

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2018

|   |   |
|---|---|
| <b>Prepared for</b>                                 | WILDLIFE ALLIANCE, INC.<br>1441 BROADWAY, FIFTH FLOOR<br>NEW YORK, NY 10018   |
| <b>Prepared by</b>                                  | GELMAN, ROSENBERG & FREEDMAN<br>4550 MONTGOMERY AVE SUITE 800N<br>BETHESDA, MD 20814-2930   |
| <b>Amount due or refund</b>                         | NOT APPLICABLE  |
| <b>Make check payable to</b>                        | NOT APPLICABLE  |
| <b>Mail tax return and check (if applicable) to</b> | NOT APPLICABLE  |
| <b>Return must be mailed on or before</b>           | NOT APPLICABLE  |
| <b>Special Instructions</b>                         | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. |

Form **990**

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

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>WILDLIFE ALLIANCE, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1441 BROADWAY, FIFTH FLOOR</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>NEW YORK, NY 10018</b><br><b>F</b> Name and address of principal officer: <b>SUWANNA GAUNTLETT</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>52-1934148</b><br><b>E</b> Telephone number<br><b>646-569-5860</b><br><b>G</b> Gross receipts \$ <b>3,999,709.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> 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   |   |   |
| <b>J</b> Website: ▶ <b>WWW.WILDLIFEALLIANCE.ORG</b>  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |   |
| <b>L</b> Year of formation: <b>1995</b>  |   | <b>M</b> State of legal domicile: <b>DE</b>   |

**Part I Summary**

|                                    |                 |   |  |                                   |
|------------------------------------|-----------------|---|--|-----------------------------------|
|                                    | <b>1</b>        | Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>                                |  |                                   |
| <b>Activities &amp; Governance</b> | <b>2</b>        | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                                   |
|                                    | <b>3</b>        | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>7</b>                          |
|                                    | <b>4</b>        | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>7</b>                          |
|                                    | <b>5</b>        | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>   | <b>3</b>                          |
|                                    | <b>6</b>        | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>8</b>                          |
|                                    | <b>7a</b>       | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                         |
|                                    | <b>7b</b>       | Net unrelated business taxable income from Form 990-T, line 38  | <b>7b</b>  | <b>0.</b>                         |
| <b>Revenue</b>                     | <b>8</b>        | Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br>3,284,321.                                  | <b>Current Year</b><br>3,745,826. |
|                                    | <b>9</b>        | Program service revenue (Part VIII, line 2g)  | 225,911.   | 247,478.                          |
|                                    | <b>10</b>       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 15,580.  | 364.                              |
|                                    | <b>11</b>       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 2,000.   | 6,041.                            |
|                                    | <b>12</b>       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 3,527,812.   | 3,999,709.                        |
|                                    | <b>Expenses</b> | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,489.                            |
| <b>14</b>                          |                 | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   | 0.                                |
| <b>15</b>                          |                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,985,945.   | 1,992,598.                        |
| <b>16a</b>                         |                 | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.   | 0.                                |
| <b>b</b>                           |                 | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>132,601.</b>   |  |                                   |
| <b>17</b>                          |                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 1,846,241.   | 2,099,041.                        |
| <b>18</b>                          |                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 3,840,675.   | 4,109,254.                        |
|                                    | <b>19</b>       | Revenue less expenses. Subtract line 18 from line 12  | -312,863.  | -109,545.                         |
| <b>Net Assets or Fund Balances</b> | <b>20</b>       | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>3,106,399.                   | <b>End of Year</b><br>3,473,448.  |
|                                    | <b>21</b>       | Total liabilities (Part X, line 26)   | 656,703.   | 1,133,297.                        |
|                                    | <b>22</b>       | Net assets or fund balances. Subtract line 21 from line 20  | 2,449,696.   | 2,340,151.                        |

**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.

|                               |   |  |  |
|-------------------------------|---|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>CHARLES C. GOODFELLOW, III, CHAIRMAN &amp; TREASURER</b><br>Type or print name and title                     | Date   |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>RICHARD J. LOCASTRO, CPA</b>   | Preparer's signature<br><i>Richard J. Locastro</i> | Date<br><b>10/15/19</b>  |
|                               | Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b><br>Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b> | Check if self-employed <input type="checkbox"/>    | PTIN<br><b>P00288314</b><br>Firm's EIN ▶ <b>52-1392008</b><br>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 THE SOUTHEAST ASIAN TROPICAL BELT. OUR MISSION IS TO COMBAT DEFORESTATION, WILDLIFE EXTINCTION, CLIMATE CHANGE AND POVERTY BY PARTNERING WITH LOCAL COMMUNITIES AND GOVERNMENTS. (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 \$ 2,029,732. including grants of \$ 17,015.) (Revenue \$ ) SOUTHERN CARDAMOM FOREST PROTECTION PROGRAM: THE SOUTHERN CARDAMOM FOREST PROTECTION PROGRAM (SCFPP) PROVIDES ON-THE-GROUND PROTECTION TO ONE OF ASIA'S LAST REMAINING ELEPHANT CORRIDORS. THE CARDAMOM MOUNTAINS RAINFOREST IS HOME TO OVER 55 IUCN THREATENED WILDLIFE SPECIES AND IS A 200 GLOBAL ECOREGION AND THEREFORE ONE OF THE MOST SIGNIFICANT CONSERVATION PLACES ON THE PLANET. . LOCATED IN THE INDO-BURMESE PENINSULA, AN INTERNATIONALLY RECOGNIZED BIODIVERSITY HOTSPOT, THE CARDAMOM MOUNTAIN RANGE IS THE REGION'S MOST IMPORTANT WATERSHED AND CARBON SINK. SCFPP PROVIDES DIRECT PROTECTION TO OVER 830,000 HECTARES OF TROPICAL FOREST AND ADDRESSES THE LOCAL DRIVERS OF DEFORESTATION THROUGH (1) ZONING AND DEMARCATION OF PROTECTED FORESTLAND; (2) ADVOCACY AT ALL LEVELS OF GOVERNMENT TO

4b (Code: ) (Expenses \$ 616,005. including grants of \$ ) (Revenue \$ 222,649.) WILDLIFE REHABILITATION: WILDLIFE ALLIANCE'S WILDLIFE REHABILITATION 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

