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DLN: 93493309019575

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

Open to Public Inspection

A 101	the 2014 cal	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014							
	k if applicable	C Name of organization WILDLIFE CONSERVATION NETWORK INC			identification number				
_	e change			30-0108	469				
Initia	_	Doing business as							
•		Number and street (or P O box if mail is not delivered to street address) Room/sui	:e	E Telephone i	number				
returi	n/terminated	209 MISSISSIPPI STREET		(415) 20	2-6389				
_	nded return cation pending	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94107		G Gross receil	ots \$ 14,331,912				
		F Name and address of principal officer CHARLES KNO WLES 209 MISSISSIPPI STREET	H(a) Is th subo	s a group ret rdinates?	urn for ┌ Yes ┌ No				
		SAN FRANCISCO, CA 94107	H(b) Are a	all subordinati ded?	es 「Yes「No				
I Tax-	exempt status	▼ 501(c)(3)			st (see instructions)				
J We	bsite:► WII	DNET ORG	H(c) Grou	ıp exemption	number ►				
K Form	of organization	✓ Corporation Trust Association Other ►	L Year of fo	mation 2002	M State of legal domicile CA				
Par	t I Sum	mary							
	,	escribe the organization's mission or most significant activities TECT ENDANGERED SPECIES & PRESERVE THEIR NATURAL HABIT	ATS						
ا بر									
<u>ē</u>									
Activities & Governance	2 Check th	is box 🔭 if the organization discontinued its operations or disposed o	f more than 2	25% of its net	assets				
ت ×ه	3 Number	of voting members of the governing body (Part VI, line 1a)		. [:	3 7				
8	4 Number	of independent voting members of the governing body (Part VI, line 1b)		🗔	4 7				
夏	5 Total nui	mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5 10				
PG	6 Total nui	mber of volunteers (estimate if necessary)			6 145				
1	7a Total uni	related business revenue from Part VIII, column (C), line 12		7	'a 0				
\rightarrow	b Net unre	lated business taxable income from Form 990-T, line 34			'b 0				
				or Year	Current Year				
o l		butions and grants (Part VIII, line 1h)		9,372,283					
Rayenue		m service revenue (Part VIII, line 2g)		43,516					
		ment income (Part VIII, column (A), lines 3, 4, and 7d)		65,262	·				
_		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		32,922	33,516				
		evenue—aud inies o tinough II (must equal rait vIII, column (A), me		9,513,983	11,696,816				
:	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		5,276,642	8,066,278				
:		ts paid to or for members (Part IX, column (A), line 4)		0	0				
	15 Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		521,783	730,574				
्रक्ट :		sional fundraising fees (Part IX, column (A), line 11e)		0	0				
Expenses	b Total fu	ndraising expenses (Part IX, column (D), line 25) 🛌 356,769							
_ :	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		430,649	878,231				
	18 Total 6	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,229,074	9,675,083				
	19 Reven	ue less expenses Subtract line 18 from line 12	.	3,284,909	2,021,733				
. 47			Beginni						
නිස් කිසි			,	rear					
Ssets or Balance	20 Total a	assets (Part X, line 16)		7,040,400	9,459,637				
₩ I	21 Total I	assets (Part X, line 16)							

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

***** Signature of officer CHARLES KNOWLES CHAIRMAN/PRESIDENT/EXECUTIVE DIR Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name RANDY PETERSON Preparer's signature RANDY PETERSON Firm's name F ARMANINO LLP Firm's address 🕨 50 W SAN FERNANDO ST 500

