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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

DLN: 93493180010186

Open to Public Inspection

A F	or the 2	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5						
	eck if ap	wildlife Conservation Network Inc		D	Employer	identification number			
	dress cha	nge			30-0108	469			
	me chan								
Ind	ial returr			E7	Telephone i	ephone number			
Fin	al urn/term	Number and street (or P O box if mail is not delivered to street address) Room/suit 209 Mississippi Street	te		•				
					(415)20	2-6389			
	iended re plication	San Francisco, CA 94107		G	Gross recei	pts \$ 13,244,872			
		F Name and address of principal officer	H(a)	Is this a	aroup ret	urn for			
		CHARLES KNOWLES	()	subordina		□Yes □No			
		209 Mississippi Street San Francisco, CA 94107	H(b)	Are all su		es 「Yes「No			
				included?		ct (coo instructions)			
I Ta	x-exemp	ot status 501(c)(3) 501(c)() () (insert no) 4947(a)(1) or 527	H(c)			st (see instructions) number ►			
J W	ebsite:	► WILDNET ORG							
K For	n of orga	anization Corporation Trust Association Other	L Yea	ar of formati	on 2002	M State of legal domicile CA			
Pa	rt I	Summary	•						
	1 Bri	efly describe the organization's mission or most significant activities							
		PROTECT ENDANGERED SPECIES & PRESERVE THEIR NATURAL HABITA	TS						
ပ္	_								
듄	_								
Activities & Governance	2 CI	heck this box 🛏 if the organization discontinued its operations or disposed of	more t	han 25%	of its net	assets			
<u> </u>		,							
2 6	3 N	umber of voting members of the governing body (Part VI, line 1a) $ \cdot \cdot \cdot \cdot $.			3	7			
<u> </u>	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	7			
Ē	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a) $$.			. 5	13			
ដ្	6 T	otal number of volunteers (estimate if necessary)			6	160			
•	7a ⊤o	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0			
	b Ne	t unrelated business taxable income from Form 990-T, line 34			71	b 0			
				Prior Ye	ar	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		11,	,373,323	11,952,425			
을	9	Program service revenue (Part VIII, line 2g)			57,338	51,375			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			232,639	204,885			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			33,516	57,290			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,	696,816	12,265,975			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		8,	,066,278	8,774,731			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0			
\$	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)			730,574	914,642			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0			
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) ► 104,758	fundraising expenses (Part IX, column (D), line 25) ▶104,758						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		878,231	781,364				
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,	,675,083	10,470,737			
	19	Revenue less expenses Subtract line 18 from line 12		2,	733,021,033	1,795,238			
Net Assets or Fund Balances			Begin	ning of Cu	rrent Year	End of Year			
55.0 19.00 10.00 1	20	Total assets (Part X, line 16)		9,	,459,637	12,228,120			
A P	21	Total liabilities (Part X, line 26)			328,177	1,353,966			
žŽ	22	Net assets or fund balances Subtract line 21 from line 20			12116	10 0741			
Pa	rt II	Signature Block							

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/CEO 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 Ste 500

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instruction

Form 990 (2			
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? 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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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		No
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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part III</i>	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 $2 \ldots \ldots$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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?	38	Yes	

	990 (2013)			Page 5					
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8								
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c							
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						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No					
Ь	b If "Yes," enter the name of the foreign country ►								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
_		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?	6a		No					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes						
	services provided to the payor?	7a 7b	Yes						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		1 65						
	file Form 8282?	7c		No					
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
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?	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							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	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								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a							
h	Enter the amount of reserves the organization is required to maintain by the states	134							
	In which the organization is licensed to issue qualified health plans								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU					
			i						

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	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 1b 7			
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	,
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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)			
L6a	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		No
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		
	ction C. Disclosure			
L7	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			
L9	Own 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 interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records VELETA ALLEN 209 Mississippi Street San Francisco, CA 94107 (415) 202-6389