THE THOUSANDS OF LIVE ANIMALS RESCUED EVERY YEAR NEED FIRST AID INTERVENTION ON THE ROAD TO REDUCE MORTALITY AND PROFESSIONAL CARE ONCE THEY ARRIVE AT THE WILDLIFE RESCUE CENTER. IN RESPONSE, WILDLIFE ALLIANCE CREATED ITS CARE FOR RESCUED WILDLIFE PROGRAM (CRW) THAT

4c (Code: ) (Expenses \$ 317,353. including grants of \$ ) (Revenue \$ ) COUNTER WILDLIFE TRAFFICKING: WILDLIFE ALLIANCE'S COUNTER WILDLIFE TRAFFICKING PROGRAM IS UNIQUE IN THAT THEY DO NOT ADDRESS JUST ONE ASPECT OF THE ILLEGAL WILDLIFE TRADE-CRACKING DOWN ON ILLEGAL WILDLIFE SHIPMENTS, CONFISCATING LIVE ANIMALS, BUSH MEAT AND VEHICLES AND PROVIDING CARE AND REHABILITATION FOR THE ANIMALS BUT WE COVER EVERY ASPECT OF THE ILLEGAL TRADE AS THOROUGHLY AS POSSIBLE. WILDLIFE ALLIANCE HAS DEVELOPED SUCCESSFUL RELEASE PROGRAMS THROUGHOUT THE RAINFORESTS, LAKES AND WETLANDS OF CAMBODIA WITH EMPHASIS ON THE SOUTHERN CARDAMOM MOUNTAIN RANGE WHICH IS THE BEST PROTECTED WILDERNESS OF THE REGION.

WILDLIFE ALLIANCE CHOSE CAMBODIA AS A FOCUS OF ITS CONSERVATION WORK

4d Other program services (Describe in Schedule O.) (Expenses \$ 456,781. including grants of \$ 600.) (Revenue \$ 24,829.)

4e Total program service expenses 3,419,871.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>2</b> X   |    |
| <b>3</b> 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> .....  | <b>3</b>     | X  |
| <b>4 Section 501(c)(3) organizations.</b> 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> .....  | <b>4</b>     | X  |
| <b>5</b> 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> .....   | <b>5</b>     | X  |
| <b>6</b> 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> .....  | <b>6</b>     | X  |
| <b>7</b> 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> .....  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>8</b>     | X  |
| <b>9</b> 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> .....            | <b>9</b>     | X  |
| <b>10</b> 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> .....   | <b>10</b>    | X  |
| <b>11</b> 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.   |              |    |
| <b>a</b> 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> .....   | <b>11a</b> X |    |
| <b>b</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> .....   | <b>11b</b>   | X  |
| <b>c</b> 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> .....   | <b>11c</b> X |    |
| <b>d</b> 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> .....  | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>11e</b>   | X  |
| <b>f</b> 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> .....  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <b>14a</b> X |    |
| <b>b</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> ..... | <b>14b</b> X |    |
| <b>15</b> 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> .....   | <b>15</b> X  |    |
| <b>16</b> 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> .....   | <b>16</b>    | X  |
| <b>17</b> 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> .....   | <b>17</b>    | X  |
| <b>18</b> 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> .....   | <b>18</b>    | X  |
| <b>19</b> 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> .....   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <b>20b</b>   |    |
| <b>21</b> 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> .....  | <b>21</b>    | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>22</b> 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  |
| <b>23</b> 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  |
| <b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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   |    |
| <b>34</b> 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   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | X   |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | X   |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> 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  |
| <b>38</b> 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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

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

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

Check if Schedule O contains a response or note to any line in this Part VI [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 (1024 or 1024-A 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



**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)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 C. GOODFELLOW, III<br>CHAIRMAN & TREASURER | 2.00<br>1.00  | X   |                       | X       |              |                              |        | 0.   | 1,500.  | 0.  |
| (2) NEAL MYERBERG<br>SECRETARY                         | 1.00<br>1.00  | X   |                       | X       |              |                              |        | 0.   | 1,500.  | 0.  |
| (3) BADREYYAH ALIREZA<br>MEMBER                        | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) BRADFORD ANDREWS<br>MEMBER                         | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) D. RANDALL BENN<br>MEMBER (UNTIL 07/2018)          | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) NOAH OSNOS<br>MEMBER                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JAMES PRAPPAS<br>MEMBER                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JOHN SEIDENSTICKER<br>MEMBER                       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) SUWANNA GAUNTLETT<br>PRESIDENT AND CEO             | 40.00<br>6.00   |   |                       | X       |              |                              |        | 0.   | 1,500.  | 14,375.   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> .....  |   |   |                       |         |              |                              | 0.     | 4,500.   | 14,375.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 0.     | 4,500.   | 14,375.   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services        | (C)<br>Compensation |
|---|---------------------------------------|---------------------|
| WILDLIFE WORKS CARBON LLC<br>242 REDWOOD HIGHWAY, MILL VALLEY, CA 94941 | SOUTHERN CARDAMOM<br>REDD+ CONSULTING | 209,686.            |
|   |                                       |                     |
|   |                                       |                     |
|   |                                       |                     |
|   |                                       |                     |