SAN JOSE, CA 95113

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2014		Page 2
Par		tement of Program Service Accomplishments ck if Schedule O contains a response or note to any line in this Part III	
1	Briefly des	cribe the organization's mission	
		ND SUPPORT FIELD CONSERVATION EFFORTS TO CONSERVE FLAGSHIP SPECIES AND THEIR NATURAL UND THE WORLD	
	Did the ora	anization undertake any significant program services during the year which were not listed on	
2	the prior Fo	orm 990 or 990-EZ?	No
	•	escribe these new services on Schedule O	
3	Did the org services?	anization cease conducting, or make significant changes in how it conducts, any program	No
	If"Yes," de	escribe these changes on Schedule O	
4	expenses	ne organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others spenses, and revenue, if any, for each program service reported	;,
4a	(Code) (Expenses \$ 5,622,857 including grants of \$ 5,053,197) (Revenue \$ 57,338)	
	OPPORTUNI	ROGRAMS - PROVIDE DIRECT SUPPORT TO LONG TERM WILDLIFE CONSERVATION PARTNERS, BASED IN THE FIELD, THROUGH GRANTS, TRAI TIES, PUBLIC AWARENESS RAISING, AND TECHNICAL ASSISTANCE FOR ORGANIZATIONAL DEVELOPMENT WCN HAS 14 WILDLIFE CONSERVAT SERVING MULTIPLE COUNTRIES IN AFRICA, ASIA AND SOUTH AMERICA	
	(Code) (Expenses \$ 1,851,946 including grants of \$ 1,757,857) (Revenue \$)	
	CRITICAL HI FUND, CONS	- ENABLE LONG TERM WILDLIFE CONSERVATION PARTNERS TO STRENGTHEN THEIR SOLAR POWER INFRASTRUCTURE, TO RESPOND TO STA EALTH NEEDS, TO ENHANCE STAFF CAPACITY AND TO SUPPORT RELEVANT LOCAL GRADUATE STUDENTS INITIATIVES INCLUDE THE ELEPHAN SERVATION ACCELERATION FUND AND SCHOLARSHIP FUND WHICH PROVIDE SUPPORT FOR THE ELEPHANT CRISIS, WCN CONSERVATION PAI TION CONSERVATION STUDENTS GLOBALLY	IT CRISIS
	(Code) (Expenses \$ 1,255,224 including grants of \$ 1,255,224) (Revenue \$ 33,516)	
	FIELD-BASE	GRAM GRANTS - PROVIDE DIRECT SUPPORT TO CONSERVATION ORGANIZATIONS, WHOSE WORK CONTRIBUTES TO THE OBJECTIVES OF WC D WILDLIFE CONSERVATIONISTS, SUCH AS USING NATURAL RESOURCES, ECONOMICS, MARKETING CAMPAIGNS AND LEADERSHIP DEVELOPM ADE GRANTS TO 13 ORGANIZATIONS SUPPORTING WILDLIFE CONSERVATION GLOBALLY	
	O ther pro	gram services (Describe in Schedule O)	

) (Revenue \$

including grants of \$

8,730,027

(Expenses \$

Total program service expenses ►

Part IV Checklist of Required Schedul

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

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			厂_
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 9		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	75		
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
ъ 7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N o
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
12	year	-		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 $$.													.[고
--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
, u	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply of which website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

20

►VELETA ALLEN

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

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, or 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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check (, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) CHARLES KNOWLES	40 00	х		Х				0	0	0
CHAIRMAN & PRESIDENT/ED										
(2) REBECCA PATTONVICE PRESIDENT & COO	15 00	х		х				0	0	0
(3) JOHN LUKAS VICE PRESIDENT	1 00	х		х				0	0	0
(4) CHRISTINE HEMRICK TREASURER	1 00	Х		х				0	0	0
(5) AKIKO YAMAZAKI SECRETARY	1 00	Х		х				0	0	0
(6) DAVID BERGER DIRECTOR	1 00	х						0	0	0
(7) BILL UNGER DIRECTOR	1 00	х						0	0	0
(8) STACEY LOVELACE CFO	40 00			х				133,603	0	6,366
(9) JG COLLOMB	40 00									
DIR CONSERVATION PROGRAMS						Х		103,333	0	14,400

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			cers compensation	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the			
	for related organizations	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	 -			
C	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	►	236,936	0	20,766

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

			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>	3		No		
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? If "Yes," complete Schedule I for such					
	ındıvıdual	4		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		

Section	R	Ind	len	end	ent	Cor	itra	ctors	
Section	Ю.	THU	сь	CIIU	CIIL	CUI	ıu a	CLUIS	

L 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

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 V	• • •	Statement of Revenue	or note to any lin	e in this Book VIII			
		Check if Schedule O contains a response	or more to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated campaigns 1a					
## #	ь	Membership dues 1b					
Contributions, Giffs, Grants and Other Similar Amounts	c	Fundraising events 1c	658,416				
ξĒ	_	_					
<u>.</u> [a]	d	-					
ž iž	е	Government grants (contributions) 1e —					
₽ïI	f	All other contributions, gifts, grants, and similar amounts not included above —	10,714,907				
를 높	g	Noncash contributions included in lines	407,057	i			
<u> </u>		1a-1f \$		11,373,323			
ح ت	h	Total. Add lines 1a-1f	· · · •	11,373,323			
e l		<u> </u>	usiness Code				
Program Serwice Revenue	2a	WILDLIFE CONSERVATION EXPO	900099	57,338	57,338		
æ	Ь						
936	С						
<u> </u>	d						
Ę	е						
25	f	All other program service revenue					
Č	g	Total. Add lines 2a-2f	🛌	57,338			
	3	Investment income (including dividends,		125,162			125,16
		and other similar amounts)		123,102			123,10.
	4 5	Royalties	L				
	,	·	(II) Personal				
	6a	Gross rents	(II) I CISOIIII				
	ь	Less rental					
	c	expenses Rental income					
	_	or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities Gross amount	(II) Other				
	74	from sales of 2,665,952 assets other than inventory					
	b	Less cost or other basis and 2,558,475					
		sales expenses					
	с	Gain or (loss) 107,477		107 477			107.47
	d	Net gain or (loss)	· · · •	107,477			107,477
evenue	Oa	gross income from fundraising events (not including \$658,416 of contributions reported on line 1c) See Part IV, line 18					
Other Revenue		a	73,267				
를	b	Less direct expenses b	73,267				
5	С	Net income or (loss) from fundraising ever	nts 🛌	0			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
		Net income or (loss) from gaming activities	es				
	10a	Gross sales of inventory, less					
		returns and allowances .	36,870				
	h	Less cost of goods sold b					
		Net income or (loss) from sales of invento	3,354 ery • •	33,516	33,516		
ŀ			usiness Code	-,	.,		
ŀ	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	🛌	I			I

