

Form **990**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning and ending																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization WILDLIFE ALLIANCE, INC.</td> <td>D Employer identification number 52-1934148</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 646-569-5860</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 3,056,346.</td> </tr> <tr> <td>1441 BROADWAY, FIFTH FLOOR</td> <td></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018</td> <td>F Name and address of principal officer: SUWANNA GAUNTLETT SAME AS C ABOVE</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.WILDLIFEALLIANCE.ORG</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1995 M State of legal domicile: DE</td> </tr> </table>	C Name of organization WILDLIFE ALLIANCE, INC.		D Employer identification number 52-1934148	Doing business as		E Telephone number 646-569-5860	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,056,346.	1441 BROADWAY, FIFTH FLOOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018	F Name and address of principal officer: SUWANNA GAUNTLETT SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	J Website: ▶ WWW.WILDLIFEALLIANCE.ORG		H(c) Group exemption number ▶	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: DE
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 6
	6 Total number of volunteers (estimate if necessary)	6 8
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,198,669. Current Year 2,810,083.
	9 Program service revenue (Part VIII, line 2g)	0. 215,927.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-707,879. -1,285.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 30,005.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,490,790. 3,054,730.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,749,038. 1,875,325.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 511,930.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,302,520. 2,195,896.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,051,558. 4,071,221.	
19 Revenue less expenses. Subtract line 18 from line 12	439,232. -1,016,491.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,359,068. End of Year 3,377,885.
	21 Total liabilities (Part X, line 26)	307,917. 343,225.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,051,151. 3,034,660.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	CHARLES C. GOODFELLOW, III, CHAIRMAN & TREASURER		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	Firm's EIN ▶ 52-1392008	Phone no. (301) 951-9090

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WILDLIFE ALLIANCE IS THE LEADER IN DIRECT PROTECTION TO FORESTS AND WILDLIFE IN SOUTHEAST ASIA. THE ORGANIZATION DELIVERS TECHNICAL ASSISTANCE AND CRITICAL THINKING TO GOVERNMENTS AND STRIVES FOR STAKEHOLDER CONSENSUS IN ACHIEVING SOLUTIONS TO MULTIPLE (SEE SCH. O)

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

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

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

4a (Code:) (Expenses \$ 2,282,596. including grants of \$) (Revenue \$ 197,128.) WILDLIFE ALLIANCE'S WILDLIFE PROGRAMS ARE DESIGNED TO REHABILITATE ANIMALS VICTIMIZED BY THE WILDLIFE TRADE AND PROVIDE THEM WITH THE SUPPORT AND CARE NECESSARY TO READY THEM FOR RELEASE BACK INTO THE WILD.

CARE FOR RESCUED WILDLIFE

BASED AT THE PHNOM TAMAO WILDLIFE RESCUE CENTER, A GOVERNMENT-OWNED FACILITY SITUATED IN 2,300 HECTARES OF REGENERATING FOREST, THE CARE FOR RESCUED WILDLIFE PROGRAM PROVIDES REFUGE AND CARE FOR OVER 1,200 RESCUED WILD ANIMALS, INCLUDING ENDANGERED ASIAN ELEPHANTS, TIGERS, PILEATED GIBBONS, SIAMESE CROCODILES, SUNDA PANGOLINS AND MANY OTHER SPECIES. A TEAM OF SPECIALISTS OVERSEES ANIMAL CARE AND MEDICAL

4b (Code:) (Expenses \$ 598,231. including grants of \$) (Revenue \$ 18,799.) LIVELIHOODS AND COMMUNITY DEVELOPMENT: WILDLIFE ALLIANCE WORKS WITH THE MOST DISADVANTAGED, LANDLESS POOR IN SOUTHWEST CAMBODIA TO BUILD TECHNICAL, LEADERSHIP AND MANAGEMENT SKILLS. COMMUNITIES ARE EMPOWERED TO TRANSFORM THEIR OWN LIVES - YIELDING A HIGHER STANDARD OF LIVING FOR INDIVIDUALS, EFFECTIVE LOCAL MANAGEMENT OF NATURAL RESOURCES, AND INCREASED ECONOMIC OPPORTUNITIES IN SUSTAINABLE LIVELIHOODS. WILDLIFE ALLIANCE PROVIDES ACCESS TO INCREASED INCOME, LAND, MARKETS, AND FOOD SECURITY; AND PROVIDES CAPACITY DEVELOPMENT AND SKILL BUILDING IN AGRICULTURE, ECOTOURISM AND REFORESTATION; SMALL ENTERPRISE DEVELOPMENT AND FINANCE TO CHANGE THE COURSE OF THESE COMMUNITIES AND THEIR SURROUNDING HABITAT. SUPPORT FOR CIVIL SOCIETY DEVELOPMENT ENSURES VILLAGERS FEEL EMPOWERED TO ADMINISTER THEIR OWN COMMUNITIES AND

4c (Code:) (Expenses \$ 275,372. including grants of \$) (Revenue \$) LAW ENFORCEMENT SUPPORT: WILDLIFE ALLIANCE'S 21 YEARS OF EXPERIENCE IN PROTECTED AREA MANAGEMENT SHOWS THAT A THREAT-BASED METHODOLOGY IS THE ONLY EFFECTIVE WAY TO PROTECT BIODIVERSITY WITH MEASURABLE RESULTS. THAT IS WHY ENVIRONMENTAL EDUCATION AND DEVELOPMENT OF ALTERNATIVE LIVELIHOODS FOR LOCAL COMMUNITIES IS NOT ENOUGH. RAMPANT WILDLIFE POACHING, ILLEGAL LOGGING AND ENCROACHMENT ON FORESTLAND - WHICH ARE OFTEN CONDUCTED BY WELL-ORGANIZED, WELL-FUNDED INDIVIDUALS AND NETWORKS FROM OUTSIDE THE AREA - CAN ONLY BE STOPPED BY LAW ENFORCEMENT ON THE GROUND.

SOUTHERN CARDAMOM FOREST PROTECTION PROGRAM

WILDLIFE ALLIANCE'S SOUTHERN CARDAMOM FOREST PROTECTION PROGRAM

4d Other program services (Describe in Schedule O.) (Expenses \$ 237,270. including grants of \$) (Revenue \$)

4e Total program service expenses 3,393,469.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHEENA THIRUSELVAN - 646-569-5859 1441 BROADWAY, 5TH FLOOR, NEW YORK, NY 10018