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

**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 |      |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |                                    |                            |  |      |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                      |                                    |                            |  |      |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                      |                                    |                            |  |      |
|   | <b>d</b> Related organizations  | <b>1d</b>   | 495,000.             |                                    |                            |  |      |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 494,027.             |                                    |                            |  |      |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 2,756,799.           |                                    |                            |  |      |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |                                    |                            |  |      |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      | 3,745,826.                         |                            |  |      |
|   | <b>Program Service Revenue</b>  | <b>2 a</b> PROGRAM INCOME                             | <b>Business Code</b> |                                    |                            |  |      |
|   |   | 900099  | 247,478.             | 247,478.                           |                            |  |      |
| <b>b</b>  |   |   |                      |                                    |                            |  |      |
| <b>c</b>  |   |   |                      |                                    |                            |  |      |
| <b>d</b>  |   |   |                      |                                    |                            |  |      |
| <b>e</b>  |   |   |                      |                                    |                            |  |      |
| <b>f</b> All other program service revenue                        |   |   |                      |                                    |                            |  |      |
| <b>g Total.</b> Add lines 2a-2f                                   |   |   | 247,478.             |                                    |                            |  |      |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   | 14.                  |                                    |                            | 14.  |      |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |                                    |                            |  |      |
|   | <b>5</b> Royalties  |   |                      |                                    |                            |  |      |
|   | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |                                    |                            |  |      |
|   |   | <b>b</b> Less: rental expenses                        |                      |                                    |                            |  |      |
|   |   | <b>c</b> Rental income or (loss)                      |                      |                                    |                            |  |      |
|   |   | <b>d</b> Net rental income or (loss)                  |                      |                                    |                            |  |      |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |                                    |                            |  |      |
|   |   | <b>b</b> Less: cost or other basis and sales expenses |                      | 0.                                 |                            |  |      |
|   |   | <b>c</b> Gain or (loss)                               |                      | 350.                               |                            |  |      |
|   |   | <b>d</b> Net gain or (loss)                           |                      | 350.                               |                            |  | 350. |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |                                    |                            |  |      |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |                                    |                            |  |      |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |                                    |                            |  |      |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |                                    |                            |  |      |
| <b>b</b> Less: direct expenses                                    |   | <b>b</b>  |                      |                                    |                            |  |      |
| <b>c</b> Net income or (loss) from gaming activities              |   |   |                      |                                    |                            |  |      |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   |                      |                                    |                            |  |      |
|   | <b>b</b> Less: cost of goods sold   | <b>b</b>  |                      |                                    |                            |  |      |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                                    |                            |  |      |
| Miscellaneous Revenue   |   | <b>Business Code</b>                                  |                      |                                    |                            |  |      |
| <b>11 a</b> OTHER REVENUE   | 900099  | 6,041.  |                      |                                    | 6,041.                     |  |      |
| <b>b</b>  |   |   |                      |                                    |                            |  |      |
| <b>c</b>  |   |   |                      |                                    |                            |  |      |
| <b>d</b> All other revenue  |   |   |                      |                                    |                            |  |      |
| <b>e Total.</b> Add lines 11a-11d                                 |   |   | 6,041.               |                                    |                            |  |      |
| <b>12 Total revenue.</b> See instructions                         |   |   | 3,999,709.           | 247,478.                           | 0.                         | 6,405.   |      |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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  | 17,615.               | 17,615.                         |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 14,375.               | 7,188.                          | 5,750.                                 | 1,437.                      |
| 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  | 1,535,969.            | 1,246,922.                      | 190,709.                               | 98,338.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 434,741.              | 357,413.                        | 50,012.                                | 27,316.                     |
| 10 Payroll taxes  | 7,513.                | 6,099.                          | 933.                                   | 481.                        |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 23,310.               | 23,310.                         |  |                             |
| c Accounting  | 100,976.              | 100,976.                        |  |                             |
| 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.)   | 209,686.              | 209,686.                        |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 347,225.              | 54,999.                         | 292,226.                               |                             |
| 14 Information technology   | 1,797.                | 285.                            | 1,512.                                 |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 108,204.              | 108,204.                        |  |                             |
| 17 Travel   | 273,339.              | 268,310.                        |  | 5,029.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 13,736.               | 13,736.                         |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 30,077.               | 29,869.                         | 208.                                   |                             |
| 23 Insurance  | 21,774.               | 21,774.                         |  |                             |
| 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 ANIMAL FOOD & SUPPLIES  | 290,138.              | 290,138.                        |  |                             |
| b EQUIP., CONSTR. & MAINT   | 288,485.              | 288,485.                        |  |                             |
| c FIELD PROGRAM EXPENSES  | 257,230.              | 257,230.                        |  |                             |
| d AWARENESS PROJECTS  | 62,788.               | 62,788.                         |  |                             |
| e All other expenses  | 70,276.               | 54,844.                         | 15,432.                                |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 4,109,254.            | 3,419,871.                      | 556,782.                               | 132,601.                    |
| 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)<br>Beginning of year |            | (B)<br>End of year  |
|---|--|--------------------------|------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 844,735.                 | <b>1</b>   | 1,363,214.          |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                     |
|   | <b>3</b> Pledges and grants receivable, net .....  | 393,172.                 | <b>3</b>   | 214,333.            |
|   | <b>4</b> Accounts receivable, net .....  | 153,734.                 | <b>4</b>   | 196,169.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                     |
|   | <b>6</b> 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 ..... |                          | <b>6</b>   |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                     |
|   | <b>8</b> Inventories for sale or use .....   | 648.                     | <b>8</b>   | 408.                |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 2,516.                   | <b>9</b>   | 6,637.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,325,275.    |            |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 1,099,486.    | 255,866.   | <b>10c</b> 225,789. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 1,437,308.               | <b>13</b>  | 1,424,308.          |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 18,420.                  | <b>15</b>  | 42,590.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,106,399.   | <b>16</b>                | 3,473,448. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 400,141.                 | <b>17</b>  | 464,274.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                     |
|   | <b>19</b> Deferred revenue .....   | 256,562.                 | <b>19</b>  | 245,278.            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                     |
|   | <b>22</b> 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 .....   |                          | <b>22</b>  |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  | 423,745.            |
|   | <b>25</b> 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 .....  |                          | <b>25</b>  |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 656,703.                 | <b>26</b>  | 1,133,297.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                     |
|   | <b>27</b> Unrestricted net assets .....  | 2,021,102.               | <b>27</b>  | 1,863,651.          |
|   | <b>28</b> Temporarily restricted net assets .....  | 428,594.                 | <b>28</b>  | 476,500.            |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                     |
| <b>33</b> Total net assets or fund balances .....                         | 2,449,696.   | <b>33</b>                | 2,340,151. |                     |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 3,106,399.   | <b>34</b>                | 3,473,448. |                     |

**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  | 3,999,709. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,109,254. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -109,545.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 2,449,696. |
| 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 | 2,340,151. |

**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 _____<br>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? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>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  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____   |     |    |