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) ordanizations must complete all columns. All other ordanizations must complete column) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	olumn (A
---	---	----------

Do no	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,110,541	2,110,541		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	5,955,737	5,955,737		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	139,969	31,213	103,857	4,899
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	481,945	274,710	126,753	80,482
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,285	8,815	5,877	2,593
9	Other employee benefits	43,229	23,115	13,476	6,638
10	Payroll taxes	48,146	23,817	17,668	6,661
11	Fees for services (non-employees)				
а	Management				
b	Legal	360		360	
C	Accounting	70,443		70,443	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	18,761		18,761	
g	Other (If line 11g amount exceeds 10 $\%$ of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,663	2,971	29,009	683
12	Advertising and promotion	6,748		6,748	
13	Office expenses	158,832	29,228	119,737	9,867
14	Information technology	28,692	9,382	16,784	2,526
15	Royalties				
16	Occupancy	92,647	48,177	31,500	12,970
17	Travel	38,221	23,237	12,037	2,947
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,749	2,862	1,871	1,016
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,085	16,684	10,909	4,492
23	Insurance	1,154		1,154	
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)				
а	DONOR EVENTS	220,442			220,442
b	EXPO & OTHER RECEPTIONS	167,485	167,485		
c	OTHER	3,949	2,053	1,343	553
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,675,083	8,730,027	588,287	356,769
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				,

Assets

Net Assets or Fund Balances

Form 990 (2014)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,963,058		4,711,597
	2	Savings and temporary cash investments			680,101		317.455
	3	Pledges and grants receivable, net			17,788		20,587
	4	Accounts receivable, net			11,100	4	20,001
	5	Loans and other receivables from current and former officers, di				_	
		employees, and highest compensated employees Complete Par Schedule L				5	
ste	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntribu	tıng employers		6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			17,195		49,094
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	147,359	·	9	40,004
	Ь	Less accumulated depreciation	10b		4	100	81,875
	11	Investments—publicly traded securities		<u> </u>	1,870,258		3,227,369
	12	Investments—other securities See Part IV, line 11			2,419,135		1,051,660
	13	Investments—program-related See Part IV, line 11			2,,	13	1,001,000
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,040,400		9,459,637
	17	Accounts payable and accrued expenses			47,279	_	76,611
	18	Grants payable			19,496		251,566
	19	Deferred revenue			10, 100	19	201,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualific	rs, trus			21	
Liabilit		persons Complete Part II of Schedule L				22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		_		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part					
		D				25	
	26	Total liabilities. Add lines 17 through 25			66,775	26	328,177
ري دان		Organizations that follow SFAS 117 (ASC 958), check here ► ✓	and c	omplete			
ž	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			3,359,460	27	3,022,583
<u>ಣ</u>	28	Temporarily restricted net assets	•	•	3,614,165	28	6,108,877
<u> </u>	29	• •			3,014,103	29	0,100,077
Ĭ	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	·				
Assets	30	Capital stock or trust principal, or current funds				30	
ŠŠ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
4	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			6,973,625		9,131,460
	34	Total liabilities and net assets/fund balances			7,040,400	34	9,459,637

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11.6	596,816
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		9,6	575,083
3	Revenue less expenses Subtract line 2 from line 1	3		2,0	21,733
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_		4		6,9	973,625
5	Net unrealized gains (losses) on investments	5		:	136,102
6	Donated services and use of facilities				
_		6			
7	Investment expenses	7			
8	Prior period adjustments	_			
•	Other share we will be a seal of such below to find the large of females and the large of the delay of the large of the la	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		9,:	131,460
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. r
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	ר		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			1	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
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		3b		