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, 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 rect	not box h ar or/tr	checl k, unle n office	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	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) CHARLES KNOWLES CHAIRMAN/PRESIDENT/CEO	40 00	х		х				0	0	C
(2) REBECCA PATTON VICE PRESIDENT & COO	15 00	х		x				0	0	C
(3) JOHN LUKAS VICE PRESIDENT	1 00	х		х				0	0	C
(4) CHRISTINE HEMRICK TREASURER	1 00	х		х				0	0	(
(5) AKIKO YAMAZAKI SECRETARY	1 00	х		х				0	0	(
(6) DAVID BERGER DIRECTOR	1 00	х						0	0	(
(7) Bill Unger directOR	1 00	х						0	0	(
(8) Jean-Gael Collomb EXECutive Director	40 00			х				123,333	0	19,790
(9) Veleta Allen Controller	40 00					х		109,224	0	12,543
					_					

art VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	nsated Employ	rees (continued
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	(A) Name and Title	(B) (C) (D) (E) A verage Position (do not check hours per more than one box, unless week (list person is both an officer any hours and a director/trustee) (D) (E) Reportable compensation compensation from the organization (W- organizations (W- organizations) (W- organizations)									•			
		for related organizations below dotted line)	Individual trustae or director	Former Highest compensated employee Key employee Officei Institutional Trustee individual trustee or director		2/1099-MISC)		2/1099-MISC)		rganizati relati organiza	ed			
												+		
												+		
1b	Sub-Total						•							
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S 			٠.	٠.			232	2,557	0			32,333
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	ose		d abov	e) wl	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fc on line 1a? If "Yes." complete S	·				, key	emplo	yee,	or highes	t compen	sated employee	3		NI -
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such												No	
5	Did any person listed on line 1	a receive or acc	rue cor	nper	• satu	• on fr	om anv	• / Արբ	elated org	anization	or individual for	4		No
-	services rendered to the organ			•					_			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) ame and business									(B) cription of services		(C Comper)
	IV	c and business								Des		#	соттрет	

(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	4 🛊 🛊 1	Statement o						
		Check if Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated camp	naugne 1a					512-514
its nts	1a		_					
Grants mounts	b	Membership du						
s, G Am	С	Fundraising eve	ents 1c					
Giffs, iilar A	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e	24,970				
tiot er S	f	All other contribution	ons, gifts, grants, and 1f	11,927,455				
tributic Other	g		ons included in lines	504,977				
Contributions, and Other Sin		1a-1f \$. 4 - 46	301,377	11,952,425			
ಕರ	h	Total. Add lines	S 1 a - 1 f	•	11,932,423			
e II		WILDLIEF CONCED	VATION EVDO	Business Code				
Program Serwce Revenue	2a b	WILDLIFE CONSER'	VATION EXPO	900099	51,375	51,375		
a Æ	c							
rwc	d							
જુ	e							
lran.	f	All other progra	m service revenue					
P.	g	Total Add lines	 		51,375			
	3		ome (including divident					
		and other simila	aramounts)	• [144,984			144,984
	4 5		tment of tax-exempt bond p	· · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	. ,	,				
	ь	Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss) (ı) Securities	► (II) Other				
	7a	Gross amount from sales of assets other than inventory	1,037,598	(ii) o thei				
	ь	Less cost or other basis and sales expenses	977,697					
	С	Gain or (loss)	59,901					
	d		s)		59,901			59,901
Other Revenue	8a	see Part IV, lin	luding reported on line 1c)					
the	L	Loca direct air	noncos h					
0	b c		penses b loss) from fundraising e	events .				
			rom gaming activities					
	ь	Less direct ex	penses b					
			loss) from gaming activ	⁄ities⊫				
	10a	Gross sales of						
		returns and allo	wances . a	52,734				
	b	Less cost of go	ŀ	1,200				
			loss) from sales of inve	,	51,534	51,534		
		Miscellaneous	s Revenue	Business Code				
		MISCELLANEC	OUS INCOME	900099	5,756	5,756		
	b							
	C d	ΔII other rovers						
	e		sila-11d	🕨				
	12		See Instructions		5,756			
		. Jean Tevellue.			12,265,975	108,665	0	204,885