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **WILDLIFE ALLIANCE, INC.** Employer identification number: **52-1934148**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 5,198,669. | 2,810,083. | 3,916,424. | 3,284,321. | 3,745,826. | 18,955,323. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 5,198,669. | 2,810,083. | 3,916,424. | 3,284,321. | 3,745,826. | 18,955,323. |
| <b>5</b> 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) ..... |            |            |            |            |            | 8,829,114.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 10,126,209. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 5,198,669. | 2,810,083. | 3,916,424. | 3,284,321. | 3,745,826. | 18,955,323.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 619.       | 331.       | 313.       | 192.       | 14.        | 1,469.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            | 30,005.    | 29,968.    | 2,000.     | 6,041.     | 68,014.                  |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 19,024,806.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 948,220.                 |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 53.23 % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 40.30 % |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> .   |     |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |     |    |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <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 |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

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

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

|  |   |
|--|---|
| Name of organization<br><br><b>WILDLIFE ALLIANCE, INC.</b> | Employer identification number<br><br><b>52-1934148</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ <u>495,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,464,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ <u>119,207.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ <u>170,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ <u>110,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ <u>295,835.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| Name of organization<br><br><b>WILDLIFE ALLIANCE, INC.</b> | Employer identification number<br><br><b>52-1934148</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/> <hr/>           | \$ <u>261,770.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/> <hr/>           | \$ <u>90,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>WILDLIFE ALLIANCE, INC.</b> | Employer identification number<br><br><b>52-1934148</b> |
|--|---|

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

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

|  |   |
|--|---|
| Name of organization<br><br><b>WILDLIFE ALLIANCE, INC.</b> | Employer identification number<br><br><b>52-1934148</b> |
|--|---|

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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.

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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**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  |                                      | 443,958.                        | 440,392.                     | 3,566.         |
| e Other  |                                      | 692,117.                        | 659,094.                     | 33,023.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 225,789.       |

**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)   |                |   |
| <b>Total.</b> (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) INDOCHINE LODGES CO., LTD   | 1,424,308.     | COST  |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 1,424,308.     |   |

**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)   |                |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 3,999,359. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 3,999,359. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 350.      |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 350.       |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 3,999,709. |

**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.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 4,109,254. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 4,109,254. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 4,109,254. |

**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, 2018 AND 2017, WILDLIFE ALLIANCE, INC. AND SUBSIDIARIES 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:**

GAIN ON DISPOSAL OF ASSETS REPORTED AS AN OTHER ITEM ON 350.  
THE FINANCIAL STATEMENTS AND NETTED WITH REVENUE ON  
FORM 990, PART VIII, LINE 7C.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **WILDLIFE ALLIANCE, INC.** Employer identification number: **52-1934148**

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

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

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA AND THE PACIFIC                               | 1                                   | 173  | PROGRAM SERVICES   | FOREST MANAGEMENT, WIDLIFE RESCUE, LIVELIHOODS AND ENVIRONMENTAL EDUCATION.                            | 4,109,256.   |
| EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | GRANTS TO RECIPIENTS LOCATED IN REGION   |  | 17,615.  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 1                                   | 173  |  |  | 4,126,871.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 1                                   | 173  |  |  | 4,126,871.   |

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

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------------------|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | EAST ASIA AND THE PACIFIC | SUPPORT FOR WORKSHOP ON THE CAPACITY BUILDING COURSE ON PROTECTED AREA LAW | 10,679.                  | WIRE                            | 0.                               |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |
|                               |  |                           |  |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **1**

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

**Part V Supplemental Information**

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

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

WILDLIFE ALLIANCE, INC.

Employer identification number

52-1934148

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

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 HELPED THE RUSSIAN GOVERNMENT ESTABLISH

OPERATION TIGER IN THE RUSSIAN FAR EAST, THAT BROUGHT THE SIBERIAN

TIGER BACK FROM THE BRINK OF EXTINCTION FROM A MERE ESTIMATED 90

INDIVIDUALS IN 1994 TO A POPULATION OF OVER 400 BY THE YEAR 2000;

IMPLEMENTED OPERATION KATCHAPA ALONG THE ORISSA COAST OF INDIA, SAVING

THE OLIVE RIDLEY TURTLE FROM BEING DECIMATED BY INDUSTRIAL FISHING

NETS; ASSISTED PARK RANGERS OF THE GALAPAGOS MARINE RESERVE TO EXPAND

BOUNDARIES OF THE RESERVE FROM 5 TO 40 NAUTICAL MILES, REQUIRING

SUBSTANTIAL INCREASE IN CAPACITY AND EQUIPMENT; AND AIDED ALAUNGDAW

KATHAPA AND KAO YAI NATIONAL PARKS IN MYANMAR AND THAILAND TO

STRENGTHEN PROTECTION AND IMPROVE WILDLIFE LAW ENFORCEMENT.

IN 2000, WILDLIFE ALLIANCE CONSOLIDATED THEIR EFFORTS ON SAVING THE

SOUTHEAST ASIAN TROPICAL BELT FROM DESTRUCTION. A BASE WAS ESTABLISHED

IN IN CAMBODIA WHERE WORK ON THE GROUND WAS IMPLEMENTED TO IMPROVE LAND

MANAGEMENT, ADDRESS THE DEVASTATION OF ECOSYSTEMS, AND COMBAT THE

ILLEGAL WILDLIFE TRADE. 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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

|   |  |
|---|--|
| Name of the organization<br>WILDLIFE ALLIANCE, INC. | Employer identification number<br>52-1934148 |
|---|--|

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 830,000 HECTARES OF FOREST, OVERTURNED 40 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 210,000 STUDENTS AND COMMUNITY MEMBERS, AND RESCUED OVER 74,000 LIVE ANIMALS FROM TRAFFICKERS AND POACHERS.

