERENCE. PARTICIPANTS SEND THEIR TRAVEL RECEIPTS TO THE SOCIETY WHICH ENABLES THE SOCIETY TO MONITOR THIER ATTENDANCE.

LEADERSHIP INSTITUTE STIPEND: TRAVEL GRANTS ARE PROVIDED TO MEMBERS WHO ARE ELECTED TO ATTEND THE LEADERSHIP INSTITUTE. THE LEADERSHIP INSTITUTE IS AN ANNUAL COURSE THAT PROVIDES A SELECT GROUP OF 10-15 PROMISING TWS MEMBERS WITH LEADERSHIP TRAINING.

STUDENT TRAVEL GRANTS: TRAVEL GRANTS ARE PROVIDED TO STUDENTS WHO PRESENT TECHNICAL PAPERS OR POSTERS AT THE ANNUAL CONFERENCE. PARTICIPANTS SEND THEIR TRAVEL RECEIPTS TO THE SOCIETY WHICH ENABLES THE SOCIETY TO MONITOR THEIR ATTENDANCE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE WILDLIFE SOCIETY, INC.**
 Employer identification number: **52-0788946**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD THOMPSON CHIEF EXECUTIVE OFFICER	(i)	138,232.	0.	0.	12,325.	6,887.	157,444.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE WILDLIFE SOCIETY, INC.

Employer identification number

52-0788946

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WILDLIFE POPULATIONS AND HABITATS THROUGH SCIENCE-BASED MANAGEMENT AND
CONSERVATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSERVATION, AND MANAGEMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOVERNMENT AFFAIRS/PUBLIC SERVICE AND EDUCATION - PUBLIC SERVICE AND
EDUCATIONAL MATERIALS ARE PROVIDED TO THE GENERAL PUBLIC THROUGH
INFORMATIONAL MATERIALS, CONFERENCES, AND MEETINGS. THE SOCIETY
ADDITIONALLY ACTIVELY PARTICIPATES IN VARIOUS GOVERNMENT RESEARCH
PROGRAMS DESIGNED TO ADVANCE THE EFFORTS OF THE WILDLIFE INDUSTRY AS A
WHOLE.

EXPENSES \$ 394,956. INCLUDING GRANTS OF \$ 87,200. REVENUE \$ 97,139.

FORM 990, PART VI, SECTION A, LINE 4:

MEMBERSHIP VOTED ON AND APPROVED THREE CHANGES TO THE WILDLIFE SOCIETY'S
BYLAWS THAT BECAME EFFECTIVE AFTER JUNE 30, 2018. OF THE THREE CHANGES, TWO
COULD BE CONSIDERED SIGNIFICANT - PROHIBITION ON THE USE OF PROXIES BY
COUNCIL AND AN INCREASE IN COUNCIL QUORUM REQUIREMENTS FROM 5 TO 9.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOCIETY IS A MEMBERSHIP ASSOCIATION COMPRISED OF WILDLIFE MANAGERS,
RESEARCHERS, EDUCATORS AND STUDENTS.

Name of the organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
--	--

FORM 990, PART VI, SECTION A, LINE 7A:

THE VOTING MEMBERS OF THE SOCIETY'S GOVERNING BODY, THE COUNCIL, IS ELECTED FROM THE MEMBERSHIP BY THE MEMBERSHIP. THE COUNCIL IS COMPRISED OF 8 SECTION (GEOGRAPHICAL REGION) REPRESENTATIVES, AND THE EXECUTIVE COMMITTEE OF THE COUNCIL. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE VICE-PRESIDENT, PRESIDENT-ELECT, PRESIDENT, AND IMMEDIATE PAST PRESIDENT. THE MEMBERSHIP VOTES FOR A ONE-YEAR TERM VICE PRESIDENT. THIS INDIVIDUAL BECOMES PRESIDENT-ELECT, THEN PRESIDENT, THEN IMMEDIATE PAST PRESIDENT FOR ONE YEAR EACH. THE SECTION REPRESENTATIVES ARE ELECTED FROM THE MEMBERSHIP WITHIN THEIR GEOGRAPHICAL LOCATION. THEY EACH SERVE A THREE YEAR TERM. THE CHIEF EXECUTIVE OFFICER IS A NON-VOTING MEMBER OF COUNCIL AND SERVES AS SECRETARY.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY ACTION THAT REQUIRES A BY-LAW CHANGE MUST BE VOTED ON BY THE SOCIETY'S MEMBERSHIP.