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES GOODFELLOW, III CHAIRMAN & TREASURER	2.00	X		X				0.	0.	0.
(2) CAROL ANDERSON VICE CHAIR (THROUGH 12/15)	2.00	X		X				0.	0.	0.
(3) NEAL MYERBERG SECRETARY	2.00	X		X				0.	0.	0.
(4) BADREYYAH ALIREZA MEMBER	2.00	X						0.	0.	0.
(5) BRADFORD ANDREWS MEMBER	2.00	X						0.	0.	0.
(6) ANNETTE OSNOS MEMBER	2.00	X						0.	0.	0.
(7) JAMES PRAPPAS MEMBER	2.00	X						0.	0.	0.
(8) JOHN SEIDENSTICKER MEMBER	2.00	X						0.	0.	0.
(9) MERIKO TAMAKI MEMBER	2.00	X						0.	0.	0.
(10) SUWANNA GAUNTLETT CHIEF EXECUTIVE OFFICER	40.00			X				120,000.	0.	19,341.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,002,952.					
	e Government grants (contributions)	1e	54,975.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,752,156.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			2,810,083.				
	Program Service Revenue	2 a PROGRAM INCOME	Business Code	900099	215,927.	215,927.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				215,927.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			331.			331.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		1,616.				
		c Gain or (loss)		-1,616.				
		d Net gain or (loss)			-1,616.			-1,616.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER REVENUE	900099		30,005.			30,005.		
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			30,005.				
12 Total revenue. See instructions.			3,054,730.	215,927.	0.	28,720.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,341.	69,671.	55,736.	13,934.
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	1,362,496.	1,121,664.	79,567.	161,265.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	348,385.	283,436.	23,906.	41,043.
10 Payroll taxes	25,103.	20,009.	2,160.	2,934.
11 Fees for services (non-employees):				
a Management				
b Legal	20,609.	20,609.		
c Accounting	31,698.	31,698.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	713.	612.		101.
13 Office expenses	48,579.	22,905.	772.	24,902.
14 Information technology	18,311.	8,634.	291.	9,386.
15 Royalties				
16 Occupancy	118,597.	101,816.		16,781.
17 Travel	225,340.	199,324.	2,605.	23,411.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,379.	2,901.		478.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,115.	62,417.	698.	
23 Insurance	15,548.	13,348.		2,200.
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 FIELD PROGRAM EXPENSES	836,407.	651,611.		184,796.
b ANIMAL FOOD & SUPPLIES	333,873.	333,873.		
c EQUIP., CONSTR. & MAINT	331,281.	311,815.		19,466.
d ENCLOSURE COSTS	83,405.	83,405.		
e All other expenses	65,041.	53,721.	87.	11,233.
25 Total functional expenses. Add lines 1 through 24e	4,071,221.	3,393,469.	165,822.	511,930.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,777,366.	1	705,420.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	117,826.	3	215,020.
	4 Accounts receivable, net	150,979.	4	173,868.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,420.	8	1,152.
	9 Prepaid expenses and deferred charges	63,011.	9	9,081.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,866,191.		
	b Less: accumulated depreciation	10b 1,069,776.	758,708.	10c 796,415.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,441,308.	13	1,441,308.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	48,450.	15	35,621.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,359,068.	16	3,377,885.	
Liabilities	17 Accounts payable and accrued expenses	307,917.	17	343,225.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	307,917.	26	343,225.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,833,123.	27	2,701,829.
	28 Temporarily restricted net assets	218,028.	28	332,831.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,051,151.	33	3,034,660.	
34 Total liabilities and net assets/fund balances	4,359,068.	34	3,377,885.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,054,730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,071,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,016,491.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,051,151.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,034,660.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,150,086.	4,404,084.	3,948,637.	5,198,669.	2,810,083.	20,511,559.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	4,150,086.	4,404,084.	3,948,637.	5,198,669.	2,810,083.	20,511,559.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,965,031.
6 Public support. Subtract line 5 from line 4.						6,546,528.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4,150,086.	4,404,084.	3,948,637.	5,198,669.	2,810,083.	20,511,559.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	20,150.	20,596.	5,660.	619.	331.	47,356.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					30,005.	30,005.
11 Total support. Add lines 7 through 10						20,588,920.
12 Gross receipts from related activities, etc. (see instructions)					12	215,927.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	31.80 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	25.83 %
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 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 required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
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 distributable amount			
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 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 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.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

WILDLIFE QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(F)(3) OF THE TREASURY REGULATIONS, BASED UPON THE FOLLOWING:

ITS SUPPORT, AS REPORTED FOR 2015, IS 31.80%, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I).

WILDLIFE IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(II). WILDLIFE HAS RECENTLY UNDERTAKEN SIGNIFICANT EFFORTS TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT. RECOGNIZING THE VALUE OF WILDLIFE'S WORK TO THE COMMUNITY, A SMALL NUMBER OF PRIVATE FOUNDATIONS HAVE PROVIDED WILDLIFE WITH SUPPORT IN RECENT MONTHS NOT ONLY TO HELP THE ORGANIZATION CONTINUE ITS WORK BUT ALSO TO BEGIN A NEW DEVELOPMENT EFFORT TO BROADEN WILDLIFE'S BASE OF SUPPORT.

WILDLIFE'S PUBLIC SUPPORT, AT 31.80%, IS WELL ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(III).

IN MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I), WILDLIFE HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. IN FACT, WILDLIFE HAS RECEIVED FINANCIAL SUPPORT FROM HUNDREDS OF INDIVIDUAL DONORS, IN ADDITION TO GRANTS RECEIVED FROM A NUMBER OF DIFFERENT FOUNDATIONS. WILDLIFE'S CURRENT FUNDRAISING PLANS ARE

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.)

TARGETED AT A BROAD BASE OF DONORS. IN THIS RESPECT, WILDLIFE MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(B).

WILDLIFE REMAINS AN ORGANIZATION COMMITTED TO SERVING THE PUBLIC THROUGH ITS WORK. WILDLIFE WAS FORMED BY A COALITION OF PUBLIC CHARITIES AND OTHER TAX-EXEMPT ORGANIZATIONS TO COMBAT DEFORESTATION, WILDLIFE EXTINCTION, CLIMATE CHANGE AND POVERTY BY PARTNERING WITH LOCAL COMMUNITIES AND GOVERNMENTS. IN THIS MANNER, WILDLIFE MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(D).

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

WILDLIFE ALLIANCE, INC.

Employer identification number

52-1934148

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>1,002,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>502,396.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>316,740.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>150,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>80,109.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 65,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 59,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 50,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 36,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 29,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 29,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 25,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 24,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>10,983.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (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 ALLIANCE, INC. Employer identification number: 52-1934148

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2015

532051 11-02-15

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		189,200.		189,200.
b Buildings				
c Leasehold improvements				
d Equipment		439,757.	428,582.	11,175.
e Other		1,237,234.	641,194.	596,040.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				796,415.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CAMBODIA LODGE	1,441,308.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,441,308.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,046,816.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,046,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7,914.	
c	Add lines 4a and 4b		4c	7,914.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,054,730.

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

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

1	Total expenses and losses per audited financial statements		1	4,071,221.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,071,221.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
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	4,071,221.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, WILDLIFE ALLIANCE, INC.

AND INDOCHINE LODGES HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC

740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE ELIMINATED IN CONSOLIDATION 7,914.

Part IV Foreign Forms

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

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

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

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

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

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

Schedule F (Form 990) 2015

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization WILDLIFE ALLIANCE, INC.	Employer identification number 52-1934148
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENTAL THREATS, INCLUDING ANIMAL TRAFFICKING, ECONOMIC LAND
CONCESSIONS FOR AGRO-INDUSTRIAL PLANTATIONS AND MINING, AND COMMUNITY
ENCROACHMENT ON FORESTLAND.