OUR CONSERVATION MODEL IS BASED ON ENGAGING COMMUNITIES AND PARTNERING WITH GOVERNMENT AGENCIES TO FOSTER LONG-TERM PROTECTION OF NATURAL RESOURCES. WE WORK DIRECTLY IN THE FIELD TO:

- ASSIST GOVERNMENT AT ALL LEVELS TO BUILD POLITICAL WILL AND GOOD GOVERNANCE TO PROTECT THE RAINFOREST AND ALL ITS INHABITANTS
- PROTECT THE RAINFOREST AND BIODIVERSITY THROUGH A LAW ENFORCEMENT PROGRAM
- RESCUE TRAFFICKED WILDLIFE AND PROVIDE THEM WITH THE CARE AND REHABILITATION NEEDED TO RELEASE THEM BACK INTO THE WILD
- HELP POOR COMMUNITIES ACQUIRE LAND AND DEVELOP BETTER JOBS THROUGH ON-SITE TECHNICAL ASSISTANCE
- CONDUCT OUTREACH TO EDUCATE CHILDREN AND ADULTS TO PRESERVE THEIR NATURAL HERITAGE

THIS IS REINFORCED THROUGH ON-SITE TECHNICAL ASSISTANCE TO COMMUNITIES AND LOCAL GOVERNMENT. EACH OF OUR FIELD PROGRAMS ADDRESSES AN ELEMENT

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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:  
 CANCEL AGRO-INDUSTRIAL AND MINING LAND CONCESSIONS; (3) DEVELOPMENT OF  
 ALTERNATIVE LIVELIHOODS IN AGRICULTURE, ECOTOURISM, AND REFORESTATION  
 FOR POOR LANDLESS FARMERS PRACTICING DESTRUCTIVE FOREST SLASH-AND-BURN;  
 (4) RANGER PATROL LAW ENFORCEMENT TO STOP WILDLIFE POACHING, ILLEGAL  
 LOGGING AND FORESTLAND CLEARINGS.

WILDLIFE ALLIANCE, FORESTRY ADMINISTRATION AND THE MINISTRY OF  
 ENVIRONMENT ARE WORKING IN PARTNERSHIP TO IMPLEMENT THIS COMPREHENSIVE  
 APPROACH TO CONSERVATION. WILDLIFE ALLIANCE'S OVER TWO DECADES 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 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.

THE SOUTHERN CARDAMOMS HAVE BEEN UNDER INTENSE PRESSURE SINCE 2002,  
 WHEN A TRANS-BOUNDARY FREEWAY WAS CONSTRUCTED THROUGH THE TROPICAL  
 FOREST, OPENING VAST TRACKS OF WILDERNESS TO REAL ESTATE SPECULATORS  
 AND COMMERCIAL HUNTERS. IN JUST A FEW MONTHS, HUNDREDS OF HECTARES OF



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STATE FORESTLAND WERE SOLD IN ILLEGAL TRANSACTIONS AND 37 ASIAN ELEPHANTS WERE KILLED. TO BRING THE SITUATION BACK UNDER CONTROL, CAMBODIA'S FORESTRY ADMINISTRATION CALLED WILDLIFE ALLIANCE FOR ASSISTANCE. PATROL UNITS WERE RECRUITED, TRAINED AND EQUIPPED, THREE SMALL RANGER STATIONS WERE ESTABLISHED, AND SYSTEMATIC PATROLLING WAS IMPLEMENTED. A PROVINCE-WIDE CAMPAIGN WAS CONDUCTED, INFORMING ALL VILLAGERS THAT THE NEW FORESTRY LAW 2002 WOULD DELIVER STRICT PROSECUTIONS FOR ANY FURTHER ELEPHANT KILLINGS. AS A RESULT OF THE PATROLLING AND THE CAMPAIGN, ELEPHANT DEATHS WERE REDUCED BY 98%, TIGER DEATHS WERE REDUCED BY 50% AND FOREST FIRES WERE REDUCED BY 80%. ONLY 4 ELEPHANTS WERE REPORTED KILLED IN THE FOLLOWING YEARS 2003-2012. AT THE SAME TIME, WILDLIFE ALLIANCE AND THE FORESTRY ADMINISTRATION ADDRESSED THE ISSUE OF LOCAL GOVERNMENT SELLING STATE FORESTS UNDER THE TABLE BY CONDUCTING A FIRST-OF-ITS-KIND ZONING AND DEMARCATION OPERATION THAT INVOLVED PROVINCIAL, DISTRICT AND COMMUNE AUTHORITIES AS WELL AS 3 MINISTRIES FROM CENTRAL GOVERNMENT. AS A RESULT, 401 CASES OF FORESTLAND ENCROACHMENT AND OVER 500 LAND TITLE CLAIMS WERE CANCELLED IN JUST THE FIRST 9 MONTHS OF OPERATIONS (APRIL TO DECEMBER 2002). ZONING OF FREEWAY NO. 48 WAS OFFICIALLY FINALIZED AND SIGNED IN NOVEMBER 2003. PRECISE UTM BOUNDARIES FOR EACH COMMUNE AND EACH STRICTLY PROTECTED FOREST SEGMENT ARE STILL IN EFFECT TODAY.

RANGER PATROLS

TODAY, THERE ARE 7 RANGER STATIONS WITH AN AVERAGE OF PATROLLING OVER 120,000 KM EACH YEAR. SCFPP PATROLS HAVE CONTINUOUSLY ENSURED RESPECT FOR DEMARCATION BOUNDARIES SINCE 2003 AND SYSTEMATICALLY ENFORCED THE LAW BY TAKING TO COURT ALL CASES OF FOREST CLEARING AND LAND ENCROACHMENT. WHENEVER MILITARY, HIGH LEVEL OFFICIALS OR POWERFUL

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BUSINESS PEOPLE HAVE TRIED TO GRAB FORESTLAND, FAST REPORTS HAVE BEEN SENT TO A SPECIAL INTER-MINISTERIAL LAND USE COMMITTEE FOR IMMEDIATE INTERVENTION. TODAY, SCFPP PATROL UNITS ARE SAFEGUARDING THE ENTIRE SOUTHERN CARDAMOMS, 127 KM FROM SOUTH TO NORTH AND 121 KM FROM EAST TO WEST. CONSTANT VIGILANCE IS THE COST OF KEEPING THE SOUTHERN CARDAMOM FOREST SAFE AND MAINTAINING ITS HIGH LEVEL OF BIODIVERSITY. WITHOUT WILDLIFE ALLIANCE'S CONTINUED SUPPORT, THE SOUTHERN CARDAMOM TROPICAL RAINFOREST IS AT RISK OF BEING CLEARED FOR CONVERSION TO AGRICULTURE, INDUSTRY AND REAL ESTATE SALES.