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As Filed Data -

DLN: 93493309019575

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

WILDL	ILE CO	NSERVATION NETWORK INC					30-0108469						
Par	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this i		ons.					
		zation is not a private fo		·									
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).						
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	A medical research or	-	erated in conjunction v	vith a hospital c	lescribed in se	ction 170(b)(1)(A)(iii). Enter the					
5	_	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
3	'												
6	_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	<u> </u>	An organization that n						ionoral nublic					
8	, ·	described in section 1 A community trust des	70(b)(1)(A)(v	∕i). (Complete Part II)	_	ental unit of from the g	денегат ривно					
9	į.	An organization that n					butions, membership	fees, and gross					
-	•	receipts from activitie											
		its support from gross		•	-	•	• •						
		acquired by the organi				•	•						
10	Г	An organization organ											
11	Ţ.	An organization organ	•	•	•	•	` ,` ,	ut the purposes of					
	•	one or more publicly s											
	_	the box in lines 11a th	-			-	• •	-					
а	ı	Type I. A supporting of supported organization											
		organization You mus				ty of the direct	ors or trustees or the	supporting					
b	\sqcap	Type II. A supporting	-	-		with its suppo	orted organization(s), b	by having control or					
		management of the su			same persons t	hat control or	manage the supported	organization(s) You					
_	_	must complete Part IV Type III functionally	•		n anaratad in a	annaatian wiith	and functionally into	aratad with ita					
С	,	supported organization	_		•			grated with, its					
d	\sqcap	Type III non-function						anızatıon(s) that ıs					
		not functionally integr					ement and an attentiv	eness requirement					
_	_	(see instructions) Yo					is a Type I Type II T	vna III functionally					
e	'	Check this box if the contegrated, or Type II:					is a rype r, rype rr, r	ype III lunctionally					
f		Enter the number of si											
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)								
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	-	(v) A mount of	(vi) A mount of					
		organization		organization (described on lines	listed in your		monetary support (see instructions)	other support (see					
				1- 9 above or IRC			(see mstructions)	instructions)					
				section (see									
				ınstructions))		I	1						
					Yes	No							
Total													
			•	•	•	•	•	•					

Page 2

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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total

1 Gifts, grants, contributions, and

	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,580,817	4,714,814	4,949,948	6,509,140	11	.,373,323	30,128,042
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							
4	to the organization without charge Total. Add lines 1 through 3	2,580,817	4,714,814	4,949,948	6,509,140	11	.,373,323	30,128,042
5	The portion of total contributions	2,300,017	1,711,011	1,313,310	0,303,110		.,575,525	30,120,012
3	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							5,125,121
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							25,002,921
_	from line 4							
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
7	beginning in) > A mounts from line 4	2,580,817	4,714,814	4,949,948	6,509,140	11	,373,323	30,128,042
7	Gross income from interest,	2,300,017	4,714,014	4,343,340	0,309,140	11	,373,323	30,120,042
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	33,116	32,825	37,797	34,866		125,162	263,766
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)	45,412	71,452	62,780				179,644
11	Total support Add lines 7							30,571,452
	through 10					1 1		
12	Gross receipts from related activiti	es, etc (see instr	ructions)			12		173,986
13	First five years. If the Form 990 is	for the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a	section	501(c)(3)
	organization, check this box and st e							<u> ▶</u>
_S	ection C. Computation of Pub							
14	Public support percentage for 2014	(line 6, column (f) divided by line	11, column (f))		14		81 790 %
15	Public support percentage for 2013	Schedule A, Par	t II, line 14			15		79 050 %
16a	33 1/3% support test—2014. If the				ne 14 is 33 1/3%		, check t	his box
b	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 33	3 1/3% or	more, ch	► ✓ ieck this

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2013. 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.

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. 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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 $(2)^7$ 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.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ıct ions)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	-			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each		1	l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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 See instructions. All other
ype	[]	II 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)	1		
а	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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART VI, LIST OF UNUSUAL GRANTS	DESCRIPTION STOCK AMOUNT 0

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493309019575

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** WILDLIFE CONSERVATION NETWORK INC 30-0108469 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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" to Form 990, Part IV, line 8. 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 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 in Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2014

Part	Organizations Maintaining Co	llections of Art,	Hist	orica	ıl Treasuı	res, or Ot	her S	<u>Similar Ass</u>	ets (con	tınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	eck an	y of the follo	wing that a	re a sı	gnıfıcant use o	of its	
а	Public exhibition		d	Γι	oan or exch	ange progra	ıms			
b	Scholarly research		e		ther					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explai	n how	they 1	urther the o	rganızatıon'	s exen	npt purpose ın		
5	During the year, did the organization solicit									
Dor	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang									No
Fai	Part IV, line 9, or reported an ar					answered	165	to rollil 33	Ο,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary f	for cor	itributions o	r other asse	ts not		Yes	_ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	followi	ng tal	le					
							_	Amo	unt	
С .	Beginning balance					—	lc			
d	Additions during the year					F	Ld			
e •	Distributions during the year					<u> </u>	le l			
f	Ending balance	000 0	24.6				1f			
2a	Did the organization include an amount on F	•						,	Yes	No
ь	If "Yes," explain the arrangement in Part XI								<u></u>	
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year		vered rior yea					e) Four yea	rs hack
1a	Beginning of year balance	1,865,983	(6)		5,995	1,546,443	(u)	1,589,922		,252,854
ь	Contributions	5,111		10),775	1,750		100,200		250,300
c	Net investment earnings, gains, and losses	122 575		27	1 402	151 400		22.264		150.010
d	Grants or scholarships	133,575 126,116			2,482 1,651	151,406 81,361		-33,364 99,229		159,910 66,205
e	Other expenditures for facilities				.,	,		,		
	and programs									
f	Administrative expenses	18,677			9,618	11,243		11,086		6,937
g	End of year balance	1,859,876		1,86	5,983	1,606,995		1,546,443	1,	,589,922
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	1g, c	olumn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
C	Temporarily restricted endowment ► 100 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition th	hat ar	held and a	dmınıstered	for the	e		
	organization by (i) unrelated organizations							2-(:)	Yes	No_
	(ii) related organizations			•				3a(i)		No No
ь	If "Yes" to 3a(II), are the related organization			 chedul	e R?		٠	3b	1 1	
4	Describe in Part XIII the intended uses of t	ne organization's end	dowme	nt fun	ds					
Par	t VI Land, Buildings, and Equipme		he or	ganız	atıon answ	ered 'Yes'	to Fo	rm 990, Par	t IV, lıne	e
	11a. See Form 990, Part X, line Description of property	10.			Cost or other (investment)	(b)Cost or o		(c) Accumulated depreciation	(d) Boo	k value
	11			+		1			-	
	Land					1				
	Buildings		•			+				
	Equipment		•			96	.534	57,15	8	39,376
	Other					,	,825	8,32	+	42,499
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	., colun	nn (B)	line 10(c).)				-	81,875
	,			,-/	(-/-/	<u> </u>		Schedule D (Form 99	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(b)book value	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests	1,051,660	F
Other	1,051,660	Г
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,051,660	
Part VIII Investments—Program Related. Co		
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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Zay a sessif		(=)
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.		From 550, Fart IV, line The of Thi. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		
2. Liability for uncertain tax positions. In Part XIII. provide	the toyt of the feetnets to th	a company of the property of the transport of the transport of the