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

THE FORM 990 IS DISTRIBUTED TO ALL COUNCIL MEMBERS FOR REVIEW BEFORE FILING.

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

AN EMPLOYEE OF THE SOCIETY IS DESIGNATED AS THE COMPLIANCE OFFICER AND ENSURES COMPLIANCE WITH THE POLICY. ALL MEMBERS OF THE GOVERNING BOARD AND ALL EMPLOYEES MUST REVIEW AND SIGN A CONFLICT OF INTEREST FORM EACH YEAR. INCLUDED IN THE STATEMENT IS A SECTION TO DISCLOSE ANY EXISTING BUSINESS OR PERSONAL RELATIONSHIPS THAT MAY CAUSE A CONFLICT OF INTEREST.

Name of the organization THE WILDLIFE SOCIETY, INC.	Employer identification number 52-0788946
---	---

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

THE SOCIETY UTILIZES OUTSIDE ASSISTANCE TO REVIEW COMPENSATION AND BENEFIT LEVELS OF ALL EMPLOYEES INCLUDING THE EXECUTIVE DIRECTOR AND OTHER DIRECTORS AND KEY EMPLOYEES.

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

THE SOCIETY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE PRIMARILY ON OUR WEBSITE, WWW.WILDLIFE.ORG., AS WELL AS UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	357,817.
MANAGEMENT AND GENERAL EXPENSES	7,464.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	365,281.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	365,281.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS IN REGARDS TO THE INDEPENDENT AUDIT AND AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR. THE FINANCE/AUDIT COMMITTEE OF THE COUNCIL ASSUMES RESPONSIBILITY FOR THE PROCESS.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & EQUIPMENT														
14	IKEA CABINETS,	11/23/04	SL	5.00		16	1,190.				1,190.	1,190.		0.	1,190.
15	ARTWORKS & FRAMES	12/03/05	SL	10.00		16	2,558.				2,558.	2,558.		0.	2,558.
16	RECEPTION DESK	12/03/05	SL	10.00		16	825.				825.	825.		0.	825.
17	5 OFC DESKS & HUTCHES	12/03/05	SL	10.00		16	8,827.				8,827.	8,827.		0.	8,827.
20	LIBRARY BOOKCASES	12/03/05	SL	10.00		16	2,748.				2,748.	2,748.		0.	2,748.
21	MAILROOM FURNITURE	12/23/05	SL	10.00		16	3,758.				3,758.	3,758.		0.	3,758.
23	YW DESK AND WORK AREA	02/14/06	SL	10.00		16	2,091.				2,091.	2,091.		0.	2,091.
27	PB BOOKCASES	03/16/06	SL	10.00		16	1,943.				1,943.	1,943.		0.	1,943.
28	PB, KS DESKS/WORK AREA	04/14/06	SL	10.00		16	2,664.				2,664.	2,664.		0.	2,664.
32	ADDL CUBICLE	09/15/06	SL	10.00		16	1,003.				1,003.	1,003.		0.	1,003.
38	NOMADIC DISPLAY	05/15/07	SL	10.00		16	915.				915.	915.		0.	915.
41	DESK & WORK AREAS	06/28/07	SL	10.00		16	5,833.				5,833.	5,833.		0.	5,833.
42	WORKSTATIONS - WEBMASTER SPACE	09/12/07	SL	10.00		16	1,570.				1,570.	1,570.		0.	1,570.
48	FURNITURE SUITE - DW	08/22/08	SL	10.00		16	1,612.				1,612.	1,612.		0.	1,612.