#### TAKING CASES TO COURT

WILDLIFE ALLIANCE MONITORS THE PROCESS OF TAKING OFFENDERS TO COURT AND ENSURING FOLLOW-UP ON ALL COURT CASES, BY CONSISTENTLY BUILDING THE CAPACITY OF FORESTRY ADMINISTRATION AND MINISTRY OF ENVIRONMENT OFFICERS AND REINFORCING GOOD GOVERNANCE. WHEN OFFENDERS ARE CAUGHT, THE RANGERS FILL OUT THE LEGAL DOCUMENTS AND BRING THE OFFENDERS TO THE PROVINCIAL CANTONMENT FORESTRY OFFICE, SECURE THE TRANSFER LETTER TO ATTACH TO THE LEGAL DOCUMENTS, TRANSPORT THE OFFENDER TO THE COURT AND COLLECT THE COURT HANDOVER DOCUMENT. THE RANGERS ACCOMPANY THE OFFENDERS THROUGH THE COURT PROCESS, ASSURING THAT APPROPRIATE LEGAL PROCEDURES ARE APPLIED.

#### REPORTING

MONTHLY REPORTS ARE AN INDISPENSABLE ELEMENT TO MAINTAINING GOAL ACHIEVEMENT BECAUSE (A) THEY ENABLE MANAGEMENT TO MONITOR ACTIVITIES BASED ON TRENDS OVER TIME AND (B) BUILD CAPACITY OF THE STATION RANGERS IN UNDERSTANDING THREATS AND CURRENT ISSUES AND HOW TO MODIFY/IMPROVE NEXT MONTH'S PATROLLING TECHNIQUES TO OVERCOME DIFFICULTIES. REPORTS

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SYSTEMATICALLY TRACK ALL ACTIVITIES WITH METRICS. THESE INCLUDE:

1. PATROL ITINERARIES ARE TRACKED BY GPS AND MAPPED ELECTRONICALLY THROUGH GIS;
2. ALL FOREST CRIME CASES ARE DOCUMENTED, POACHING, LOGGING, LAND ENCROACHMENT, WITH PRECISE GPS LOCATIONS, PHOTOS OF EVIDENCE AND OFFENDERS, SOURCE OF INFORMATION AND REQUIRED FOLLOW-UP ACTION WITH DATES;
3. ALL LEGAL DOCUMENTS ARE COPIED;
4. ALL WILDLIFE SIGNS ENCOUNTERED DAILY DURING PATROLS ARE DOCUMENTED WITH PRECISE GPS LOCATIONS AND PHOTOS.

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

PROVIDES VETERINARIANS, ANIMAL HUSBANDRY SPECIALIST, PROPER FOOD DIETS, AND SPACIOUS ENCLOSURES. THE CRW PROGRAM HAS RETROFITTED THE CAMBODIAN GOVERNMENT'S RESCUE CENTER IN PHNOM TAMAO WHICH WAS CONSIDERED BEFORE 2001 "A PLACE WHERE ANIMALS CAME TO DIE". TODAY, THANKS TO A NEW WATER SYSTEM, A BABY CLINIC, A REBUILT QUARANTINE, AND DOZENS OF NEW ENCLOSURES, ALONG WITH TRAINED KEEPERS, VETERINARIAN SUPPLIES AND STRICT DIET PROTOCOLS FOR EACH SPECIES, THE WILDLIFE RESCUE CENTER HAS BECOME ONE OF SOUTHEAST ASIA'S PREMIER INSTITUTION IN CARING FOR ANIMALS VICTIMIZED BY THE ILLEGAL WILDLIFE TRADE, GIVING THEM A SECOND CHANCE AT LIFE, AND ONE OF THE REGION'S FOREMOST WILDLIFE RESCUE FACILITIES. 1,200 INDIVIDUALS FROM 102 SPECIES LIVE THERE IN AN ENVIRONMENT OF 5,000 ACRES OF RE-GROWING FOREST.

WITH NEARLY 300,000 VISITORS ANNUALLY, PTWRC IS A SHOWPIECE FOR WILDLIFE CONSERVATION EFFORTS IN CAMBODIA. EDUCATION HAS BECOME ONE OF

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THE MAIN FUNCTIONS AT THE CENTER, AND WILDLIFE ALLIANCE CONDUCTS EDUCATIONAL FIELD TRIPS TO PHNOM TAMAO FOR CAMBODIAN STUDENTS, THEIR PARENTS AND TEACHERS. THESE TRIPS GIVE STUDENTS DIRECT EXPERIENCE WITH THE ANIMALS, AND HELP SHAPE THE CONSERVATION LANDSCAPE OF TOMORROW.

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 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 ACCLIMATIZATION, 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.

IN 2013, WILDLIFE ALLIANCE UNDERTOOK A NEW ENDEAVOR IN PARTNERSHIP WITH THE CAMBODIAN FORESTRY ADMINISTRATION AND THE APSARA AUTHORITY TO REINTRODUCE ENDANGERED PILEATED GIBBONS AND OTHER WILDLIFE IN THE DESOLATE FOREST SURROUNDING THE ANGKOR TEMPLE COMPLEX, A UNESCO WORLD HERITAGE SITE AND CAMBODIA'S MOST POPULAR TOURIST DESTINATION. SINCE

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THEN, WE HAVE REINTRODUCED PILEATED GIBBON, GERMAIN'S SILVERED LANGUR, CIVETS, AND MUNTJAC AFFECTED BY THE ILLEGAL WILDLIFE TRADE. OUR GOAL FOR THIS PROJECT IS THAT OFFSPRING OF THE REINTRODUCED WILDLIFE WILL FIND THEIR OWN MATES AND FORM WILD POPULATIONS THAT WILL EVENTUALLY NOT HAVE TO BE MANAGED.

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

BECAUSE OF THE RAMPANT ILLEGAL TRADE TO CHINA THAT IS DECIMATING ENDANGERED AND THREATENED WILDLIFE POPULATION AND BECAUSE CAMBODIA IS EMERGING AS A TRANSIT HUB AND FINAL DESTINATION FOR TRAFFICKED IVORY AND RHINO HORN FROM AFRICA. THE ILLEGAL TRADE IS THE MOST PRESSING THREAT TO WILDLIFE IN SOUTHEAST ASIA.