ADJUSTMENTS

Part XI		Levenue per Audited Financial Wered 'Yes' to Form 990, Part IV,			ts With Revenue	per R	Return Complete If
1 Tot		er support per audited financial statem				1	12,065,403
2 A m	ounts included on line 1 bu	ut not on Form 990, Part VIII, line 12					
		on investments	- 1	2a	136,102		
	= :	acılıtıes	.	2b	159,218	1	
		s	⊢	2c	,	1	
				2d	73,267	1	
	d lines 2a through 2d .		_		<u> </u>	2e	368,587
	•					3	11,696,816
		0, Part VIII, line 12, but not on line 1					
		uded on Form 990, Part VIII, line 7b		4a			
	·		.	4b		1	
						4c	0
		d 4c. (This must equal Form 990, Part				5	11,696,816
Part XII		xpenses per Audited Financia		-		s per	
		swered 'Yes' to Form 990, Part I\			<u>'</u>		<u> </u>
1 Tot	al expenses and losses pe	r audited financial statements				1	9,907,568
2 A m	ounts included on line 1 bu	it not on Form 990, Part IX, line 25					
a Dor	nated services and use of f	acılıtıes		2a	159,218		
b Prio	oryearadjustments			2b			
c Oth	nerlosses		•	2c			
d Oth	ner (Describe in Part XIII)			2d	73,267	'	
e A do	d lines 2a through 2d					2e	232,485
3 Sub	otract line 2e from line 1 .					3	9,675,083
4 A m	ounts included on Form 99	0, Part IX, line 25, but not on line 1:					
a Inv	estment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b Oth	ner (Describe in Part XIII)			4b			
c Add	d lines 4a and 4b					4c	0
5 Tot	al expenses Add lines 3 a	nd 4c. (This must equal Form 990, Par	t I, line	18)		5	9,675,083
Part XII	I Supplemental Inf	formation				•	•
	ie 4, Part X, line 2, Part XI	Part II, lines 3, 5, and 9, Part III, lin , lines 2d and 4b, and Part XII, lines 2					de any additional
ı	Return Reference	Explanat	ion				
PART V, LI		THE INTENDED USE OF THE ENDO EDUCATION AND APPLIED TRAIN CONSERVATIONISTS WHO REPRE CONSERVATION PIONEERS	IING TO	O PRO	MISING COMMUNIT	Y BAS	ED
PART X, LI	NE 2	GENERALLY ACCEPTED ACCOUNDISCLOSURE GUIDANCE ABOUT RETURNS THAT MIGHT BE UNCER POSITIONS AND BELIEVES THAT ITS FEDERAL AND STATE EXEMPT NOT TO BE SUSTAINED UPON EXTHE YEARS ENDED DECEMBER 31 EXAMINATION BY FEDERAL TAXIOTHEY ARE FILED THE ORGANIZATION SAUTHORITIES, GENERALLY FOR F	POSITI TAIN ALL OI ORGA AMINA , 2011 NG AUT TION'S	IONS MANA F THE NIZA TION AND THOR: STAT	TAKEN BY AN ORGAN GEMENT HAS CONSI POSITIONS TAKEN BETON TAX RETURNS AT THE ORGANIZATION BEYOND REMAIN SUBSTICES, GENERALLY FOR ERETURNS FOR THE POSSIBLE EXAMINAT	DERE BY THI ARE M N'S FE BJECT OR TH EYEAR	ION IN ITS TAX D ITS TAX E ORGANIZATION IN ORE-LIKELY-THAN- EDERAL RETURNS FOR TO POSSIBLE REE YEARS AFTER RS ENDED DECEMBER
ADJUSTME		FUNDRAISING EVENT EXPENSE 7	•				
PART XII,	LINE 2D - OTHER	FUNDRAISING EVENT EXPENSE 7	3,267				