WILDLIFE ALLIANCE, FOUNDED IN 1994 ORIGINALLY AS THE GLOBAL SURVIVAL
NETWORK, IS AN INTERNATIONAL 501(C)(3) NON-PROFIT ORGANIZATION
HEADQUARTERED IN NEW YORK CITY WITH CURRENT IN-COUNTRY PROGRAMS IN
CAMBODIA AND COMPLETED PROJECTS IN THAILAND, MYANMAR, INDIA, ECUADOR
AND RUSSIA. WILDLIFE ALLIANCE'S CAMBODIA CONSERVATION PROJECT BEGAN IN
2000 TO ASSIST THE ROYAL GOVERNMENT OF CAMBODIA IN MANAGING ITS
TROPICAL FORESTS, PROTECTING ITS WILDLIFE, AND HELPING POOR FOREST
DEPENDENT COMMUNITIES DEVELOP ALTERNATIVE LIVELIHOODS. FROM
SUCCESSFULLY OVERTURNING MASSIVE INDUSTRIAL ATTEMPTS TO TURN RAINFOREST
INTO MINING AND AGRICULTURE OPERATIONS, TO RESCUING ILLEGALLY
TRAFFICKED WILDLIFE, TO DEVELOPING SUSTAINABLE LIVELIHOODS FOR
LANDLESS, RURAL FAMILIES, OUR COMPREHENSIVE CONSERVATION PROGRAMS
DELIVER RESULTS THAT BENEFIT WILDLIFE, ECOSYSTEMS AND COMMUNITIES.

THROUGH INTEGRATED FOREST MANAGEMENT, LAW ENFORCEMENT, POLICY REFORM,
SUSTAINABLE LIVELIHOODS, WILDLIFE REHABILITATION, HABITAT PROTECTION
AND ENVIRONMENTAL EDUCATION, WILDLIFE ALLIANCE HAS PRESERVED MORE THAN
880,000 HECTARES OF FOREST, OVERTURNED 36 INDUSTRIAL CONCESSIONS THAT
THREATENED LARGE MAMMAL HABITATS AND MIGRATORY CORRIDORS, PROVIDED
SUSTAINABLE LIVELIHOODS TO OVER 5,000 PEOPLE, DELIVERED OUR
ENVIRONMENTAL EDUCATION PROGRAM TO MORE THAN 200,000 STUDENTS AND

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COMMUNITY MEMBERS, AND RESCUED OVER 61,000 LIVE ANIMALS FROM
TRAFFICKERS AND POACHERS.

OUR MODEL IS BUILT UPON A FOUNDATION OF ACTIVELY ENGAGING GOVERNMENT AT
ALL LEVELS AND PARTNERING WITH GOVERNMENT AGENCIES TO (1) STOP
UNSUSTAINABLE USE OF NATURAL RESOURCES, (2) ENFORCE ENVIRONMENTAL AND
SOCIAL LAWS, (3) MONITOR NATURAL RESOURCE MANAGEMENT TO ENSURE GOOD
GOVERNANCE, (4) CONDUCT PUBLIC OUTREACH TO BUILD AWARENESS AMONG SCHOOL
CHILDREN, TEACHERS AND COMMUNITY ADULTS.

THIS IS REINFORCED THROUGH ON-SITE TECHNICAL ASSISTANCE TO COMMUNITIES
AND LOCAL GOVERNMENT. EACH OF OUR EIGHT FIELD PROGRAMS ADDRESSES AN
ELEMENT OF THE CRISIS OF CONSERVATION THAT IS FACING SOUTHEAST ASIAN
COUNTRIES. OUR LAW ENFORCEMENT PROGRAMS FEED INTO OUR REHABILITATION
AND CARE PROGRAMS; OUR LIVELIHOODS PROGRAMS ENSURE A SUSTAINABLE CHANGE
IN INCOME GENERATION AND BEHAVIOR; AND OUR EDUCATION AND OUTREACH
PROGRAMS CREATE AN ATMOSPHERE AND ATTITUDE OF CONSERVATION.

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

TREATMENT AND ENSURES THAT WILDLIFE ENCLOSURES ARE SUITABLE FOR ANIMALS
TO THRIVE, BREED, AND SUCCESSFULLY RAISE THEIR OWN YOUNG.

WILDLIFE REHABILITATION STATION

RESCUED ANIMALS WHICH ARE SICK, INJURED, HABITUATED TO HUMANS, OR
PREMATURELY ORPHANED ARE PROVIDED CARE AND VETERINARY TREATMENT AT
PHNOM TAMAO FOR AS LONG AS NECESSARY. HOWEVER, FOR THOSE ANIMALS FIT TO
RETURN TO THE WILD, WILDLIFE ALLIANCE CREATED THE WILDLIFE

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REHABILITATION STATION WHERE ANIMALS CAN BE READIED FOR RELEASE IN A SAFE AND PROTECTED ENVIRONMENT. SITUATED IN THE SOUTHERN CARDAMOM RAINFOREST, THE WILDLIFE REHABILITATION STATION FOCUSES ON 'SOFT' RELEASE PROJECTS THAT ALLOW ANIMALS TO BECOME ACCLIMATED TO THEIR NEW ENVIRONMENT BEFORE RELEASE. WILDLIFE ALLIANCE HAS DEMONSTRATED THAT ACCLIMATION, PROVISION OF SUPPLEMENTARY FOOD AND POST-RELEASE MONITORING INCREASES SURVIVAL RATES DRAMATICALLY. THIS METHODOLOGY HAS LED TO THE SUCCESSFUL RELEASE OF MANY ANIMALS, INCLUDING BINTURONGS, PILEATED GIBBONS, AND PANGOLINS. BY RETURNING SPECIES TO THE FOREST, WILDLIFE ALLIANCE IS HELPING TO RESTORE A DEPLETED ECOSYSTEM, REPOPULATING A ONCE BARREN FOREST WHERE ANIMALS AND NATURE CAN THRIVE.

ANGKOR FOREST RELEASE PROGRAM

IN 2013, WILDLIFE ALLIANCE UNDERTOOK A NEW ENDEAVOR IN PARTNERSHIP WITH THE CAMBODIAN FORESTRY ADMINISTRATION AND THE APSARA AUTHORITY TO REINTRODUCE ENDANGERED PILEATED GIBBONS IN THE DESOLATE FOREST SURROUNDING THE ANGKOR TEMPLE COMPLEX, CAMBODIA'S MOST POPULAR TOURIST DESTINATION. A PAIR OF GIBBONS BORN TO PARENTS RESCUED FROM THE ILLEGAL WILDLIFE TRADE AND MOTHER-RAISED AT PHNOM TAMAO WILDLIFE RESCUE CENTER, TOOK THEIR FIRST STEPS TOWARDS A NEW BEGINNING IN THE WILD IN THE ANGKOR THOM FOREST. THIS RELEASE MARKS THE FIRST STEP IN WHAT WILL HOPEFULLY BE THE FIRST OF MANY RELEASES TO COME.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IMPLEMENT LONG-LASTING CHANGE.

WILDLIFE ALLIANCE HAS DEVELOPED THREE ALTERNATIVE LIVELIHOODS PROGRAMS:
TROPICAL REFORESTATION PROJECT, COMMUNITY AGRICULTURE DEVELOPMENT

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PROJECT AND COMMUNITY-BASED ECOTOURISM PROJECT. EACH PROGRAM TAKES A DIFFERENT APPROACH TO INCOME GENERATION AND HABITAT PROTECTION AND RESTORATION.

REFORESTATION

CONTINUOUS FOREST COVER IS CRITICAL TO PRESERVING A REGION'S WATER ECOSYSTEM AND WILDLIFE HABITAT. ATTRACTING RAINFALL, RECHARGING UNDERGROUND AQUIFERS, SUPPLYING SURFACE STREAMS, AND CREATING RESILIENCE TO DROUGHTS AND FLOODS ARE IMPORTANT REGULATION SYSTEMS THAT A HEALTHY RAINFOREST PROVIDES. THE TROPICAL REFORESTATION PROJECT WAS ESTABLISHED IN RESPONSE TO THIS PRESSING NEED WITH THE OBJECTIVE TO RESTORE NATURAL FOREST COVER WHERE FORESTS HAD BEEN DAMAGED BY SLASH-AND-BURN FARMING AND REPAIR LARGE MAMMAL RANGES AND MIGRATION ROUTES IN THE SOUTHERN CARDAMOM RAINFOREST, SAFEGUARDING THE HABITAT FOR THOUSANDS OF SPECIES.

THE PROJECT WORKS WITH LOCAL COMMUNITY MEMBERS IMPLEMENTING A COMPREHENSIVE FIELD PROGRAM FROM SEED COLLECTION TO NURSERY GERMINATION AND PROPAGATION, TO LAND PREPARATION WITH SOIL ENRICHMENT AND PLANTING, AND POST-PLANTING TREATMENT TO FIGHT INVASIVE GRASSES AND REPLACE WEAK PLANTS IN ORDER TO ENSURE FOREST GROWTH OVER THE NEXT YEARS. WITH 733,000 TREES PLANTED SINCE ITS INCEPTION, THE TROPICAL REFORESTATION PROJECT HAS MITIGATED THE IMPACT OF DESTRUCTIVE FARMING AND ILLEGAL LOGGING, WHILE PROVIDING SUSTAINABLE LIVELIHOODS TO THE VERY PEOPLE WHO WERE PREVIOUSLY ENGAGING IN THOSE ACTIVITIES.

AGRICULTURE

TARGETED AT THE REGION'S POOR, LANDLESS FARMERS TO HELP THEM CREATE A

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SUSTAINABLE LIFESTYLE AND BREAK THE CYCLE OF POVERTY, THE COMMUNITY AGRICULTURE DEVELOPMENT PROJECT ALLOCATES PERMANENT CULTIVATION LAND OF 1.5 HECTARES TO EACH FARMER ALONG WITH INPUTS OF FRUIT TREE SAPLINGS, VEGETABLES SEEDS AND SMALL LIVESTOCK. 187 FAMILIES LIVE AND WORK IN THE VILLAGE AND PARTICIPATE IN THE MOST IMPORTANT ASPECT OF THIS PROJECT - SKILLS TRANSFER AND CAPACITY BUILDING FOR HOUSEHOLDS TO MANAGE THEIR OWN FUTURE THROUGH MODERN AGRICULTURE AND SMART FARMING TECHNIQUES, MARKETING EXPERTISE, FINANCIAL LITERACY AND MICRO-CREDIT MANAGEMENT. WILDLIFE ALLIANCE HAS BEEN WORKING WITH THE COMMUNITY TO FINALIZE A NUMBER OF STRATEGIES TO ENSURE FINANCIAL SUSTAINABILITY INCLUDING IMPLEMENTATION OF TWO NEW PERMACULTURE TECHNIQUES - AQUAPONICS AND VERMICOMPOST - INTRODUCTION OF MUSHROOM GROWING AND CHICKEN RAISING, AND THE DEVELOPMENT OF A COMMUNITY ORCHARD THAT WILL PROVIDE LONG-TERM INCOME FROM CASH CROPS.

ECOTOURISM

THE COMMUNITY-BASED ECOTOURISM PROJECT, LOCATED IN THE COMMUNE OF CHI PHAT, PROVIDES TECHNICAL ASSISTANCE TO COMMUNITY MEMBERS IN MANAGING AN ECOTOURISM SITE THAT ENABLES VILLAGERS TO FIND VALUE IN THE PROTECTION OF THEIR NATURAL HERITAGE. THE COMMUNITY-BASED ECOTOURISM FORMAT CREATES STAKEHOLDERS OUT OF ITS LOCAL RESIDENTS BY IMPLEMENTING COLLECTIVE AND INDIVIDUAL ACTIVITIES THAT AIM TO IMPROVE THE COMMUNITY'S FINANCIAL AND ENVIRONMENTAL STANDING. BY SHARING RESPONSIBILITIES SUCH AS INFRASTRUCTURE AND GUESTHOUSE IMPROVEMENTS, FOREST TREKKING AND RIVERBOAT TOURS, AND MAINTENANCE OF THE VISITOR CENTER AND COMMUNITY FUND, MEMBERS ARE ENSURING THAT DEVELOPMENT AND THE FUTURE OF THEIR HABITAT IS IN LINE WITH THE COMMUNITY'S NEEDS AND HERITAGE. BY PROVIDING MICRO-CREDIT LOANS TO ITS PARTICIPANTS, THE

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PROJECT ALSO ENCOURAGES ITS LOCAL RESIDENTS TO EXPAND THEIR ECONOMIC BASE AND BECOME SMALL BUSINESS ENTREPRENEURS, THEREBY INCREASING THEIR YEARLY INCOME AND SOLIDIFYING THE GROWTH OF CIVIL SOCIETY.

IN 2014, THE COMMUNITY-BASED ECOTOURISM PROJECT RECEIVED THE CAMBODIAN MINISTRY OF TOURISM CLEAN CITY, CLEAN RESORT, GOOD SERVICE AND GOOD HOSPITALITY AWARD FOR 2014-2015 AS WELL AS THE 2014 DUBAI INTERNATIONAL AWARD FOR BEST PRACTICES TO IMPROVE THE LIVING ENVIRONMENT.