#### WILDLIFE RAPID RESCUE TEAM

IN 2001, WILDLIFE ALLIANCE PARTNERED WITH THE CAMBODIAN GOVERNMENT TO IMPLEMENT AN URBAN LAW ENFORCEMENT TEAM, KNOWN AS THE WILDLIFE RAPID RESCUE TEAM (WRRT) THAT CRACKS DOWN 24/7 ON THE RAMPANT WILDLIFE TRADE ON CAMBODIA'S BORDERS AND THROUGHOUT THE REGION. THE ONGOING PRESENCE OF THE WRRT HAS DISRUPTED THE WILDLIFE TRAFFICKING BY UP TO 75% IN CAMBODIA AND ENSURED THAT WILDLIFE IS NO LONGER EATEN AT 90% OF THE RESTAURANTS IN THE NATION'S CAPITAL. THE WRRT IS COMPRISED OF ROYAL GENDARMERIE (MILITARY POLICE) AND FORESTRY ADMINISTRATION OFFICIALS, OVERSEEN BY WILDLIFE ALLIANCE PROJECT MANAGERS. WILDLIFE ALLIANCE PROVIDES TRAINING, SUPERVISION, LOGISTICAL FINANCIAL AND TECHNICAL SUPPORT TO THE TEAM. THE WRRT CONDUCTS OPERATIONS ACTING ON INFORMATION FROM A VAST INFORMANT NETWORK AND THE GENERAL PUBLIC, THE TEAM MAINTAINS A KNOWN AND STERN PRESENCE THROUGHOUT THE COUNTRY.

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THE WRRT'S SUCCESS WAS RECOGNIZED IN 2011, WHEN THE ROYAL GOVERNMENT INVITED US TO SERVE AS CAMBODIA'S NATIONAL TASK FORCE FOR THE ASSOCIATION OF SOUTHEAST ASIAN NATIONS WILDLIFE ENFORCEMENT NETWORK (ASEAN-WEN). FOUNDED IN 2005, ASEAN-WEN IS A NETWORK COMPOSED OF LAW ENFORCEMENT AGENCIES OF 10 MEMBER NATIONS (BRUNEI, CAMBODIA, INDONESIA, LAOS, MALAYSIA, MYANMAR, THE PHILIPPINES, SINGAPORE, VIETNAM AND THAILAND) THAT FACILITATES CROSS-BORDER COLLABORATION IN THE FIGHT AGAINST ILLEGAL WILDLIFE TRADE. ASEAN-WEN COORDINATES REGIONAL RESPONSE TO ILLEGAL TRADE IN PROTECTED SPECIES, WHILE EACH MEMBER NATION IS RESPONSIBLE FOR MAINTAINING AN INTER-AGENCY TASK FORCE AND CENTRAL ADMINISTRATIVE/COORDINATION UNIT TO SHARE INFORMATION CRITICAL TO INTERRUPTING CROSS-BORDER WILDLIFE TRADING. CAMBODIA'S WILDLIFE ENFORCEMENT NETWORK WAS OFFICIALLY ESTABLISHED IN 2010 BY THE ROYAL GOVERNMENT'S FORESTRY ADMINISTRATION OF THE MINISTRY OF AGRICULTURE, FORESTRY AND FISHERIES. CAMBODIA-WEN OVERSEES ALL ACTIVITIES RELATED TO WILDLIFE LAW ENFORCEMENT IN THE COUNTRY WHILE THE WRRT'S TEAM MEMBERS REPRESENT THE COUNTRY AT INTERNATIONAL WEN MEETINGS.

WRRT OPERATIONS ARE RECORDED IN A NATIONAL DATABASE TRACKING OFFENDERS, PENALTIES, COURT CASES, SPECIES OF WILDLIFE SEIZED, TONS OF BUSH MEAT AND BODY PARTS. THIS SUCCESSFUL PROGRAM HAS RESCUED MORE THAN 74,000 LIVE ANIMALS FROM TRADERS, SEIZED 19 METRIC TONS OF BUSH MEAT, AND ARRESTED OVER 3,500 OFFENDERS.

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

ENVIRONMENTAL EDUCATION: WILDLIFE ALLIANCE CONDUCTS OUTREACH AND

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EDUCATION PROGRAMS TO INCREASE ENVIRONMENTAL AWARENESS AMONG LOCAL COMMUNITIES, SCHOOLS, GOVERNMENT AGENCIES, AND THE GENERAL PUBLIC.

KOUPREY EXPRESS MOBILE ENVIRONMENTAL EDUCATION UNIT

OUR KOUPREY EXPRESS MOBILE ENVIRONMENTAL EDUCATION UNIT (KE) DELIVERS ENVIRONMENTAL CURRICULA TO EDUCATE SCHOOLCHILDREN AND TEACHERS ABOUT CONSERVATION. 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 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 INCREASE LOCAL AWARENESS. KE WORKS WITH COMMUNITIES ON A DAILY BASIS THROUGH THE PRESENCE OF NEARBY RANGER STATIONS AND RAISES AWARENESS THROUGH BILLBOARD CAMPAIGNS AND SPECIAL EVENTS.

OUR WORK IS INTRICATELY LINKED TO POLICY AND ADVOCACY. WILDLIFE ALLIANCE HAS ALWAYS MADE IT A PRIORITY TO WORK CLOSELY WITH ALL LEVELS OF GOVERNMENT TO ENSURE THEIR FULL SUPPORT AND PARTICIPATION IN OUR CONSERVATION OPERATION. WE WORK WITH NATIONAL, SUB-NATIONAL, AND PROVINCIAL AUTHORITIES TO ENSURE THE LONG-TERM EFFECTIVENESS OF OUR CAMPAIGNS AND GOOD GOVERNANCE AT EACH LEVEL. PRIVATE SECTOR INVOLVEMENT

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IS ALSO CRUCIAL TO OUR ENDEAVOR. WE CURRENTLY HAVE GOOD WORKING RELATIONSHIPS WITH MOST OF THE COMPANIES HAVING ECONOMIC LAND CONCESSIONS AROUND OUR PROJECT AREAS. THIS HAS ALLOWED US TO NEGOTIATE KEEPING KEY PASSAGES OF THE ELEPHANT CORRIDOR FREE FROM PLANTATION DEVELOPMENT WHILE PRESERVING MOUNTAINTOP FOREST COVER FOR WATERSHED INTEGRITY.