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493309019575

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal	Revenue Service	- 2.1101111411			and its mistractions is at h		Inspection		
	e of the organizatio		DICTNIC.			Employer ide	ntification number		
WILE	DLIFE CONSERVA	IION NETWO	KKINC			30-0108469			
Рa	rt I General	Informatio	n on Activiti	es Outside t	the United States. C				
F G			rt IV, line 14b		ine officed states.	ompiete ii the organ	ization answered		
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants									
	and other assist	tance, the gr	antees' eligibi	lity for the gra	ints or assistance, and	the selection criteria			
	used to award the grants or assistance?								
2	For grantmaker assistance outs	nts and other							
3	Activites per Reg	ion (The follow	wing Part I, line	3 table can be	duplicated if additional sp	pace is needed)			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region			
(1)) EAST ASIA & PA	CIFIC	0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS ELEPHAN CRISIS FUND	732,002		
(2)	RUSSIA & THE N INDEPENDENT S		0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS RUSSIAN CATS AND SAIGA	132,67!		
(3)) SOUTH AMERIC	А	0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS MARINE MAMMALS, PENGUIN, SEA TURTLE, TAPIR, ANDEAN CAT (+INTERNSHIP), GIAN ARMADILLO AND COTTON TOP TAMARIN (+INTERNSHIP)			
(4)) SOUTH ASIA		0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS SUN BEA ORANGUTAN, SAOLA,TREE KANGAROO	R, 51,777		
(5)) SUB-SAHARAN A	AFRICA	0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS AFRICAN WILD DOG (+INTERNSHIP), GORILLA, SAVE THE ELEPHANTS, NIASSA LION, EWASO LION (+SCHOLARSHIPS) (+INTERNSHIPS), GREVY ZEBRA, CHEETAH BOTSWANA ETHIOPIAN WOLF			
	Sub-total		0				5,955,737		
b	Total from continuo	uation sheets	I o	I C)	1			

to Part I

c Totals (add lines 3a and 3b)

5,955,737

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

organization (1) See Add'l Data (2) (3) (4)	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Data (2) (3) (4) (5)								
(3) (4) (5)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can b	oe duplicated if additi	onal space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP	SOUTH ASIA	5	24,157	WIRE TRANSFER			
(2) SCHOLARSHIP	SUB-SAHARAN AFRICA	14	83,295	WIRE TRANSFER			
(3) SCHOLARSHIP	SOUTH AMERICA	2	15,200	WIRE TRANSFER			
(4) INTERNSHIP	SOUTH AMERICA	1	2,151	WIRE TRANSFER			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	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)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)	Г	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)	Г	Yes	্	Νo
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)	Г	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)	Γ	Yes	V	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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	WCN MONITORS THE USE OF GRANTS BY REQUIRING THAT EACH GRANTEE SUBMIT A YEAR-START PLAN THA T INCLUDES AN ANNUAL BUDGET FOLLOWED BY A YEAR-END REPORT THAT INCLUDES AN INCOME AND EXPE NSE STATEMENT

Additional Data

Software ID: Software Version:

EIN: 30-0108469

Name: WILDLIFE CONSERVATION NETWORK INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES	GENERAL SUPPORT	132,675	WIRE TRANSFER			
		SOUTH AMERICA	GENERAL SUPPORT	683,357	WIRE TRANSFER			
		SOUTH ASIA	GENERAL SUPPORT	27,615	WIRE TRANSFER			
		SUB-SAHRAN AFRICA	GENERAL SUPPORT	4,239,028	WIRE TRANSFER		COMPUTER EQUIPMENT & SOFTWARE, CAMERA EQUIPMENT, SATELLITE PHONES, CELL PHONES	FMV