Pari	IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in the				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,488,296	1,488,296		Ċ
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	7,286,435	7,286,435		
5	Compensation of current officers, directors, trustees, and				
3	key employees	143,123	106,913	34,779	1,431
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	648,655	385,383	210,592	52,680
8	Pension plan accruals and contributions (include section 401(k)				
	and 403(b) employer contributions)	12,910	6,973	4,415	1,522
9	Other employee benefits	48,437	28,301	15,928	4,208
10	Payroll taxes	61,517	38,141	19,070	4,306
11	Fees for services (non-employees)				
а	Management				
b	Legal	80		80	
c	Accounting	64,398		64,398	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	18,769		18,769	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,653	10,024	6,264	365
12	Advertising and promotion	930	525	405	
13	Office expenses	188,306	73,107	104,839	10,360
14	Information technology	23,327	2,941	20,006	380
15	Royalties				
16	Occupancy	96,363	58,493	29,872	7,998
17	Travel	85,293	50,574	31,684	3,035
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,258	1,371	700	187
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,911	16,941	8,652	2,318
23	Insurance	3,315		3,315	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	EXPO & OTHER RECEPTIONS	196,255	196,255		
b	DONOR EVENTS	49,363	33,952		15,411
c	OTHER	8,143	5,485	2,101	557
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,470,737	9,790,110	575,869	104,758
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)				

Form 990	(2015)
Part X	Balance Sheet
	Chack of Cahadula

		Check if Schedule O contains a response or note to any lir	e in th	ıs Part X			· · ·	
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			4,711,597	1	6,520,389	
	2	Savings and temporary cash investments	317,455	2	211,084			
	3	Pledges and grants receivable, net			20,587	3	1,204,193	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees. Co	ers, dı	rectors, trustees,				
		Schedule L						
	6	Language and other recoverbles from other discussified page	(dofined under		5		
Assets	6	Loans and other receivables from other disqualified personal section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see instead of Schedule L	c)(3)(E ection	3), and 501(c)(9)				
Š	l _					6		
⋖	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			49,094	9	36,677	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	158,492				
	b	Less accumulated depreciation	10b	93,395	81,875	10c	65,097	
	11	Investments—publicly traded securities			3,227,369	11	4,190,680	
	12	Investments—other securities See Part IV, line 11 .			1,051,660	12	0	
	13	Investments—program-related See Part IV, line 11 $$.		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11		15				
	16	Total assets.Add lines 1 through 15 (must equal line 34)	9,459,637	16	12,228,120			
	17	Accounts payable and accrued expenses		76,611	17	109,494		
	18	Grants payable			251,566	18	1,239,522	
	19	Deferred revenue			0	19	4,950	
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21		
"iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di						
园			ons Complete Part II of Schedule L					
<u>. 05</u>	23	Secured mortgages and notes payable to unrelated third	ecured mortgages and notes payable to unrelated third parties					
_	24					24		
	25		•					
						25		
	26	Total liabilities.Add lines 17 through 25			328,177	26	1,353,966	
s e		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► 🏳	and complete				
anc	27	Unrestricted net assets			3,022,583	27	3,260,188	
<u> </u>	28	Temporarily restricted net assets			6,108,877	28	7,613,966	
or Fund Balance	29	Permanently restricted net assets				29		
5		Organizations that do not follow SFAS 117 (ASC 958), cl	eck he	re ► □ and				
<u> </u>		complete lines 30 through 34.		'				
ري ن	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment	fund			31		
Ą	32	Retained earnings, endowment, accumulated income, or o	other fu	ınds		32		
Net	33	Total net assets or fund balances			9,131,460	33	10,874,154	
Z	34	Total liabilities and net assets/fund balances			9,459,637	34	12,228,120	