PRESERVING STAKEHOLDER BUY-IN IS ONLY PART OF AN AWARENESS CAMPAIGN, HOWEVER. WITHIN CAMBODIA, WILDLIFE ALLIANCE SUPPORTS A NATIONWIDE BILLBOARD-AND-SIGNAGE CAMPAIGN THAT PROMOTES OUR 24-HOUR WILDLIFE CRIME HOTLINE AND AWARENESS OF PROTECTED FOREST AREAS. WE HAVE ALSO CREATED SEVERAL PUBLIC SERVICE ANNOUNCEMENTS AND COMMERCIALS FOR TELEVISION, AND PROVIDED INTERNATIONAL TRAINING FOR LOGISTICS PROFESSIONALS ON HOW THEY CAN CONTRIBUTE TO OUR WORK BY DISRUPTING SUPPLY CHAINS.

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.

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



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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 KOUFREY 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 IDENTIFY TRAFFICKING METHODS USED BY TRADERS.

EXPENSES \$ 145,642. INCLUDING GRANTS OF \$ 600. REVENUE \$ 0.

ALTERNATIVE LIVELIHOOD 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

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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 IMPLEMENT LONG-LASTING CHANGE.

WILDLIFE ALLIANCE HAS DEVELOPED THESE ALTERNATIVE LIVELIHOODS PROGRAMS: TROPICAL REFORESTATION PROJECT, COMMUNITY AGRICULTURE DEVELOPMENT PROJECT, AND COMMUNITY-BASED ECOTOURISM PROJECT AND COMMUNITY RANGERS PROGRAM. 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

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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 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 VERMICOMPOSTING - 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

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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 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. IN 2015, THE PROJECT RECEIVED THE ECO BUSINESS OUTSTANDING AWARD FOR 2015 FROM THE CAMBODIAN PRIME MINISTER. FOR THE YEAR 2016, THE PROJECT WON THREE AWARDS DURING THE ASEAN TOURISM FORUM IN SINGAPORE, ONE ASEAN ECO TOURISM STANDARD AWARD FOR 2016 AND TWO ASEAN HOMESTAY STANDARD AWARD FOR 2016.

#### 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.

|   |  |
|---|--|
| Name of the organization<br>WILDLIFE ALLIANCE, INC. | Employer identification number<br>52-1934148 |
|---|--|

ADDITIONALLY, THIS PROGRAM SERVES AS A SUPPLEMENTARY EMPLOYMENT OPPORTUNITY FOR VILLAGERS, FURTHER DETERRING THEM FROM RESORTING TO ILLEGAL ACTIVITIES.

THIS COMPREHENSIVE CONSERVATION MODEL HAS PRODUCED SIGNIFICANT RESULTS. OUR IMPACT IN 2018 IS AS FOLLOWS:

- 553 SEIZURES OF LOGGING EQUIPMENT
- 19,986 SEIZURES OF HUNTING EQUIPMENT
- 755 SEIZURES OF CHARCOAL KILNS & BAGS
- 295 CUBIC METERS OF TIMBER CONFISCATED
- 10 FOREST FIRES PREVENTED
- 140 FOREST CLEARING CASES STOPPED
- 3,057 ILLEGAL CONSTRUCTIONS/POSTS/FENCES REMOVED
- 87 VEHICLES SEIZED
- 580 NIGHT AMBUSHES
- 3,229 FOREST PATROLS
- 55 WARNINGS ISSUED
- 144 OFFENDERS APPREHENDED
- 135 LEGAL CASES FILED
- 825 SIGNS POSTED
- 679 WILDLIFE INVESTIGATIONS CONDUCTED
- 3,231 LIVE WILDLIFE SEIZED
- 2,731 LIVE WILDLIFE RELEASED IMMEDIATELY
- 3,119 DEAD WILDLIFE & PARTS SEIZED
- 1,029 KG WILDLIFE MEAT SEIZED
- 1,659 ANIMAL ARRIVALS AT PHNOM TAMAO WILDLIFE RESCUE CENTER
- APPROXIMATELY 1,200 RESCUED WILDLIFE LIVING AT PHNOM TAMAO WILDLIFE

|   |  |
|---|--|
| Name of the organization<br>WILDLIFE ALLIANCE, INC. | Employer identification number<br>52-1934148 |
|---|--|

## RESCUE CENTER

-87 BABIES BORN TO RESCUED PARENTS

-1,202 ANIMALS RELEASED INTO PROTECTED FOREST

-11 FIELD TRIPS TO PHNOM TAMAO WILDLIFE RESCUE CENTER

-45 SCHOOLS AND NGOS VISITED

-7,203 STUDENTS, TEACHERS AND COMMUNITY MEMBERS RECEIVED ENVIRONMENTAL  
EDUCATION

-1,900 RURAL CAMBODIANS REACHED

-237,333 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.

EXPENSES \$ 311,139. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,829.

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

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

Name of the organization

WILDLIFE ALLIANCE, INC.

Employer identification number

52-1934148

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.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open to Public  
Inspection

Name of the organization **WILDLIFE ALLIANCE, INC.** Employer identification number **52-1934148**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                     | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|--|---|---------------------|---------------------------|-------------------------------------|
| CARDAMOM CARBON COMPANY LLC - 38-4041072<br>1441 BROADWAY, 5TH FLOOR<br>NEW YORK, NY 10018 | FURTHERING CONSERVATION OF<br>THE SOUTHERN CARDAMOM<br>NATIONAL PARK | DELAWARE  |                     |                           | WILDLIFE ALLIANCE, INC.             |
|  |  |   |                     |                           |                                     |
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**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)<br>Name, address, and EIN<br>of related organization                               | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| BARBARA DELANO FOUNDATION - 11-5238046<br>26 CENTRAL AVENUE<br>CRANFORD, NJ 07016-2013 | GRANTMAKING             | DELAWARE  | 501(C)(3)                     | PF  | WILDLIFE ALLIANCE                   | X  |    |
|  |                         |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                 | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |                          |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|--------------------------|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No                       |
| INDOCHINE LODGES CO., LTD - 66-6666666<br>#313 SISOWATH QUAY<br>KOH KONG, CAMBODIA 09253 | ECO-LODGE               | CAMBODIA  | WILDLIFE<br>ALLIANCE                | C CORP   | -503,895.                       | 61,165.                                  | 70.00%                         | <input checked="" type="checkbox"/>                   | <input type="checkbox"/> |
|  |                         |   |                                     |  |                                 |  |                                |   |                          |
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**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.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....                   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) BARBARA DELANO FOUNDATION       | C                             | 495,000.               | ACTUAL AMOUNT                                |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
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**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.