49	CONFERENCE BOOTH DISPLAY	12/04/08	SL	10.00		16	1,220.				1,220.	1,220.		0.	1,220.
53	USED BOOKCASES, MH OFC SUITE	07/22/10	SL	10.00		16	4,000.				4,000.	3,400.		400.	3,800.
60	INTERN DESK	07/19/11	SL	10.00		16	675.				675.	509.		68.	577.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
65	CUBICLES - PUBLIC AREA	08/03/06	SL	10.00		16	2,323.				2,323.	2,323.		0.	2,323.
74	CONFERENCE TABLE & CHAIRS	04/09/15	SL	10.00		16	7,289.				7,289.	3,402.		729.	4,131.
90	43-IN MONITOR FOR CONFERENCE ROOM	12/16/18	SL	5.00		16	609.				609.			61.	61.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT						53,653.				53,653.	48,391.		1,258.	49,649.
	BUILDING & LAND														
8	BUILDING	12/30/82	SL	40.00		16	317,095.				317,095.	293,642.		7,927.	301,569.
67	LAND	12/30/82	L	40.00			33,014.				33,014.			0.	
	* 990 PAGE 10 TOTAL - BUILDING & LAND						350,109.				350,109.	293,642.		7,927.	301,569.
	LEEASEHOLD IMPROVEMENTS														
1	OFC EXPANSION	09/01/91	SL	10.00		16	1,788.				1,788.	1,788.		0.	1,788.
2	CARPET	09/01/91	SL	10.00		16	592.				592.	592.		0.	592.
3	PAINTING	09/01/91	SL	10.00		16	6,202.				6,202.	6,202.		0.	6,202.
4	HVAC	08/01/95	SL	10.00		16	3,866.				3,866.	3,866.		0.	3,866.
5	BUILDING RENOVATION	02/01/96	SL	10.00		16	5,551.				5,551.	5,551.		0.	5,551.
6	CARPET	11/01/04	SL	10.00		16	10,234.				10,234.	10,234.		0.	10,234.
7	KITCHEN REMODEL	11/01/04	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.
9	TENANT IMPROVEMENTS	04/01/01	SL	10.00		16	9,250.				9,250.	9,250.		0.	9,250.
10	PUBL SUITE IMPROVEMENT	04/01/06	SL	10.00		16	645.				645.	646.		0.	646.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	PUBL SUITE CARPET	06/01/06	SL	10.00		16	1,690.				1,690.	1,691.		0.	1,691.
12	OFC RENOVATION	08/01/10	SL	10.00		16	15,266.				15,266.	12,974.		1,527.	14,501.
	* 990 PAGE 10 TOTAL - LEEASEHOLD IMPROVEMENTS						57,084.				57,084.	54,794.		1,527.	56,321.
	SOFTWARE														
72	INDESIGN SOFTWARE	08/01/14	SL	5.00		16	840.				840.	658.		168.	826.
79	INDESIGN SOFTWARE	08/24/15	SL	5.00		16	1,376.				1,376.	779.		275.	1,054.
	* 990 PAGE 10 TOTAL - SOFTWARE						2,216.				2,216.	1,437.		443.	1,880.
30	(D)TWS SERVER	08/26/06	SL	5.00		16	5,215.				5,215.	5,215.		0.	5,215.
31	COMPUTER PUBLIC OFFICE	09/15/06	SL	5.00		16	1,236.				1,236.	1,236.		0.	1,236.
44	(D)DELL SERVER	10/11/07	SL	5.00		16	2,443.				2,443.	2,443.		0.	2,443.
50	(D)DELL COMPUTER	02/20/09	SL	5.00		16	845.				845.	845.		0.	845.
51	(D)DELL SERVER	05/20/09	SL	5.00		16	3,498.				3,498.	3,498.		0.	3,498.
52	(D)DELL SERVER	12/28/09	SL	5.00		16	5,072.				5,072.	5,072.		0.	5,072.
54	(D)DELL COMPUTER	08/27/10	SL	5.00		16	814.				814.	814.		0.	814.
55	PHONE SYSTEM	09/28/10	SL	5.00		16	12,192.				12,192.	12,192.		0.	12,192.