	250 (2015)				aye 12
Par	Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•	• • •	• • •
1	Total revenue (must equal Part VIII, column (A), line 12)				
_		1		12,2	265,975
2	Total expenses (must equal Part IX, column (A), line 25)	2		10.4	170,737
3	Revenue less expenses Subtract line 2 from line 1				., .,,
		3		1,7	795,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,1	131,460
5	Net unrealized gains (losses) on investments				
_	Developing the second second fine the second	5		•	-52,544
6	Donated services and use of facilities	6			
7	Investment expenses	_ [
8	Prior period adjustments	7			
		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		10,8	374,154
Par	TIME Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	. No
				1 65	NO
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	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 sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
_	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	h+			
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain 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 the Single Audit Act and OMB Circular A-133?	ne	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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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Open to Public Inspection

		ne organization ervation Network Inc					Employer identifica	ation number
							30-0108469	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p	art.) See instruction	ns.
The	organi	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2		A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	1990 or 990-E	(Z))	
3	Ē	A hospital or a cooper						
4	Ė	A medical research or		_). Enter the
•	,	hospital's name, city,	-	aratea iir conjunction v	vicii a nospitai a	ieserisea iii se		, Linear ene
5	Γ		ted for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	lescribed in section
6		A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).	
7	굣	An organization that n				om a governme	ental unit or from the g	jeneral public
_	_	described in section 1				>		
8	<u> </u>	A community trust de						_
9	' 	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tailesection 509(a)(2). It is declarated exclusively to test	subject to certa xable income (lo (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its suppor
11	<u></u>	An organization organ						ut the nurnoses of
а	, 	one or more publicly s the box in lines 11a th Type I. A supporting o supported organization	upported orga nrough 11d tha organization op	nizations described in at describes the type o perated, supervised, or	section 509(a) of supporting or r controlled by i)(1) or section ganization and ts supported o	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical	on 509(a)(3). Check 1f, and 11g ly by giving the
		organization You mus				,		., 3
b	\sqcap	Type II. A supporting	organization s	upervised or controlle	d in connection	with its suppo	rted organization(s), l	y having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
	_	must complete Part IV	•				16 1 11 1	
С	1	Type III functionally is supported organization	_		•		•	grated with, its
d	\vdash	Type III non-function						anization(s) that is
-	,	not functionally integr						
		(see instructions) Yo	u must comple	te Part IV, Sections A	and D, and Par	t V.		
е	\sqcap	Check this box if the o					s a Type I, Type II, T	ype III functionally
_	_	integrated, or Type III						
f	Ente	r the number of support					· · · · · · · —	
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
		(:)	/::>FIN	/:::\	(:)		()	(:)
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of	(iv) Is the organ		(v) A mount of	(vi) A mount of other
				organization	listed in your		monetary support	support (see
			(described on lines 1-9 above (see instructions))	docume		(see instructions)	instructions)	
				Yes	No			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 4,714,814 4,949,948 6,509,140 11,373,323 11,952,425 39,499,650 membership fees received (Do not include any unusual grants) 7 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 4,714,814 4,949,948 6,509,140 11,373,323 11,952,425 39,499,650 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 5,108,937 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 34,390,713 from line 4 Section B. Total Support Calendar year (c)2013 **(e)**2015 (a)2011 **(b)**2012 (d)2014 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 4,714,814 4,949,948 6,509,140 11,373,323 11,952,425 39,499,650 Gross income from interest, dividends, payments received on 32,825 37,797 34,866 125,162 144,984 375,634 securities loans, rents, royalties and income from similar sources 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 62,780 5,756 71,452 139,988 capital assets (Explain in Part VI) Total support. Add lines 7 40,015,272 through 10 Gross receipts from related activities, etc (see instructions) 12 12 278,095 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 85 940 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 81 790 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2014. 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 – 2015. 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 - 2014. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning 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 C 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 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

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, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

مو	ction	Λ	ΔΠ	Sunna	rtina	Orga	nizations	
361	CUUII	м.	~11	Suppu	71 UIIG	Olua	IIIZALIUIIS	

	ction A. An 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.	3a		
I	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		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	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		
l	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	4b		
	by or in connection with its supported organizations.			
•	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?			
	If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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		
1	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		
•	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		
ı	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		
•	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		
10a	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		
ı	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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
ŧ	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	rt IV Supporting Organizations (continued)			
Se	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		
Se	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		
Se	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		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
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		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally	, Integrated 509(a)(:	3) Supporting	Organization
	I TO III I GIICGOIGII)	Tillegiatea 303(a)(J/ Juppoi tilly	OI Gailleadol

Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions)	1 2 3 4 5 6 7 8 8	(A) Prior Year	(B) Current Yea (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	2 3 4 5		
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	3 4 5 6 7		
Add lines 1 through 3 Depreciation and depletion 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)	4 5 6 7		
Depreciation and depletion 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		
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		
gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	7		
Other expenses (see instructions)			
o the expenses (see methanis)	8		l
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)			
	<u> </u>	(A) Duan Varu	(B) Current Yea
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		- Carrona Four
Enter 85% of line 1	2		
F-	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	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-in	6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval re	quired)							
6 Other distributions (describe in Part VI) See instru	uctions							
7 Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide						
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
d From 2013								
e From 2014								
f Total of lines 3a through e g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see								
instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
a Applied to underdistributions of prior years								
b Applied to 2015 distributions of prior years								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
c Excess from 2013								
d From 2014								
e From 2015								

Part VI Supplemental Information.

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

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) 2015

DLN: 93493180010186

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Wildlife Conservation Network Inc 30-0108469 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during 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" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area 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) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 24 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 ☐ Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of I	Art, Historica	ıl Tı	reasures, or	Other Similar A	ssets	
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re					se of its	
а	┌ P	ublic exhibition		d Γ L	oan	or exchange prog	ırams		
b	┌ s	Scholarly research		еГо	ther	r			
c	┌ P	reservation for future generations							
4	Provi Part)	de a description of the organization [.] KIII	s collections and ex	plain how they fo	urthe	er the organizatio	n's exempt purpose	e in	
5	Durin	g the year, did the organization soli	cit or receive donati	ons of art, histoi	ncal	treasures or oth	ersımılar	_	
		s to be sold to raise funds rather th		as part of the or	ganı	ızatıon's collectio	n? Yes	s	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990, Pa	art I	IV, line 9, or re	ported an amou	nt on For	m 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmediary for con	trıbu	utions or other as	sets not Yes	s	
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the following t	able	<u>!</u>	An	nount	
c		ginning balance	·	3		10	2		
d		ditions during the year				10	i		
e		stributions during the year				16	.		
f		ding balance				11	F		
2a		ne organization include an amount o	n Form 990 Part X	line 21 for escr	-0 W 0			. □ No	
	Dia ti	re organization include an amount o	iir omi sso, raic x,	11110 21, 101 0501	011	or cubicular acco	and habiney Tel	,	
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if	the explanation	has	been provided in	Part XIII		Γ
Pa	rt V	Endowment Funds. Comple							
		·	(a)Current year	(b) Prior year		(c)Two years back	(d)Three years back	(e)Four y	ears back
1a	Begir	nning of year balance	1,859,876	1,865,98	33	1,606,995	1,546,443		1,589,922
b	Cont	ributions · · · · · · ·	11,057	5,11	11	100,775	1,750		100,200
c	Net i losse	nvestment earnings, gains, and es	-4,116	133,57	75	272,482	151,406		-33,364
d		ts or scholarships · · · ·	214,951	126,11	16	84,651	81,361		99,229
е	and p	r expenditures for facilities programs 							
f		nistrative expenses	17,677	18,67	77	29,618	11,243		11,086
g	End o	of year balance	1,634,189	1,859,87	76	1,865,983	1,606,995		1,546,443
2	Provi	de the estimated percentage of the	current year end bal	lance (line 1g, co	olum	nn (a)) held as			
а	Board	d designated or quasi-endowment ►							
b		anent endowment 🕨							
c			00 000 %						
_	•	percentages on lines 2a, 2b, and 2c							
За		here endowment funds not in the po			held	d and administer	ed for the		
		iization by						Yes	No
	(i) un	related organizations					3	a(i)	No
		elated organizations					 	a(ii)	No
b		es" on 3a(II), are the related organiz	· ·					3b	
4		ribe in Part XIII the intended uses		enaowment fund	12				
Ра	rt VI	Land, Buildings, and Equip Complete if the organization a		Form 990 Pai	rt TV	/ line 11a See	Form 990 Part 3	X line 10	
		Description of property	111011010110110010	(a))	(b)	Accumulate	d (d) Bo	ook value
_				Cost or oth			pasis (c)depreciation	n	
				•					
		ngs							
		nold improvements		•					
		nent		•		 	·	127	28,540
					,		<u>`</u>	268	36,557
Tota	ı l. A dd	lines 1a through 1e <i>(Column (d) mus</i>	t equal Form 990, Pa	rt X, column (B),	line :	10(c).)			65,097

			s' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	,	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
			+
			+
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 990. F	Part IV. line 11c.c.	as Form 000 Part V line 12
(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	on answered 'Ves' on For	m 990 Part IV line	11d See Form 990 Part X June 15
(a) Desc		m 550,1 dre 10,1 me	(b) Book value
			<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.			
Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
See Form 990, Part X, line 25.	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	12,386,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -52,544		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	120,301
3	Subtract line 2e from line 1	3	12,265,975
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,265,975
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	10,643,582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII).............2d		
e	Add lines 2a through 2d	2e	172,845
3	Subtract line 2e from line 1	3	10,470,737
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,470,737

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V , Line 4	THE INTENDED USE OF THE ENDOWMENT FUNDS ARE TO PROVIDE GRANTS FOR GRADUATE EDUCATION AND APPLIED TRAINING TO PROMISING COMMUNITY BASED CONSERVATIONISTS WHO REPRESENT THE NEXT GENERATION OF WILDLIFE CONSERVATION PIONEERS
Part X, Line 2	GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE-LIKELY-THANNOT TO BE SUSTAINED UPON EXAMINATION THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED DECEMBER 31, 2012 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED THE ORGANIZATION'S STATE RETURNS FOR THE YEARS ENDED DECEMBER 31, 2011 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493180010186

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Wildlife Conservation Network Inc				Employer ident	ification number
Wildlife Conservation Network The				30-0108469	
Part I General Information Complete if the organ				14b.	
1 For grantmakers. Does the and other assistance, the gr used to award the grants or	antees' eligibili	ty for the gran	nts or assistance, and	the selection criteria	✓ Yes
2 For grantmakers. Describe assistance outside the Unite		ganızatıon's pı	rocedures for monitori	ng the use of its grant	s and other
3 Activites per Region (The follow	wing Part I, line 3	table can be du	uplicated if additional spa	ace 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 a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0	0			7,100,758 0
c Totals (add lines 3a and 3b)	0	0			7,100,758

Part II	Grants and Other	Assistance to Organizations or	r 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.

L (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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(20)								

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

65

3 Enter total number of other organizations or entities

14

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	Part III can be duplicated if additional space is needed.									
(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	7	36,782	WIRE TRANSFER						
(2) SCHOLARSHIP	SUB-SAHARAN AFRICA	16	98,695	WIRE TRANSFER						
(3) scholarship	SOUTH AMERICA	5	50,200	WIRE TRANSFER						
(4)										
(5)										
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(8)										
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(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	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)	Γ	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)	Γ	Yes	<u> </u>	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)	Γ	Yes	ᅜ	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	굣	Νo
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	<u>~</u>	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 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 I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS elephant crisis fund	2,992,568
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES & GRANTMAKING	PROGRAMS Russian Cats and Saiga	182,695
SOUTH AMERICA	0	0	PRO GRAM SERVICES & GRANTMAKING	Programs Marine Mammals, Penguin, Sea Turtle,Tapir, Andean Cat (+Internship), Giant Armadillo and Cotton Top Tamarin (+Internship)	824,464

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES & GRANTMAKING	Programs Sun Bear, Orangutan, Saola,Tree Kangaroo	39,287
SUB-SAHARAN 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	3,044,619
North America	0	0	PROGRAM SERVICES & GRANTMAKING	Programs Spectacled Bear	17,125

rorm 990 Scheau	ie i part II	- Grants or Entition	es outside ine un	itea 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	(ı) Method of valuatıon (book, FMV, appraısal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES	GENERAL SUPPORT	181,725	WIRE TRANSFER	970	2 Mac Laptops	fM∨
		SOUTH AMERICA	GENERAL SUPPORT	821,798	WIRE TRANSFER	1	4 Mac Laptops and Paintings	fM∨
		SOUTH ASIA	GENERAL SUPPORT	38,317	WIRE TRANSFER	970	2 Mac Laptops	fM∨
		sub-sahran Africa	GENERAL SUPPORT	3,021,903	WIRE TRANSFER	,	Mac Laptops, Donated Equipment	FMV

, Form 990 Scheav	le F Part II	- Grants or Entitle	s 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	2,992,568	WIRE TRANSFER	0	 	
		North America	GENERAL SUPPORT	15,185	WIRE TRANSFER	1,940	4 Mac Laptops	fM∨
4								,

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

DLN: 93493180010186 OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

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

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

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

Treasury Internal Revenue Service

(Form 990)

Department of the

Name of the organization

Wildlife Conservation Network Inc						30-0108469	
Part I General Information	n on Grants an	d Assistance				•	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organization 	ard the grants or as	ssistance?				tance, and	√ Yes
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(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
See Additional Data Table							

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

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

4									
(a)Type of grant or assistance	ce (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	nformation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.				
Poture Poforonco	Dotum Deference Evaluation								

Return Reference Explanation

Part I, Line 2 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) 2015

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 section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
WORKING DOGS FOR CONSERVATION 52 EUSTIS ROAD THREE FORKS,MT 59752	20-2708654	501(C)(3)	6,000	970	fMV	2 Mac Laptops	GENERAL SUPPORT
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX,NY 10460	13-1740011	501(C)(3)	336,617				General Support - ECF
WILD AID 744 MONTGOMERY ST SUITE 300 SAN FRANCISCO, CA 94111	20-3644441	501(C)(3)	200,000				General Support - ECF

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	nizations and D	omestic Governme	nts.	•
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
cheetah conservation fund PO BOX 2496 ALEXANDRIA,VA 22301	31-1726923	501(C)(3)	16,738	970	fM V		GENERAL SUPPORT & INTERNSHIP
WHITE OAK CONSERVATION CENTER 1615 RIVERSIDE AVE JACKSONVILLE,FL 32204	26-0035224	501(C)(3)	138,839	485	FMV	Mac Laptop	General Support - O kapı Project
SMALL WILD CAT CONSERVATION FOUNDATION 1510 S BASCOM AVE APT 7 SAN JOSE,CA 95008	26-1368021	501(C)(3)	150,205	485	FMV	Mac Laptop	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 section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SNOW LEOPARD CONSERVANCY 18030 COMSTOCK AVE SONOMA,CA 95476	61-1614981	501(C)(3)	106,213	485	fM∨	mac Laptop	GENERAL SUPPORT			
MARALLIANCE 3321 EL SOBRANTE ST SAN MATEO,CA 94403	46-4381820	501(C)(3)	44,151	1,455	fM∨		General Support - sharks and rays project			
JANE GOODALL INSTITUTE 1595 spring Hill Road No 550 vienna, VA 22182	94-2474731	501(C)(3)	40,805				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 section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
World Wildlife Fund 1250 24th st nw washington, DC 20037	52-1693387	501(C)(3)	157,500			General Support - ECF
Zoological Society of Milwaukee 10005 west bluemound road Milwaukee, WI 53226	39-6077242	501(C)(3)	5,175			General Support - Bonobo
International Fund for Animal Welfare 290 summer street Yarmouth Port, MA 02675	31-1594197	501(C)(3)	56,000			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 section if applicable	(d) A mount of cash grant	` '	(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)	139,320				General Support - ECF
International Rhino Foundation 201 main street fort worth, TX 76102	75-2395006	501(C)(3)	8,365				General Support - Rhino-Zimbabwe

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DLN: 93493180010186

OMB No 1545-0047

2015

Inspection

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.

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

Department of the Treasury

Internal Revenue Service

Name of the organization **Employer identification number** Wildlife Conservation Network Inc

					30-0108469		
Pa	rt I Types of Property	•		T			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermining	nts
1	Art—Works of art						
2	Art—Historical treasures .						
	Art—Fractional interests						
	Books and publications						
5	Clothing and household goods						
5	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	35	467,762	FMV		
0	Securities—Closely held stock $. $						
1	Securities—Partnership, LLC, or trust interests						
2	Securities—Miscellaneous						
3	Qualified conservation contribution—Historic structures						
1	Qualified conservation contribution—Other						
5	Real estate—Residential .						
5	Real estate—Commercial						
7	Real estate—Other						
3	Collectibles						
•	Food inventory						
)	Drugs and medical supplies .						
L	Taxıdermy						
2	Historical artifacts						
3	Scientific specimens						
1	Archeological artifacts						
	Other►(IPUTER EQUIPMENT)	Х	12	37,215	FMV		
	O ther ▶ ()						
•	Other ▶ ()						
3	O ther ▶ ()				ļ , , , , , , , , , , , , , , , , , , ,		
•	Number of Forms 8283 received for which the organization comple		-		29		
)a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that	Yes	No
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used		
	for exempt purposes for the enti					202	No
b	If "Yes," describe the arrangement					30a	No
L	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31 Yes	
2a	Does the organization hire or us contributions?	e third parti				32a	No
h	If "Yes," describe in Part II					J_4	140
3	If the organization did not report describe in Part II	: an amount	ın column (c) for a type of	property for which column (a) ıs checked,		

Part II	Sup	plementa	Inforn	nation.

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

	Allow complete time p	art for any additional information
	Return Reference	Explanation
Part I, Column (b)		the number of contributions represents the number of individual donors in each respective category

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493180010186

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE O Supp

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► 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 preparer completes all required forms including backup documentation, CFO reviews all required forms and backup documentation with the executive director officer and returns to preparer for corrections, if applicable After CFO completes final review, Executive Director officer reviews and signs the Form 990 Electronic pdf copies are sent to all Board Members via email prior to filing the complete Form 990
Form 990, Part VI, Section B, line 12c	All Board Members, Officers or anyone 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 Policy, has agreed to comply with the Policy, and discloses any direct or indirect affiliations. Any director who fails to comply with this Conflict of Interest Policy may, at the discretion 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 discretion of the Chief Executive Officer
Form 990, Part VI, Section B, line 15	Although the Chairman/President/CEO receives no compensation, his in-kind salary was deter mined based on the Nonprofit Compensation Associates Fair Pay for Northern California Nonp rofits, The 2013 Compensation and Benefits Survey's comparability data. The CFO's salary is based on the same comparability data in determining compensation.
Form 990, Part VI, Section C, line 19	Audited Financial Statements and IRS Form 990 are available for public inspection on WCN's website at wildnet org. Other documents and policies are available upon request