THIS COMPREHENSIVE CONSERVATION MODEL HAS PRODUCED SIGNIFICANT RESULTS. OUR IMPACT IN 2015 IS AS FOLLOWS:

- 450 SEIZURES OF LOGGING EQUIPMENT
- 27,747 SEIZURES OF HUNTING EQUIPMENT
- 1,044 SEIZURES OF CHARCOAL KILNS & BAGS
- 240 CUBIC METERS OF TIMBER CONFISCATED
- 39 FOREST FIRES PREVENTED
- 113 FOREST CLEARING CASES STOPPED
- 1,781 ILLEGAL CONSTRUCTIONS/POSTS/FENCES REMOVED
- 196 VEHICLES SEIZED
- 720 NIGHT AMBUSHES
- 6,257 FOREST PATROLS
- 112 WARNINGS ISSUED
- 139 OFFENDERS APPREHENDED
- 73 COURT CASES INITIATED
- 715 WILDLIFE INVESTIGATIONS CONDUCTED
- 3,256 LIVE WILDLIFE SEIZED
- 2,524 LIVE WILDLIFE RELEASED IMMEDIATELY

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- 4,241 DEAD WILDLIFE & PARTS SEIZED
- 1,969 KG WILDLIFE MEAT SEIZED
- 1,280 ANIMAL ARRIVALS AT PHNOM TAMAO WILDLIFE RESCUE CENTER
- 1,241 RESCUED WILDLIFE LIVING AT PHNOM TAMAO WILDLIFE RESCUE CENTER
- 11 FIELD TRIPS TO PHNOM TAMAO WILDLIFE RESCUE CENTER
- 297,071 TREE SAPLINGS CULTIVATED
- 65 WILD TREE SPECIES PROPAGATED
- 297,071 NATIVE TROPICAL TREE SPECIES PLANTED
- 733 HECTARES MAINTAINED
- 24 SCHOOLS AND NGOS VISITED
- 10,754 STUDENTS, TEACHERS AND COMMUNITY MEMBERS RECEIVED

ENVIRONMENTAL EDUCATION

- 1,083 SIGNS POSTED
- 443,407 USD GENERATED FROM ALTERNATIVE LIVELIHOOD PROGRAMS

IN LITTLE MORE THAN A DECADE, WILDLIFE ALLIANCE HAS MADE SIGNIFICANT ADVANCES IN THE CAUSE OF CONSERVATION IN CAMBODIA. WE HAVE EFFECTIVELY DEFENDED ONE OF THE REGION'S MOST BIODIVERSE HABITATS AND IMPORTANT WATERSHEDS FROM INNUMERABLE THREATS TO ITS SURVIVAL; WE HAVE DRIVEN MUCH OF THE TRADE IN ILLEGAL WILDLIFE OUTSIDE ITS BORDERS; WE HAVE SEEN THOUSANDS OF RURAL VILLAGERS TRANSFORM THEIR COMMUNITIES INTO SUSTAINABLE ENDEAVORS FOR BOTH THEIR FAMILIES AND THEIR NATURAL HERITAGE; AND WE HAVE MADE THE ISSUES OF ENVIRONMENTAL DEGRADATION AND FOREST AND WILDLIFE CONSERVATION WELL-KNOWN TO A WIDER PUBLIC. MOREOVER, THESE PROGRAMS ARE WORKING TOGETHER TO CREATE A DEEPER CHANGE IN CAMBODIAN SOCIETY WHERE THERE IS A GREATER TRUST AMONGST SOCIETAL FUNCTIONARIES, A RIGOROUS APPROACH TO ENFORCING POLICIES, AND A STIMULATION OF CIVIC PARTICIPATION.

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

PARTNERS WITH THE CAMBODIAN GOVERNMENT TO PROVIDE ON-THE-GROUND PROTECTION TO ONE OF ASIA'S LAST REMAINING ELEPHANT CORRIDORS. AN INTERNATIONALLY RECOGNIZED BIODIVERSITY HOTSPOT, THE CARDAMOM MOUNTAIN RANGE IS THE REGION'S MOST IMPORTANT WATERSHED AND CARBON SINK. 84 FOREST RANGERS PROVIDE DIRECT PROTECTION TO NEARLY 1.7 MILLION ACRES OF RAINFOREST THROUGH DAILY AND NIGHTLY PATROLS. WITH 6 STRATEGICALLY LOCATED PATROL STATIONS, THESE FOREST CRIME FIGHTERS CRACK DOWN ON ILLEGAL LOGGING NETWORKS, CONFISCATE CHAINSAWS, DISMANTLE SAW MILLS, AMBUSH POACHERS, SEIZE HUNTING TRAPS AND RESCUE CAPTURED WILDLIFE.

WILDLIFE RAPID RESCUE TEAM

THE WILDLIFE RAPID RESCUE TEAM IS AN URBAN LAW ENFORCEMENT TEAM THAT INVESTIGATES AND STOPS WILDLIFE TRAFFICKING THROUGHOUT CAMBODIA. COMPRISED OF 10 OFFICERS FROM THE CAMBODIAN ROYAL GENDARMERIE AND NATIONAL FORESTRY ADMINISTRATION AND 2 WILDLIFE ALLIANCE SUPERVISORS, THEY CONDUCT UNDERCOVER OPERATIONS IN MARKETS, VILLAGES, SUSPECTED TRADERS' HOUSES, AND ALONG ROADS AND BORDERS FOR SIGNS OF WILDLIFE TRAFFICKING. THEY WORK IN CONCERT WITH A COVERT INFORMANT NETWORK AND UTILIZE TIPS RECEIVED VIA A NATIONWIDE PUBLIC HOTLINE NUMBER TO APPREHEND TRADERS AND INTERCEPT SHIPMENTS. SERVING AS CAMBODIA'S NATIONAL TASKFORCE FOR ASEAN-WEN, ASIA'S TEN-COUNTRY WILDLIFE ENFORCEMENT NETWORK THAT IMPLEMENTS REGIONAL COOPERATION TO SUPPRESS CROSS-BORDER WILDLIFE TRAFFICKING, THE WILDLIFE RAPID RESCUE TEAM IS RECOGNIZED AS ASIA'S LEADING WILDLIFE LAW ENFORCEMENT UNIT. IN 2014, THE WILDLIFE RAPID RESCUE TEAM WAS NAMED THE BEST ANTI-BEAR TRAFFICKING UNIT IN ASIA BY TRAFFIC.

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COMMUNITY RANGERS

THE COMMUNITY RANGERS PROGRAM SERVES TO CREATE AN EXTRA LAYER OF PROTECTION FOR CURRENT AND FUTURE WILDLIFE RELEASED IN AND AROUND PROTECTED FORESTS. OPERATING PROGRAMS AROUND PHNOM TAMAO WILDLIFE RESCUE CENTER AND IN THE SOUTHERN CARDAMOMS CLOSE TO OUR WILDLIFE REHABILITATION STATION, TEAMS ARE TRAINED TO BE ON THE LOOKOUT PARTICULARLY FOR ISSUES AND CRIMES THAT WILL AFFECT RELEASED WILDLIFE. ADDITIONALLY, THIS PROGRAM SERVES AS A SUPPLEMENTARY EMPLOYMENT OPPORTUNITY FOR VILLAGERS, FURTHER DETERRING THEM FROM RESORTING TO ILLEGAL ACTIVITIES.

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

PUBLIC OUTREACH AND EDUCATION: WILDLIFE ALLIANCE RECOGNIZES THE IMPORTANCE OF INVESTING IN ENVIRONMENTAL EDUCATION AND OUTREACH PROGRAMS AS A WAY TO ENSURE THE LONG-TERM SUCCESS OF OUR CONSERVATION EFFORTS. EQUIPPING TOMORROW'S LEADERS WITH THE TOOLS FOR TOMORROW'S CHALLENGES IS A NECESSARY COMPONENT TO SAFEGUARDING OUR NATURAL HERITAGE.

KOUPREY EXPRESS MOBILE ENVIRONMENTAL EDUCATION UNIT

TRAVELING IN A BUS PACKED WITH FLIPCHARTS AND SCHOOL SUPPLIES, THE KOUPREY EXPRESS TEAM REACHES CHILDREN AND COMMUNITY MEMBERS THROUGHOUT CAMBODIA. OFFERING A COMPREHENSIVE ENVIRONMENTAL EXPERIENCE TO EACH VILLAGE IT VISITS, STUDENTS LEARN ABOUT WILDLIFE PROTECTION, DEFORESTATION, AND CLIMATE CHANGE THROUGH CLASSROOM LESSONS, DISCUSSIONS, GAMES, ART, INTERACTIVE PERFORMANCES AND FIELD TRIPS TO PHNOM TAMAO WILDLIFE RESCUE CENTER, WHILE THE TEAM WORKS ONE ON ONE

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WITH TEACHERS TO PROVIDE THEM WITH TRAINING AND REUSABLE CURRICULA FOR THEIR CLASSES. COMMUNITIES ARE ALSO ENGAGED IN THIS TRANSFORMATIONAL EXPERIENCE THROUGH COMMUNITY NIGHT SHOWS, WHICH PROVIDE INTERACTIVE, ENVIRONMENTALLY-THEMED ENTERTAINMENT TO RAISE AWARENESS ABOUT WILDLIFE AND HABITAT PROTECTION.

OUTREACH AND CAPACITY BUILDING

PUBLIC ENGAGEMENT IS THE CRITICAL BUILDING BLOCK ON WHICH WILDLIFE ALLIANCE AIMS TO SUSTAIN PROACTIVE CONSERVATION OF CAMBODIA'S THREATENED WILDLIFE AND FORESTS. REACHING THOUSANDS OF PEOPLE EACH YEAR, THE KOUPREY EXPRESS AND WILDLIFE RAPID RESCUE TEAMS COLLABORATE TO ENGAGE RURAL COMMUNITIES IN WILDLIFE PROTECTION AND RAISE AWARENESS ABOUT THE DEVASTATING EFFECTS OF THE ILLEGAL WILDLIFE TRADE AND OTHER ENVIRONMENTAL THREATS AND PROMOTE PROTECTION OF HABITAT AND SPECIES BY INSPIRING A CONSERVATION ETHIC AND GREATER UNDERSTANDING OF RESOURCE USE. THESE TEAMS ADVANCE THE ISSUES OF CONSERVATION AND WILDLIFE LAW ENFORCEMENT IN CAMBODIA'S CITIES AND IN INTERNATIONAL COMMUNITIES THROUGH NATIONWIDE MESSAGING WITH A FOCUS ON THE IMPORTANCE OF USING WILDLIFE ALLIANCE'S WILDLIFE CRIMES HOTLINE.

THESE ACTIVITIES ARE ACCOMPLISHED THROUGH AN INCREASED PRESENCE OF THE WILDLIFE RAPID RESCUE TEAM AT KOUPREY EXPRESS EVENTS, THE EXPANSION OF PARTNERSHIPS WITH OTHER NGOS AND GOVERNMENT AGENCIES TO REACH LARGER AND MORE WIDESPREAD AUDIENCES, AND THE INSTALLATION OF LARGE BILLBOARD SIGNAGE AROUND THE COUNTRY AND AT BORDERS PROMOTING AWARENESS ABOUT WILDLIFE LAWS. FURTHERMORE, TRAININGS ARE CONDUCTED AT TRAVEL HUBS WITH LOGISTICS PROFESSIONALS TO IMPROVE THE UNDERSTANDING ON THE PROPER IDENTIFICATION OF WILDLIFE AND WILDLIFE PARTS, AS WELL AS TO HELP

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IDENTIFY TRAFFICKING METHODS USED BY TRADERS.

EXPENSES \$ 237,270. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE DIRECTOR OF U.S. OPERATIONS. A FINAL COPY OF THE FORM 990 WAS SENT BY EMAIL TO THE BOARD OF DIRECTORS FOR REVIEW, DISCUSSION AND APPROVAL, BEFORE SUBMISSION WITH THE IRS.

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

IN CONNECTION WITH ANY POSSIBLE CONFLICT OF INTEREST, THE INTERESTED INDIVIDUAL MUST DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS CONSIDERING THE PROPOSED TRANSACTION. AFTER DISCLOSURE, THE INTERESTED PERSON LEAVES THE MEETING AND THE REMAINING BOARD MEMBERS DISCUSS AND VOTE UPON THE EXISTENCE OF A CONFLICT. IF A CONFLICT IS IDENTIFIED, AN INTERESTED PERSON CAN MAKE A PRESENTATION TO THE BOARD OF DIRECTORS OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT. THIS POLICY ALSO APPLIES TO OFFICERS.

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

FOR DIRECTORS AND C-LEVEL EMPLOYEES, COMPENSATION OFFERED INCLUDES REVIEW BY THE BOARD AND HIRING STAFF AGAINST PUBLISHED SALARY SURVEY DATA FOR COMPARABLE POSITIONS (RELEVANT IN ORGANIZATIONS WORKING IN OUR FIELD), REVIEW OF SALARY HISTORY IN PREVIOUS EMPLOYMENT, AND DISCUSSION OF BOTH CASH- AND NON-CASH COMPONENTS OF A PACKAGE. THIS PROCESS IS DOCUMENTED IN THE BOARD MINUTES. THE LAST COMPENSATION REVIEW TOOK PLACE IN MAY 2015.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BARBARA DELANO FOUNDATION - 11-5238046 26 CENTRAL AVENUE CRANFORD, NJ 07016-2013	GRANTMAKING	DELAWARE	501(C)(3)	N/A	WILDLIFE ALLIANCE	X	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BARBARA DELANO FOUNDATION	C	1,002,952.	ACTUAL AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

► For more information about Form 5471, see www.irs.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____

Attachment
Sequence No. **121**

Name of person filing this return WILDLIFE ALLIANCE, INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 1441 BROADWAY, FIFTH FLOOR City or town, state, and ZIP code NEW YORK, NY 10018 Filer's tax year beginning JAN 1 , 2015 , and ending DEC 31 , 2015	A Identifying number 52-1934148 B Category of filer (See instructions. Check applicable box(es): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 70.00 % D Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/> E Person(s) on whose behalf this information return is filed:
---	---

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation INDOCHINE LODGES #313 SISOWATH QUAY KOH KONG 09253 CAMBODIA	b(1) Employer identification number, if any 00000000 b(2) Reference ID number (see instructions) INDOCHINE c Country under whose laws incorporated CAMBODIA			
d Date of incorporation 04/16/09	e Principal place of business KOH KONG CAMBODIA	f Principal business activity code number 531190	g Principal business activity RENTAL	h Functional currency UNITED STATES, DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(i) Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation MR. VALENTIN PAWLIK-SZOCS 21 STREET 500 PHNOM PENH CAMBODIA	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	1,000	1,000

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	38,114.	75,862.
2a	Trade notes and accounts receivable	69,406.	149,174.
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 2	23,172.	15,440.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets	1,567,257.	1,591,516.
b	Less accumulated depreciation	(569,439.)	(687,175.)
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets	30,000.	30,000.
d	Less accumulated amortization for lines 11a, b, and c	(15,750.)	(18,750.)
12	Other assets (attach statement)		
13	Total assets	1,142,760.	1,156,067.
Liabilities and Shareholders' Equity			
14	Accounts payable	173,064.	262,701.
15	Other current liabilities (attach statement)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 3	628,745.	623,745.
18	Capital stock:		
a	Preferred stock	783,648.	783,648.
b	Common stock	5,000.	5,000.
19	Paid-in or capital surplus (attach reconciliation)	-30,646.	-71,330.
20	Retained earnings	-417,051.	-447,697.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	1,142,760.	1,156,067.

Form 5471 (Rev. 12-2015)

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	-71,330.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach statement)		
3 Total net additions		
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-71,330.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	-71,330.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations)	5d	

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
1 Subpart F income (line 38b, Worksheet A in the instructions)	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4
5 Factoring income	5
6 Total of lines 1 through 5. Enter here and on your income tax return	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7
8 Exchange gain or (loss) on a distribution of previously taxed income	8

• Was any income of the foreign corporation blocked?	Yes	No
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471 OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
OPERATING COSTS & EXPENSES			238,926.
ADMINISTRATIVE & GENERAL EXPENSES			131,024.
TOTAL TO 5471, SCHEDULE C, LINE 16			369,950.

FORM 5471 OTHER CURRENT ASSETS STATEMENT 2

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INVENTORY	15,048.	13,844.
PREPAID EXPENSES	5,484.	1,596.
SECURITY DEPOSIT	2,640.	0.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	23,172.	15,440.

FORM 5471 OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LONG TERM LIABILITY-WA	628,745.	623,745.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	628,745.	623,745.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

WILDLIFE ALLIANCE, INC.

52-1934148

Name of foreign corporation

EIN (if any)

Reference ID number

INDOCHINE LODGES

000000000

INDOCHINE

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	972,611.					972,611.
2a Current year E&P						
b Current year deficit in E&P	71,330.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	901,281.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	901,281.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	901,281.					901,281.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 WILDLIFE ALLIANCE, INC.	Identifying number 52-1934148
---	---

Name of foreign corporation INDOCHINE LODGES	EIN (if any) 000000000	Reference ID number INDOCHINE
--	----------------------------------	---

Important: Complete a *separate* Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2015

Prepared for	WILDLIFE ALLIANCE, INC. 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 BALANCE DUE \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE DECEMBER 15, 2016. SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD. MAIL TO: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **WILDLIFE ALLIANCE, INC.** California corporation number: **2080528**

Additional information. See instructions. FEIN: **52-1934148**

Street address (suite or room): **1441 BROADWAY, FIFTH FLOOR** PMB no. _____

City: **NEW YORK** State: **NY** ZIP code: **10018**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is a federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	246,263.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,810,083.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	3,056,346.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,616.00
	7	Total costs. Add line 5 and line 6	7	1,616.00
	8	Total gross income. Subtract line 7 from line 4	8	3,054,730.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,071,221.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,016,491.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

Sign Here
 Signature of officer: _____ Title: **CHAIRMAN & TRE** Date: _____ Telephone: _____

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name (or yours, if self-employed) and address: **GELMAN, ROSENBERG & FREEDMAN**
4550 MONTGOMERY AVE SUITE 650N
BETHESDA, MD 20814-2930 FEIN: **52-1392008**
 Telephone: **(301) 951-9090**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	331.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	0.00
	7	Other income	SEE STATEMENT 3	•	7	245,932.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	246,263.00
	9	Contributions, gifts, grants, and similar amounts paid		•	9	00
	10	Disbursements to or for members		•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	139,341.00
	12	Other salaries and wages		•	12	1,362,496.00
	13	Interest		•	13	00
	14	Taxes		•	14	25,103.00
	15	Rents		•	15	118,597.00
	16	Depreciation and depletion (See instructions)		•	16	63,115.00
	17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	2,362,569.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	4,071,221.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,777,366.		705,420.
2	Net accounts receivable		150,979.		173,868.
3	Net notes receivable				
4	Inventories		1,420.		1,152.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments	STMT 6	1,441,308.		1,441,308.
10 a	Depreciable assets	1,656,201.		1,676,991.	
b	Less accumulated depreciation	(1,086,693.)	569,508.	(1,069,776.)	607,215.
11	Land		189,200.		189,200.
12	Other assets	STMT 7	229,287.		259,722.
13	Total assets		4,359,068.		3,377,885.
Liabilities and net worth					
14	Accounts payable		307,917.		343,225.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		4,051,151.		3,034,660.
22	Total liabilities and net worth		4,359,068.		3,377,885.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• -1,016,491.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-1,016,491.
6	Total. Add line 1 through line 5	-1,016,491.			

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BARBARA DELANO FOUNDATION	26 CENTRAL AVE CRANFORD, NJ 07016-2103	12/31/15	1,002,952.
SCHWAB CHARITABLE	211 MAIN STREET SAN FRANCISCO, CA 94105	12/31/15	502,396.
PANN SAM NHEANIKA/PRAK PHANNARITHY	888 NATIONAL ROAD, KBAL KOH COMMUNE, KIEN SVAY DISTRICT PHNOM PENH CAMBODIA	12/31/15	316,740.
JOHN ASPINALL FOUNDATION	CT21 4PD, LYMPNE HYTHE KENT, UNITED KINGDOM 85028	12/31/15	150,031.
RAINFOREST TRUST	25 HORNER ST. WARRENTON, VA 20186	12/31/15	100,000.
CONSERVATION INTERNATIONAL	2011 CRYSTAL DRIVE, SUITE 500 ARLINGTON, VA 22202	12/31/15	80,109.
TAMAKI FOUNDATION	4616 25TH AVE. N.E. SUITE 37 SEATTLE, WA 98105	12/31/15	65,257.
FOR THE ANIMALS	67 DAMPLER AVENUE CITY BEACH AUSTRALIA WA 6015	12/31/15	59,940.
FREELAND	518/5 MANEEYA CENTER BLDG., 8TH FL., PLOENCHIT RD., LUMPINI, PATHUMWAN, BANGK	12/31/15	50,140.
WALLACE RESEARCH FOUNDATION	5715 N. SUNRAY DRIVE TUCSON, AZ 85743	12/31/15	50,000.
MINOR GROUP HOTEL	99 BERLI JUCKER HOUSE, 16TH FLOOR, SOI RUBIA SUKHUMVIT 42, PRAKANONG, KLONGT	12/31/15	36,998.
GOVERNMENT OF DUBAI	PO BOX 67 DUBAI UNITED ARAB EMIRATES	12/31/15	30,000.
WINROCK	2101 RIVERFRONT DRIVE, LITTLE ROCK, AR 72202-1748	12/31/15	29,718.
UNODC-REGIONAL OFFICE FOR SOUTHEAST ASIA AND PACIFIC	PO BOX 500 VIENNA AUSTRIA 1400	12/31/15	29,160.

<u>WILDLIFE ALLIANCE, INC.</u>			<u>52-1934148</u>
BAAN BORAN CHIANGRAI	229 MV 1 TB WIANG AP CHIANGRAI BANGKOK THAILAND 57150	12/31/15	25,671.
DISNEY WILDLIFE CONSERVATION FUND	PO BOX 10000 LAKE BUENA VISTA, FL 32830-1000	12/31/15	25,000.
US EMBASSY-BANGKOK	120-122 WIRELESS ROAD BANGKOK THAILAND 10110	12/31/15	24,975.
SEAWORLD & BUSCH GARDENS CONSERVATION FUND	9205 SOUTH PARK CENTER LOOP SUITE 400 ORLANDO, FL 32819	12/31/15	20,000.
ANNETTE AND NOAH OSNOS	5 WOODLANE LOCUST VALLEY NEW YORK, NY 11560	12/31/15	20,000.
NICHOLAS PAUL MARX	43 NEW STREET, ASH, NR, CANTERBURY KENT LONDON UNITED KINGDOM CT3 2BH	12/31/15	20,000.
ANDERSON ROGERS FOUNDATION	327 WEST 19TH STREET NEW YORK, NY 10011	12/31/15	15,000.
THE INTERNATIONAL FOUNDATION	1700 ROUTE 23 N SUITE 300 WAYNE, NJ 07470	12/31/15	15,000.
THOMAS PLANT	165 COURT ST., NO. 128 BROOKLYN, NY 11201	12/31/15	12,000.
WWF-CAMBODIA	21 SREET 322, SANGKAT BOEUNG KENG KANG 1 PHNOM PENH CAMBODIA	12/31/15	10,983.
BOYLSTON CHARITABLE FOUNDATION	PO BOX 1888 KETCHUM, ID 83340	12/31/15	10,000.
MARGOT MARSH BIODIVERSITY FOUNDATION	403 POPLAR ROAD FLOURTOWN, PA 19031	12/31/15	10,000.
TOTAL INCLUDED ON LINE 3			<u><u>2,712,070.</u></u>

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CHARLES GOODFELLOW, III 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	CHAIRMAN & TREASURER 2.00	0.
CAROL ANDERSON 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	VICE CHAIR (THROUGH 12/15) 2.00	0.
NEAL MYERBERG 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	SECRETARY 2.00	0.
BADREYYAH ALIREZA 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	MEMBER 2.00	0.
BRADFORD ANDREWS 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	MEMBER 2.00	0.
ANNETTE OSNOS 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	MEMBER 2.00	0.
JAMES PRAPPAS 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	MEMBER 2.00	0.
JOHN SEIDENSTICKER 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	MEMBER 2.00	0.
MERIKO TAMAKI 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	MEMBER 2.00	0.
SUWANNA GAUNTLETT 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018	CHIEF EXECUTIVE OFFICER 40.00	139,341.

 TOTAL TO FORM 199, PART II, LINE 11

 139,341.

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
FIELD PROGRAM EXPENSES	836,407.
ANIMAL FOOD & SUPPLIES	333,873.
EQUIP., CONSTR. & MAINT	331,281.
ENCLOSURE COSTS	83,405.
OTHER EMPLOYEE BENEFITS	348,385.
LEGAL FEES	20,609.
ACCOUNTING FEES	31,698.
ADVERTISING AND PROMOTION	713.
OFFICE EXPENSES	48,579.
INFORMATION TECHNOLOGY	18,311.
TRAVEL	225,340.
CONFERENCES AND CONVENTIONS	3,379.
INSURANCE	15,548.
ALL OTHER EXPENSES	65,041.
TOTAL TO FORM 199, PART II, LINE 17	2,362,569.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CAMBODIA LODGE	1,441,308.	1,441,308.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,441,308.	1,441,308.

FORM 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	117,826.	215,020.
PREPAID EXPENSES AND DEFERRED CHARGES	63,011.	9,081.
DEPOSITS	48,450.	35,621.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	229,287.	259,722.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal year - See instructions.**
Calendar year corporations - File and Pay by March 15, 2016.
Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

539035
12-09-15

--- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 WILD 52-1934148 2080528 15 FORM 3
TYB 01-01-2015 TYE 12-31-2015
WILDLIFE ALLIANCE INC

1441 BROADWAY FIFTH FLOOR
NEW YORK NY 10018

(646) 569-5860

Amount of Payment 10.

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
WILDLIFE ALLIANCE, INC.	52-1934148

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	3,056,346.00
2 Total gross income (Form 199, line 8)	2	3,054,730.00
3 Total expenses and disbursements (Form 199, line 9)	3	4,071,221.00

Part II Settle Your Account Electronically for Taxable Year 2015

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	Signature of officer _____	Date _____	CHAIRMAN & TREASURER
			Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address	GELMAN, ROSENBERG & FREEDMAN			FEIN 52-1392008
		4550 MONTGOMERY AVE SUITE 650N			ZIP code 20814-2930
			BETHESDA, MD		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____	
	Firm's name (or yours if self-employed) and address	GELMAN, ROSENBERG & FREEDMAN			FEIN 52-1392008
		4550 MONTGOMERY AVE SUITE 650N			ZIP code 20814-2930
			BETHESDA, MD		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	WILDLIFE ALLIANCE, INC. 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$150.00
Make check payable to	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 2080528 WILDLIFE ALLIANCE, INC. <small>Name of Organization</small> 1441 BROADWAY, FIFTH FLOOR <small>Address (Number and Street)</small> NEW YORK, NY 10018 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2080528</u> Federal Employer I.D. No. <u>52-1934148</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
 Gross annual revenue \$ 3,054,730. Total assets \$ 3,377,885.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 8	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 646-569-5860

Organization's e-mail address INFO@WILDLIFEALLIANCE.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**CHARLES C. GOODFELLOW,
 III**

**CHAIRMAN &
 TREASURER**

Signature of authorized officer

Printed Name

Title

Date

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	WILDLIFE ALLIANCE, INC. 1441 BROADWAY, FIFTH FLOOR NEW YORK, NY 10018
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$275.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2015
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2015 and Ending (mm/dd/yyyy) 12/31/2015		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: WILDLIFE ALLIANCE, INC.	Employer Identification Number (EIN): 52-1934148
	Mailing Address: 1441 BROADWAY, FIFTH FLOOR	NY Registration Number: 43-68-14
	City / State / ZIP: NEW YORK, NY 10018	Telephone: 646 569-5860
	Website: WWW.WILDLIFEALLIANCE.ORG	Email: INFO@WILDLIFEALLIAN
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>SUWANNA GAUNTLETT</u> CEO	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	<u>CHARLES C. GOODFELLOW</u> TREASURER	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single-check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2015

Open to Public
Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: WILDLIFE ALLIANCE, INC.	NY Registration Number: 43-68-14
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2. Government Grants

Name of Government Agency	Amount of Grant
1. GOVERNMENT OF DUBAI	1. 30,000.
2. U.S. EMBASSY - BANGKOK	2. 24,975.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 54,975.