56	(D)DELL COMPUTER	10/26/10	SL	5.00		16	835.				835.	835.		0.	835.
58	(D)DELL COMPUTER	12/03/10	SL	5.00		16	728.				728.	728.		0.	728.
66	MISCELLANEOUS FURNITURE AND EQUIPMENT	01/01/01	SL	5.00		16	7,427.				7,427.	7,427.		0.	7,427.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	(D) COPIER LEASE	03/01/12	SL	5.00		16	18,350.				18,350.	18,350.		0.	18,350.
70	(3) DELL LAPTOPS	02/12/13	SL	5.00		16	1,332.				1,332.	1,310.		0.	1,310.
71	DELL LAPTOP	07/30/13	SL	5.00		16	1,181.				1,181.	1,161.		20.	1,181.
73	OPTIPLEX 3020 COMPUTER	03/24/15	SL	5.00		16	562.				562.	373.		112.	485.
75	MONITORS (5)	04/14/15	SL	5.00		16	2,245.				2,245.	1,497.		449.	1,946.
76	INSPIRON 3847 COMPUTER (KEN)	05/29/15	SL	5.00		16	758.				758.	469.		152.	621.
77	INSPIRON 3847 COMPUTER (CARSON)	05/29/15	SL	5.00		16	724.				724.	447.		145.	592.
78	INSPIRON 3847 COMPUTER (ED)	05/29/15	SL	5.00		16	748.				748.	462.		150.	612.
80	COMPUTER	08/24/15	SL	5.00		16	549.				549.	312.		110.	422.
82	COMPUTER	09/09/15	SL	5.00		16	918.				918.	521.		184.	705.
83	COMPUTER	09/09/15	SL	5.00		16	600.				600.	340.		120.	460.
84	COMPUTER - DANA PUBLICATIONS	07/01/15	SL	5.00		16	647.				647.	387.		129.	516.
85	APPLE COMPUTER	08/13/17	SL	5.00		16	2,246.				2,246.	393.		449.	842.
86	AMAZON COMPUTER	09/01/17	SL	5.00		16	769.				769.	128.		154.	282.
87	AMAZON COMPUTER	09/05/17	SL	5.00		16	770.				770.	128.		154.	282.
88	AMAZON LAPTOP	09/12/18	SL	5.00		16	829.				829.			138.	138.
89	AMAZON - CAMERA CONFERENCE	09/24/18	SL	5.00		16	856.				856.			128.	128.
91	COPIER RICOH	09/28/15	SL	5.00		16	27,454.				27,454.	15,100.		5,491.	20,591.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - SOFTWARE						101,843.				101,843.	81,683.		8,085.	89,768.
	* GRAND TOTAL 990 PAGE 10 DEPR						564,905.				564,905.	479,947.		19,240.	499,187.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						562,611.			0.	562,611.	479,947.			498,860.
	ACQUISITIONS						2,294.			0.	2,294.	0.			327.
	DISPOSITIONS						37,800.			0.	37,800.	37,800.			37,800.
	ENDING BALANCE						527,105.			0.	527,105.	442,147.			461,387.
	ENDING ACCUM DEPR LESS DISPOSITIONS											461,387.			
	ENDING BOOK VALUE											65,718.			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>3,345,086.</u></p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WILDLIFE SOCIETY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 425 BARLOW PLACE, #200</p> <p>City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814</p>	<p>D Employer identification number (Employees' trust, see instructions.) 52-0788946</p> <p>E Unrelated business activity code (See instructions.) 541800</p>
<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

H Enter the number of the organization's unrelated trades or businesses. ▶ _____ Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **301-897-9770**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10 29,473.		29,473.
11 Advertising income (Schedule J)	11 75,635.	59,915.	15,720.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 105,108.	59,915.	45,193.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	29,473.
27 Excess readership costs (Schedule J)	27	15,720.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	45,193.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer, Date, Title (CHIEF EXECUTIVE OFFICER), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (ANDREW E. YOUNG, CPA), Preparer's signature, Date, Check self-employed, PTIN (P01203950), Firm's name (RENNER AND COMPANY, CPA, P.C.), Firm's EIN (54-1498950), Firm's address (ALEXANDRIA, VA 22314), and Phone no. (703-535-1200).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) DIGITAL					STMT 2	
(2) CONTENT	29,473.		29,473.		30,592.	29,473.
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		29,473.	0.			29,473.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) THE WILDLIFE						
(2) PROFESSIONAL	68,505.	57,905.		93,888.	391,930.	
(3) ANNUAL						
(4) CONFERENCE PROG	7,130.	2,010.		0.	0.	
Totals (carry to Part II, line (5))		75,635.	59,915.	15,720.	93,888.	391,930.
			15,720.			15,720.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	75,635.	59,915.				15,720.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 75,635.	Enter here and on page 1, Part I, line 11, col. (B). 59,915.				Enter here and on page 1, Part II, line 27. 15,720.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/12	10,014.	3,000.	7,014.	7,014.	
06/30/14	10,966.	0.	10,966.	10,966.	
NOL CARRYOVER AVAILABLE THIS YEAR			17,980.	17,980.	

FORM 990-T		SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
DIGITAL PUBLICATIONS COSTS		30,592.			
- SUBTOTAL -	1		30,592.		
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6					30,592.

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

THE WILDLIFE SOCIETY, INC. **FORM 990 PAGE 10** **52-0788946**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,240.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	19,240.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:
43 Amortization of costs that began before your 2018 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE WILDLIFE SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & EQUIPMENT											
14	IKEA CABINETS,	112304	SL	5.00	16	1,190.			1,190.	1,190.		0.
15	ARTWORKS & FRAMES	120305	SL	10.00	16	2,558.			2,558.	2,558.		0.
16	RECEPTION DESK	120305	SL	10.00	16	825.			825.	825.		0.
17	5 OFC DESKS & HUTCHES	120305	SL	10.00	16	8,827.			8,827.	8,827.		0.
20	LIBRARY BOOKCASES	120305	SL	10.00	16	2,748.			2,748.	2,748.		0.
21	MAILROOM FURNITURE	122305	SL	10.00	16	3,758.			3,758.	3,758.		0.
23	YW DESK AND WORK AREA	021406	SL	10.00	16	2,091.			2,091.	2,091.		0.
27	PB BOOKCASES	031606	SL	10.00	16	1,943.			1,943.	1,943.		0.
28	PB, KS DESKS/WORK AREA	041406	SL	10.00	16	2,664.			2,664.	2,664.		0.
32	ADDL CUBICLE	091506	SL	10.00	16	1,003.			1,003.	1,003.		0.
38	NOMADIC DISPLAY	051507	SL	10.00	16	915.			915.	915.		0.
41	DESK & WORK AREAS	062807	SL	10.00	16	5,833.			5,833.	5,833.		0.
42	WORKSTATIONS - WEBMASTER SPACE	091207	SL	10.00	16	1,570.			1,570.	1,570.		0.
48	FURNITURE SUITE - DW	082208	SL	10.00	16	1,612.			1,612.	1,612.		0.
49	CONFERENCE BOOTH DISPLAY	120408	SL	10.00	16	1,220.			1,220.	1,220.		0.
53	USED BOOKCASES, MH OFC SUITE	072210	SL	10.00	16	4,000.			4,000.	3,400.		400.
60	INTERN DESK	071911	SL	10.00	16	675.			675.	509.		68.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE WILDLIFE SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	CUBICLES - PUBLIC AREA	080306	SL	10.00	16	2,323.			2,323.	2,323.		0.
74	CONFERENCE TABLE & CHAIRS	040915	SL	10.00	16	7,289.			7,289.	3,402.		729.
90	43-IN MONITOR FOR CONFERENCE ROOM	121618	SL	5.00	16	609.			609.			61.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUI					53,653.		0.	53,653.	48,391.		1,258.
	BUILDING & LAND											
8	BUILDING	123082	SL	40.00	16	317,095.			317,095.	293,642.		7,927.
67	LAND	123082	L	40.00		33,014.			33,014.			0.
	* 990 PAGE 10 TOTAL - BUILDING & LAND					350,109.		0.	350,109.	293,642.		7,927.
	LEASEHOLD IMPROVEMENTS											
10	FC EXPANSION	090191	SL	10.00	16	1,788.			1,788.	1,788.		0.
2	CARPET	090191	SL	10.00	16	592.			592.	592.		0.
3	PAINTING	090191	SL	10.00	16	6,202.			6,202.	6,202.		0.
4	HVAC	080195	SL	10.00	16	3,866.			3,866.	3,866.		0.
5	BUILDING RENOVATION	020196	SL	10.00	16	5,551.			5,551.	5,551.		0.
6	CARPET	110104	SL	10.00	16	10,234.			10,234.	10,234.		0.
7	KITCHEN REMODEL	110104	SL	10.00	16	2,000.			2,000.	2,000.		0.
9	TENANT IMPROVEMENTS PUBL SUITE	040101	SL	10.00	16	9,250.			9,250.	9,250.		0.
10	IMPROVEMENT	040106	SL	10.00	16	645.			645.	646.		0.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE WILDLIFE SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	PUBL SUITE CARPET	060106	SL	10.00	16	1,690.			1,690.	1,691.		0.
12	OFC RENOVATION	080110	SL	10.00	16	15,266.			15,266.	12,974.		1,527.
	* 990 PAGE 10 TOTAL - LEEASEHOLD IMPRO					57,084.		0.	57,084.	54,794.		1,527.
	SOFTWARE											
72	INDESIGN SOFTWARE	080114	SL	5.00	16	840.			840.	658.		168.
79	INDESIGN SOFTWARE	082415	SL	5.00	16	1,376.			1,376.	779.		275.
	* 990 PAGE 10 TOTAL - SOFTWARE					2,216.		0.	2,216.	1,437.		443.
30	(D)TWS SERVER	082606	SL	5.00	16	5,215.			5,215.	5,215.		0.
31	COMPUTER PUBLIC OFFICE	091506	SL	5.00	16	1,236.			1,236.	1,236.		0.
44	(D)DELL SERVER	101107	SL	5.00	16	2,443.			2,443.	2,443.		0.
50	(D)DELL COMPUTER	022009	SL	5.00	16	845.			845.	845.		0.
51	(D)DELL SERVER	052009	SL	5.00	16	3,498.			3,498.	3,498.		0.
52	(D)DELL SERVER	122809	SL	5.00	16	5,072.			5,072.	5,072.		0.
54	(D)DELL COMPUTER	082710	SL	5.00	16	814.			814.	814.		0.
55	PHONE SYSTEM	092810	SL	5.00	16	12,192.			12,192.	12,192.		0.
56	(D)DELL COMPUTER	102610	SL	5.00	16	835.			835.	835.		0.
58	(D)DELL COMPUTER	120310	SL	5.00	16	728.			728.	728.		0.
66	MISCELLANEOUS FURNITURE AND EQUIP	010101	SL	5.00	16	7,427.			7,427.	7,427.		0.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE WILDLIFE SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	(D) COPIER LEASE	030112	SL	5.00	16	18,350.			18,350.	18,350.		0.
70	(3) DELL LAPTOPS	021213	SL	5.00	16	1,332.			1,332.	1,310.		0.
71	DELL LAPTOP	073013	SL	5.00	16	1,181.			1,181.	1,161.		20.
73	OPTIPLEX 3020 COMPUTER	032415	SL	5.00	16	562.			562.	373.		112.
75	MONITORS (5)	041415	SL	5.00	16	2,245.			2,245.	1,497.		449.
76	INSPIRON 3847 COMPUTER (KEN)	052915	SL	5.00	16	758.			758.	469.		152.
77	INSPIRON 3847 COMPUTER (CARSON)	052915	SL	5.00	16	724.			724.	447.		145.
78	INSPIRON 3847 COMPUTER (ED)	052915	SL	5.00	16	748.			748.	462.		150.
80	COMPUTER	082415	SL	5.00	16	549.			549.	312.		110.
82	COMPUTER	090915	SL	5.00	16	918.			918.	521.		184.
83	COMPUTER	090915	SL	5.00	16	600.			600.	340.		120.
84	COMPUTER - DANA PUBLICATIONS	070115	SL	5.00	16	647.			647.	387.		129.
85	APPLE COMPUTER	081317	SL	5.00	16	2,246.			2,246.	393.		449.
86	AMAZON COMPUTER	090117	SL	5.00	16	769.			769.	128.		154.
87	AMAZON COMPUTER	090517	SL	5.00	16	770.			770.	128.		154.
88	AMAZON LAPTOP	091218	SL	5.00	16	829.			829.			138.
89	AMAZON - CAMERA CONFERENCE	092418	SL	5.00	16	856.			856.			128.
91	COPIER RICOH	092815	SL	5.00	16	27,454.			27,454.	15,100.		5,491.

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - THE WILDLIFE SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & EQUIPMENT								
14	IKEA CABINETS,	112304	SL	5.00	1,190.		1,190.	1,190.	0.
15	ARTWORKS & FRAMES	120305	SL	10.00	2,558.		2,558.	2,558.	0.
16	RECEPTION DESK	120305	SL	10.00	825.		825.	825.	0.
17	5 OFC DESKS & HUTCHES	120305	SL	10.00	8,827.		8,827.	8,827.	0.
20	LIBRARY BOOKCASES	120305	SL	10.00	2,748.		2,748.	2,748.	0.
21	MAILROOM FURNITURE	122305	SL	10.00	3,758.		3,758.	3,758.	0.
23	YW DESK AND WORK AREA	021406	SL	10.00	2,091.		2,091.	2,091.	0.
27	PB BOOKCASES	031606	SL	10.00	1,943.		1,943.	1,943.	0.
28	PB, KS DESKS/WORK AREA	041406	SL	10.00	2,664.		2,664.	2,664.	0.
32	ADDL CUBICLE	091506	SL	10.00	1,003.		1,003.	1,003.	0.
38	NOMADIC DISPLAY	051507	SL	10.00	915.		915.	915.	0.
41	DESK & WORK AREAS	062807	SL	10.00	5,833.		5,833.	5,833.	0.
42	WORKSTATIONS - WEBMASTER SPACE	091207	SL	10.00	1,570.		1,570.	1,570.	0.
48	FURNITURE SUITE - DW	082208	SL	10.00	1,612.		1,612.	1,612.	0.
49	CONFERENCE BOOTH DISPLAY	120408	SL	10.00	1,220.		1,220.	1,220.	0.
53	USED BOOKCASES, MH OFC SUITE	072210	SL	10.00	4,000.		4,000.	3,800.	200.
60	INTERN DESK	071911	SL	10.00	675.		675.	577.	68.
65	CUBICLES - PUBLIC AREA	080306	SL	10.00	2,323.		2,323.	2,323.	0.
74	CONFERENCE TABLE & CHAIRS	040915	SL	10.00	7,289.		7,289.	4,131.	729.
90	43-IN MONITOR FOR CONFERENCE ROOM	121618	SL	5.00	609.		609.	61.	122.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT				53,653.		53,653.	49,649.	1,119.
	BUILDING & LAND								
8	BUILDING	123082	SL	40.00	317,095.		317,095.	301,569.	7,927.
67	LAND	123082	L	40.00	33,014.		33,014.		0.
	* 990 PAGE 10 TOTAL - BUILDING & LAND				350,109.		350,109.	301,569.	7,927.
	LEASEHOLD IMPROVEMENTS								
1	OFC EXPANSION	090191	SL	10.00	1,788.		1,788.	1,788.	0.
2	CARPET	090191	SL	10.00	592.		592.	592.	0.
3	PAINTING	090191	SL	10.00	6,202.		6,202.	6,202.	0.
4	HVAC	080195	SL	10.00	3,866.		3,866.	3,866.	0.
5	BUILDING RENOVATION	020196	SL	10.00	5,551.		5,551.	5,551.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - THE WILDLIFE SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
6	CARPET	110104	SL	10.00	10,234.		10,234.	10,234.	0.
7	KITCHEN REMODEL	110104	SL	10.00	2,000.		2,000.	2,000.	0.
9	TENANT IMPROVEMENTS	040101	SL	10.00	9,250.		9,250.	9,250.	0.
10	PUBL SUITE IMPROVEMENT	040106	SL	10.00	645.		645.	646.	0.
11	PUBL SUITE CARPET	060106	SL	10.00	1,690.		1,690.	1,691.	0.
12	OFC RENOVATION	080110	SL	10.00	15,266.		15,266.	14,501.	765.
	* 990 PAGE 10 TOTAL - LEEASEHOLD IMPROVEMENTS				57,084.		57,084.	56,321.	765.
	SOFTWARE								
72	INDESIGN SOFTWARE	080114	SL	5.00	840.		840.	826.	14.
79	INDESIGN SOFTWARE	082415	SL	5.00	1,376.		1,376.	1,054.	275.
	* 990 PAGE 10 TOTAL - SOFTWARE				2,216.		2,216.	1,880.	289.
31	COMPUTER PUBLIC OFFICE	091506	SL	5.00	1,236.		1,236.	1,236.	0.
55	PHONE SYSTEM	092810	SL	5.00	12,192.		12,192.	12,192.	0.
	MISCELLANEOUS FURNITURE AND EQUIPMENT								
66	EQUIPMENT	010101	SL	5.00	7,427.		7,427.	7,427.	0.
70	(3) DELL LAPTOPS	021213	SL	5.00	1,332.		1,332.	1,310.	0.
71	DELL LAPTOP	073013	SL	5.00	1,181.		1,181.	1,181.	0.
73	OPTIPLEX 3020 COMPUTER	032415	SL	5.00	562.		562.	485.	77.
75	MONITORS (5)	041415	SL	5.00	2,245.		2,245.	1,946.	299.
76	INSPIRON 3847 COMPUTER (KEN)	052915	SL	5.00	758.		758.	621.	137.
77	INSPIRON 3847 COMPUTER (CARSON)	052915	SL	5.00	724.		724.	592.	132.
78	INSPIRON 3847 COMPUTER (ED)	052915	SL	5.00	748.		748.	612.	136.
80	COMPUTER	082415	SL	5.00	549.		549.	422.	110.
82	COMPUTER	090915	SL	5.00	918.		918.	705.	184.
83	COMPUTER	090915	SL	5.00	600.		600.	460.	120.
84	COMPUTER - DANA PUBLICATIONS	070115	SL	5.00	647.		647.	516.	129.
85	APPLE COMPUTER	081317	SL	5.00	2,246.		2,246.	842.	449.
86	AMAZON COMPUTER	090117	SL	5.00	769.		769.	282.	154.
87	AMAZON COMPUTER	090517	SL	5.00	770.		770.	282.	154.
88	AMAZON LAPTOP	091218	SL	5.00	829.		829.	138.	166.
89	AMAZON - CAMERA CONFERENCE	092418	SL	5.00	856.		856.	128.	171.
91	COPIER RICOH	092815	SL	5.00	27,454.		27,454.	20,591.	5,491.
	* 990 PAGE 10 TOTAL - SOFTWARE				64,043.		64,043.	51,968.	7,909.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