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA & THE PACIFIC	GENERAL SUPPORT	732,002	WIRE TRANSFER			

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DLN: 93493309019575

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ame of the organization /ILDLIFE CONSERVATION NE	ETIMO DIZ INC					Employer ider	ntification number
ILDLIFE CONSERVATION NE	I WORK INC					30-0108469	
Fundraising Acti filers are not requi			ganızatıo	n answered "Yes" to	Form 9	990, Part IV,	line 17. Form 990-E
Indicate whether the organ	ization raised funds	through a	ny of the 1	following activities Che	eck all th	at apply	
a Mail solicitations			е	Solicitation of non	n-governi	ment grants	
b	cıtatıons		f	Solicitation of gov	ernment	grants	
c Phone solicitations			g	Special fundraisin	g events		
d	3						
Did the organization have a or key employees listed in							Г yes Г N
b If "Yes," list the ten highes to be compensated at leas			fundraise	rs) pursuant to agreem	ents und	er which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal			<u></u>				
3 List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has be	en notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
			(a) Event #1 JANE GOODALL	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			EVENT (event type)	(event type)	(total number)	(3),
⊕	1	Gross receipts	731,683	3		731,683
Revenue	2	Less Contributions	658,41	5		658,416
~	3	Gross income (line 1 minus line 2)	73,26	7		73,267
	4	Cash prizes				
ဟ	5	Noncash prizes				
Expenses	6	Rent/facility costs	4,000			4,000
	7	Food and beverages .	20,00	0		20,000
<u>D</u> eed	8	Entertainment				
Δ	9	Other direct expenses .	49,26	7		49,267
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)		(73,267)
	11	Net income summary Subtract li	ine 10 from line 3, columi	n (d)	🟲	0
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Non-cash prizes				
ច ក្	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes			
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9	Ent	er the state(s) in which the organiz	ation conducts gaming ac	tivities		
а	Ist	the organization licensed to conduc	t gaming activities in eac	h of these states?		
b	If"I	No," explain				
10a b		re any of the organization's gaming Yes," explain				· · 「Yes 「No

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonm	members?	T _{Yes}	Γ _{No}
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	۱۶		Г _{Yes}	Гм
13	Indicate the percentage of gaming acti		1 1	,	, 110
а	The organization's facility				%
b					%
14	Enter the name and address of the pers	on who prepares the	ne organization's gaming/special events books and records		
	Name ▶				
	Address 🕨				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
	revenue?			Г ves	□ No
b			the organization 🕨 \$ and the	, 103	, 110
	amount of gaming revenue retained by				
c	If "Yes," enter name and address of the	· · · · · ·			
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$				
	Description of services provided				
	Director/officer	— Employee	Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes}	
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent	, 103	, 110
	in the organization's own exempt activi		·		
Pai	rt IV Supplemental Information	on. Provide the ex	explanations required by Part I, line 2b, columns (iii 17b, as applicable. Also provide any additional infor		
	Return Reference		Explanation		
			Schodulo C (Form		. ==> ===

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DLN: 93493309019575

2014

OMB No 1545-0047

(Form 990)

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

		Comple	ete if the organization a	inswered "Yes," to Form	990, Part IV, line 21 or	22.	4	
Department of the Treasury Internal Revenue Service		_	•	Attach to Form 990.	ons is at <u>www.irs.gov/</u> i			pen to Public Inspection
Name of the organization							Employer identificati	on number
WILDLIFE CONSERVAT	TION NETWORK	INC					30-0108469	
Part I General	Information of	on Grants an	d Assistance					
the selection crite	eria used to award	the grants or as	ssistance?		e grantees' eligibility for t • • • • • • • • • d d States			✓ Yes
					Governments. Com rt II can be duplicated			es" to
(a) Name and addre organization or government	ss of	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
	Table							

Enter total number of other organizations listed in the line 1 table

15

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental In	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
•	WCN MONITORS THE USE OF PARTNER GRANTS BY REQUIRING THAT EACH GRANTEE SUBMIT A YEAR-START PLAN THAT INCLUDES AN ANNUAL BUDGET FOLLOWED BY A YEAR-END REPORT THAT INCLUDES AN INCOME AND EXPENSE STATEMENT

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 30-0108469

Name: WILDLIFE CONSERVATION NETWORK INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING DOGS FOR CONSERVATION52 EUSTIS ROAD THREE FORKS, MT 59752	20-2708654	501(C)(3)	38,500				GENERAL SUPPORT

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WILDLIFE CONSERVATION SOCIETY2300 SOUTHERN BOULEVARD BRONX,NY 10460	13-1740011	501(C)(3)	150,770				GENERAL SUPPORT - ECF (DZANGHA SANGHA CAR EMERGENCY RESPONSE FUND)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WILD AID744 MONTGOMERY ST SUITE 300 SAN FRANCISCO,CA 94111	20-3644441	501(C)(3)	305,000				GENERAL SUPPORT - ECF (CHINA IVORY CAMPAIGN)		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHEETAH CONSERVATION FUNDPO BOX 2496 ALEXANDRIA,VA 22301	31-1726923	501(C)(3)	42,670				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WHITE OAK CONSERVATION CENTER 1615 RIVERSIDE AVE JACKSONVILLE,FL 32204	26-0035224	501(C)(3)	146,770				GENERAL SUPPORT - OKAPI PROJECT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SMALL WILD CAT CONSERVATION FOUNDATION1510 S BASCOM AVE APT 7 SAN JOSE,CA 95008	26-1368021	501(C)(3)	67,081				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SNOW LEOPARD CONSERVANCY18030 COMSTOCK AVE SONOMA,CA 95476	61-1614981	501(C)(3)	120,844				GENERAL SUPPORT		

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARALLIANCE3321 EL SOBRANTE ST SAN MATEO,CA 94403	46-4381820	501(C)(3)	101,961				GENERAL SUPPORT - SHARKS AND RAYS PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JANE GOODALL INSTITUTE1595 SPRING HILL ROAD NO 550 VIENNA,VA 22182	94-2474731	501(C)(3)	626,610				GENERAL SUPPORT		

Form 990,Schedule I, Par	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON,DC 20037	52-1693387	501(C)(3)	105,000				GENERAL SUPPORT - ECF

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZOOLOGICAL SOCIETY OF MILWAUKEE10005 WEST BLUEMOUND ROAD MILWAUKEE,WI 53226	39-6077242	501(C)(3)	38,652	2,000	FM∨	SATELITTE PHONES	GENERAL SUPPORT - BONOBO

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL FUND FOR ANIMAL WELFARE290 SUMMER STREET YARMOUTH PORT,MA 02675	31-1594197	501(C)(3)	110,000				GENERAL SUPPORT - ECF

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL INVESTIGATION AGENCY PO BOX 53343 WASHINGTON, DC 20009	52-1654284	501(C)(3)	162,000				GENERAL SUPPORT - ECF

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RHINO FOUNDATION201 MAIN STREET FORT WORTH,TX 76102	75-2395006	501(C)(3)	31,735				GENERAL SUPPORT - RHINO-ZIMBABWE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLAR BEARS INTERNATIONAL810 N WALLACE STE E BOZEMAN,MT 59715	77-0322706	501(C)(3)	13,314				GENERAL SUPPORT - POLAR BEARS

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DLN: 93493309019575

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization WILDLIFE CONSERVATION NETWORK INC

Employer identification number

30-0108469

				30	0100707			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri			nts
1	Art—Works of art	Х	1	1,000	FMV			
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	28	386,122	FMV			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other► (X	10	19,639	FM∨			
	1PUTER EQUIPMENT)							
	Other►(X	1	296	FM∨			
	ENSES)							
	Other ► ()							
	Other ()		uan during the tax year for	a a ntribution a				
29	Number of Forms 8283 received by th for which the organization completed F				9		I I	0
20-	During the year did the erganization	racawa bu	contribution any property r	ranartad in Dart I linas 1	through 20 that		Yes	No
SVa	During the year, did the organization							
	it must hold for at least three years fr			, and which is not required	to be used			
	for exempt purposes for the entire ho		17			30a		No
b 31	If "Yes," describe the arrangement in		liev that requires the rema	w of any non-standard so	ntributions?	31	Yes	
	Does the organization have a gift acc						162	
32a	Does the organization hire or use thir contributions?	*	related organizations to s	olicit, process, or sell noi	ncash · · ·	32a		No
ь	If "Yes," describe in Part II							
	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
, , ,	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF INDIVIDUAL DONORS IN				

Schedule M (Form 990) (2014)

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Open to Public Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization WILDLIFE CONSERVATION NETWORK INC	Employer identification number
	30-0108469

990 Schedule O, Supplemental Information

Return Reference	Explanation					
FORM 990, PART VI, SECTION B, LINE 11						
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICERS OR ANY ONE ELSE WHO IS DEEMED TO HAVE SUBSTANTIAL INFLUENCE OVE R WCN SHALL SIGN AN ANNUAL AFFIRMATION AND DISCLOSURE STATEMENT WHICH AFFIRMS THAT THE PER SON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY HAS READ AND UNDERSTOOD THE POL ICY, HAS AGREED TO COMPLY WITH THE POLICY, AND DISCLOSES ANY DIRECT OR INDIRECT AFFILIATIO NS ANY DIRECTOR WHO FAILS TO COMPLY WITH THIS CONFLICT OF INTEREST POLICY MAY, AT THE DIS CRETION OF THE BOARD OF DIRECTORS, BE CENSURED OR BE REMOVED FROM THE BOARD IF AN EMPLOYE E WHO IS DEEMED TO HAVE SUBSTANTIAL INFLUENCE OVER WCN FAILS TO COMPLY WITH THIS CONFLICT OF INTEREST POLICY, HE OR SHE MAY BE PUT ON NOTICE OR TERMINATED, AT THE DISCRETION OF THE BOARD OF DIRECTORS ANY OTHER EMPLOYEE WHO FAILS TO COMPLY WITH THIS CONFLICT OF INTEREST POLICY MAY BE PUT ON NOTICE OR TERMINATED, AT THE CHIEF EXECUTIVE OFFIC					
FORM 990, PART VI, SECTION B, LINE 15 FORM 990, PART VI, SECTION C, LINE 19	ALTHOUGH THE EXECUTIVE DIRECTOR RECEIVES NO COMPENSATION, HIS IN-KIND SALARY WAS DETERMINE D BASED ON THE NONPROFIT COMPENSATION ASSOCIATES FAIR PAY FOR NORTHERN CALIFORNIA NONPROFI TS, THE 2013 COMPENSATION AND BENEFITS SURVEY'S COMPARABILITY DATA THE CFO'S SALARY IS BA SED ON THE SAME COMPARABILITY DATA IN DETERMINING COMPENSATION AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION ON WCN'S					
19	WCN'S WEBSITE AT WILDNET ORG OTHER DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST					