efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# 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

DLN: 93493180011528

Internal Revenue Service

Form **990** 

Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization The Humane Society Wildlife Land Trust D Employer identification number B Check if applicable ☐ Address change 52-1808517 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 1255 23RD STREET NW 450 ☐ Amended return ☐ Application pending (202) 452-1100 City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20037 G Gross receipts \$ 4,171,796 Name and address of principal officer H(a) Is this a group return for ANDREW ROWAN ☐Yes ☑No subordinates? 700 Professional Drive H(b) Are all subordinates Gaithersburg, MD 20879 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WILDLIFELANDTRUST ORG L Year of formation 1993 M State of legal domicile DC Summary 1 Briefly describe the organization's mission or most significant activities The Humane Society Wildlife Land Trust Protects Wildlife By Permanently Preserving And Connecting Habitat Activities & Governance Check this box  $\blacktriangleright$   $\square$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,517,587 3,642,192 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 124,606 19,121 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 137,720 200,657 1,779,913 3,861,970 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 760,970 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 655,327 88,748 57,386 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶202,718 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 895,231 726,408 1,639,306 1,544,764 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 140,607 2,317,206 Assets or d Balances **Beginning of Current Year End of Year** 15,497,359 20 Total assets (Part X, line 16) . 12,456,998 595,125 21 Total liabilities (Part X, line 26) . 50.554 14,902,234 12,406,444 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2018-06-29 Signature of officer Sign Here G THOMAS WAITE III TREASURER Type or print name and title Print/Type preparer's name Marc R Berger CPA Preparer's signature Marc R Berger CPA Date PTIN Check | If P01871563 Paid self-employed

Firm's address ▶ 8401 Greensboro Drive - Suite 800

McLean, VA 22102 May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's name BDO USA LLP

**Preparer** 

Use Only

✓ Yes 🗆 No

Firm's EIN > 13-5381590

Phone no (703) 893-0600

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Servic	e Accomplis	hments		
			nse or note to	any line in this Part III		<u> </u>
1	Briefly describe the o	organization's mission				
THE	HUMANE SOCIETY WIL	LDLIFE LAND TRUST (HS	SWLT) PROTECT	S WILDLIFE BY PRESE	RVING NATURAL HABITATS AND	PERMANENT SANCTUARIES
2	Did the organization	undertake any significa	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	edule O			
3	Did the organization	cease conducting, or m	ake sıgnıfıcant	changes in how it condi	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O			
4	Section 501(c)(3) an		ns are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code	) (Expenses \$	924,682	ıncludıng grants of \$	) (Revenue \$	)
	See Additional Data					
4b	(Code See Additional Data	) (Expenses \$	312,713	including grants of \$	) (Revenue \$	88,070 )
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		ces (Describe in Schedu	•			
	(Expenses \$		uding grants of	·	) (Revenue \$	)
4e	Total program serv	vice expenses 🟲	1,237,3	95		

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

or X as applicable

15

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥞 .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

2 Yes
3 Yes

5

6

7

8

q

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Page 3

No

Nο

Nο

No

No

No

Nο

Νo

Nο

Nο

Nο

No

Form **990** (2017)

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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 If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

If "Yes," complete Schedule L, Part II

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b 21

Yes

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2017)

Nο

Page 4

Νo

Νo

Nο

Νo

Nο

orm	990 (2017)			Page
Par	t 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
		<u>)</u>		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
		9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
٠	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	<b>7a</b>	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<del> </del>		110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
٥-	Did the appropriate arganization make any tayable distributions under section 10662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	1 20		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a	I	No
.4a	but the organization receive any payments for introductioning services during the tax years.	170		

	(/			9
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to l	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	В		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	163	No
	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		V	
h	form?	11a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	120	163	
_	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed  AL , AR , CA , CT , FL , GA , HI , IL , KS , MS , NH , NJ , NM , NY , NC , OR , PA , WV , WI	KY, MC RI, SC,	) , MA , TN , U1	MI, MN , VA,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available.			
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

Check this box if neither the organizatio	n nor any relate	d organ	ıızatı	on co	mp	ensate	d ar	ny current officer, di	rector, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n off	che inles	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) G Thomas Waite III	1 4	.,		,					244.000	45.046
Director & Treasurer	38 6	×		Х				0	214,880	45,916
(2) John Grandy	0 3	v								
Director & Vice Chair of the Board	0	X		Х				0	0	0
(3) David Hartwell	2 0	.,		,						
Director & Vice Chair of the Board	0	×		Х				0	0	0
(4) Andrew Rowan PhD	1 9	.,		,					205 510	40.004
Chair of the Board	38 1	×		Х				0	206,619	48,824
(5) Wayne Pacelle	0 2	· ·							207.200	20.202
Director	39 8	×						0	387,200	38,382
(6) Barbara U Bırdsey	0 4	v						0	0	
Director	0	×						0	0	0
(7) Irene Crowe	0.8	.,								
Director	0	×						0	0	0
(8) Denise Schlener	0 5	.,							455.004	10.007
Director	39 5	×						0	155,091	19,087
(9) Mıchaelen Barsness	2 0			ļ.,					151 000	22.544
Assistant Treasurer	38 0			Х				0	154,233	23,544
(10) Benjamın Callison	30 0			l						
President	10 0			Х				119,571	0	13,280
(11) Deborah Muse	1 0							_		
Assistant Secretary	39 0			Х				0	76,553	17,601
(12) Theresa Reese	2 0							_		
Assistant Treasurer	38 0			X				0	138,532	15,523
(13) Stephen Swartz	20 0			l						
Secretary	20 0			Х				62,274	59,832	32,327
				Н						
				Н			$\vdash$			
				H						

1b Sub-Total .

compensation from the organization ▶ 1

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and organizations related below dotted organizations

	line)	dual trustee ector	utional Trustee	mployee	st compensated wee		
-							

			·		

											П									
														L						
													•							
ıat	ion	she	ets	to	Part	: VII	i, s	ectio	on A	Α.			▶							
		\											[			01	0.45		- 1	202.0

: Total from continuation sheets to Part VII, Section A	
Total (add lines 1b and 1c)	1,392,93
Total number of individuals (including but not limited to those listed above) who received more than \$100,00 of reportable compensation from the organization $\triangleright$ 1	10

	otal from continuation sheets to Part VII, Section A			254 402
<u>a</u> 1	Total (add lines 1b and 1c)         181,845         1,392,93	39		254,483
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 $\triangleright$ 1			
			Yes	No
3	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>	3		No

d.	Total (add lines 1b and 1c)	19		254,483
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 $\triangleright$ 1			
			Yes	No
3	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>	3		No

	of reportable compensation from the organization $ ightharpoons$ 1			
			Yes	No
3	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>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

			Yes	No
3	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>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	163	No

		_		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the org	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	ition	

3	services rendered to the organization? If "Yes," complete Schedule J for such person					
s	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the organization.		pens	ation		
	(A) Name and business address	(B) Description of services		(C) Compensation		
		ELINDRATCING CONCLUTANT		212 220		

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE PURSUANT GROUP INC	FUNDRAISING CONSULTANT,	212,2
HE PURSUANT GROUP INC	DIRECT RESPONSE, ONLINE	
	MADICETING AND CMADE DATA	

Name and business address	Description of services	Compensation
THE PURSUANT GROUP INC	FUNDRAISING CONSULTANT, DIRECT RESPONSE, ONLINE	212,22
IS1S1 Belf Line Road	MARKETING, AND SMART DATA SERVICES	

Form 990 (2017)

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

Part	VII								
		Check if Schedul	e O contains a	respo	onse or note to any	line in this Part VIII			<u> </u>
						( <b>A</b> ) Total revenue	( <b>B</b> ) Related or	<b>(C)</b> Unrelated	( <b>D)</b> Revenue
							exempt function	business revenue	excluded from tax under sections
							revenue	Toveriue	512-514
र इ	1a	Federated campaig		1a					
ant	b	Membership dues		<b>1</b> b					
5 H	C	Fundraising events		1c					
ifts,	d	l Related organizatio	ns	1d	2,868				
<u>n</u>	е	Government grants (co	ontributions)	1e					
ons Sir	f	All other contributions, and similar amounts no	, gıfts, grants, ot ıncluded		2 522 224				
uti.		above		<b>1</b> f	3,639,324				
흡동	g	Noncash contribution in lines 1a-1f \$	ons included	929	902				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f		<del></del>				
	بر	Totalii (ad iii) ee 1a 1			Business	3,642,192			
ne.	2a				Busilless	Code			
4	_			-					
ъ́ П	b·			_					
ř.	٠.			_					
32	d-								
ıran	f	All other program se	rvice revenue				0	0	0 0
Program Service Revenue		Fotal.Add lines 2a-2f			_	0			
						1	I	Ι	<del></del>
		nvestment income (ii milar amounts) .			nterest, and other	13,347			13,347
	<b>4</b> Ir	ncome from investme	ent of tax-exe	mpt be	ond proceeds <b>&gt;</b>				
	<b>5</b> R	Royalties			•	42,785			42,785
		Caraca	(ı) Real		(II) Personal	_			
	ба	Gross rents		58,425					
	b	Less rental expenses				1			
	_	Rental income or		58,425	0				
	٠	(loss)		30,423	U				
	d	Net rental income o	r (loss)			58,425			58,425
			(ı) Securit	ies	(II) Other				
	f	Gross amount from sales of	3	15,600					
		assets other than inventory		·					
	h	Less cost or				-			
		other basis and sales expenses	3	09,826					
	С	Gain or (loss)		5,774	0	1			
	d	Net gain or (loss) .			<b>&gt;</b>	5,774			5,774
		Gross income from for (not including \$		_					
Other Revenue		contributions reporte	ed on line 1c)	of					
<u>र</u>	!	See Part IV, line 18		а					
Ä		Less direct expense		b		]			
her		Net income or (loss)			ents 🕨	1			
o		Gross income from g See Part IV, line 19		es					
				а					
		Less direct expense		b					
		Net income or (loss)		activit	ies <b>&gt;</b>	1			
	1Ua(	Gross sales of invent returns and allowand	ory, less						
				а	,				
	ЬI	Less cost of goods s	sold	b		]			
	C	Net income or (loss)		invent					
	44-	Miscellaneous	Revenue		Business Code	11 277			11 277
	11a	<sup>a</sup> Lıst Rental			511140	11,377			11,377
					4100:-	50.5:-	50.5:-		
	b	Sale of Timber			113310	69,543	69,543		
	С	Sale of Grain			111199	18,527	18,527		
		All other revenue .				0	0		0 0
	e ·	Total. Add lines 11a	-11d		•	99,447			
	12	Total revenue. See	Instructions			3,861,970	88,070		0 131,708
						-,,-,-			Form <b>990</b> (2017)

Check here ▶ ☑ If following SOP 98-2 (ASC 958-720)

Forr	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses				
Sect	tion $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	·	lete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗆</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	211,612	200,968	5,883	4,761
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	397,965	377,859	11,065	9,041
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	61,210	58,178	1,698	1,334
9	Other employee benefits	45,773	43,510	1,269	994
10	Payroll taxes	44,410	42,205	1,232	973
11	Fees for services (non-employees)				
ā	a Management				
Ŀ	D Legal	44,282	43,122	1,160	0
(	Accounting				
c	1 Lobbying				
•	e Professional fundraising services See Part IV, line 17	57,386			57,386
f	Investment management fees	5,503	5,311	192	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	125,969	100,852	4,534	20,583
12	Advertising and promotion	56,418	54,941	1,477	0
13	Office expenses	35,724	28,312	6,933	479
14	Information technology	4,156	3,327	150	679
15	Royalties				
16	Occupancy	22,760	22,164	596	
17	Travel	87,645	85,350	2,295	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,473	5,330	143	
23	Insurance	17,240	16,789	451	
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 EDUCATION AND MARKETING MATERIAL	283,363	114,502	64,456	104,405
	<b>b</b> R/E and Other Taxes	37,875	34,675	1,117	2,083
	c .				
	d				_
	e All other expenses	0	0	0	0
	Total functional expenses. Add lines 1 through 24e	1,544,764	1,237,395	104,651	202,718
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)	292,316	129,350	8,256	154,710

Form **990** (2017)

1

Assets

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

n 5

9,142,787

1,711,130

206.537

50.554

50.554

1.464.281

2.381.253

8.560.910

12,406,444

12,456,998

12,456,998

785.260

6

8 9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

Page **11** 

4,481 445.724

1,581,160

9,137,457

857.187

1.985.984

1.300.000

15,497,359

458,566

136.559

595,125

1.094.899

3,483,951

10.323.384

14,902,234

15.497.359

Form **990** (2017)

185,366

0

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

	Beginning of year		End of year
Cash-non-interest-bearing	2,388	1	
Savings and temporary cash investments	469,974	2	
Diadece and county recovering not	55,022	-	1

9,180,430

42,973

2 Pledges and grants receivable, net . . 83.000 4 Accounts receivable, net . . . . .

10a

3 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . 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)

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . Inventories for sale or use .

b Less accumulated depreciation 10b 11 Investments—publicly traded securities . Intangible assets . . . . .

12 Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 . Other assets See Part IV, line 11 .

13 14 15 16

**Total assets.**Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses

17 18

Grants payable . . . 19 Deferred revenue . . . Tax-exempt bond liabilities . . . . . . 20 21

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L .

22 23

24 25

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties . 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

Total liabilities. Add lines 17 through 25 .

26

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

Page **12** 

2b

3b

Yes

Yes

No

Form 990 (2017)

Form 990 (2017)

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both

7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9 -133,333

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 14,902,234 **Financial Statements and Reporting** 

Check if Schedule O contains a response or note to any line in this Part XII . . . . . Yes No

☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

Part XII Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο

☐ Both consolidated and separate basis

Consolidated basis Separate basis ☐ Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

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? 3a

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

### Additional Data

**Software ID:** 17005876

Software Version: 2017v2.2 **EIN:** 52-1808517

Name: The Humane Society Wildlife Land Trust

Form 990 (2017)

237,200)

#### Form 990, Part III, Line 4a:

PUBLIC EDUCATION AND CONSCIOUSNESS RAISING. HSWLT BELIEVES THAT EDUCATING THE PUBLIC IS AN IMPORTANT WAY TO CREATE A HUMANE AND SUSTAINABLE WORLD FOR ALL ANIMALS-A WORLD THAT WILL ALSO BENEFIT PEOPLE MANAGEMENT AND STAFF OF HSWLT DEVOTE SUBSTANTIAL PORTIONS OF THEIR TIME, AS WELL AS OPERATIONAL EXPENSES, TO PROGRAM OVERSIGHT, OPERATIONS, AND COLLABORATIVE EFFORTS AIMED AT WILDLIFE HABITAT PROTECTION AND ENHANCEMENT

HSWLT SEEKS TO FORGE A LASTING AND COMPREHENSIVE CHANGE IN HUMAN CONSCIOUSNESS OF AND BEHAVIOR TOWARD ALL ANIMALS IN ORDER TO PROTECT WILD HABITATS AND THE ENTIRE COMMUNITY OF LIFE IN 2017, HSWLT CARRIED OUT EDUCATIONAL OUTREACH THROUGH DIRECT MEETINGS, PUBLIC SERVICE ANNOUNCEMENTS (17,495 ESTIMATED BROADCASTS REACHING AN ESTIMATED AUDIENCE OF 31,251,000 AND WITH AN ESTIMATED DONATIVE VALUE OF \$1,938,906), POSTAL DISTRIBUTION OF A WILDLIFE UPDATE NEWSLETTER AND SIMILAR PUBLICATIONS (APPROXIMATELY 25,500), ELECTRONIC NEWSLETTERS AND SIMILAR DIGITAL

COMMUNICATIONS (74 EDITIONS, MORE THAN 1,279,600 TOTAL RECIPIENTS), AND WEBSITE AND OTHER SOCIAL MEDIA PLATFORMS (ESTIMATED VIEWS IN EXCESS OF

#### PERMANENT WILDLIFE SANCTUARY PROTECTION AND OTHER HABITAT IMPROVEMENTS. HSWLT PERMANENTLY PROTECTS A PORTEOLIO OF 116 WILDLIFE SANCTUARIES. COMPRISING MORE THAN 20,000 ACRES IN EACH, WILDLIFE HABITAT AND OTHER CONSERVATION VALUES ARE PROTECTED CONSISTENT WITH HSWLT'S MISSION

HSWLT STAFF, IN CONCERT WITH TRAINED VOLUNTEERS AND SKILLED CONTRACTORS, CONDUCT AT LEAST ANNUAL MONITORING VISITS WHENEVER POSSIBLE TO EACH OF THESE SANCTUARIES FOR WHICH HSWLT HAS STEWARDSHIP RESPONSIBILITY IN 2017, MORE THAN 136 MONITORING INSPECTIONS WERE CONDUCTED BY HSWLT.

COMPRISING MORE THAN 1.022 HOURS IN RELATED PERSONNEL TIME (THESE DO NOT COUNT SANCTUARIES WITH ON-SITE CARETAKERS AND/OR THAT WERE THE

FOCUS OF MULTIPLE REPEAT VISITS) SANCTUARY MONITORING AND ENFORCEMENT IS A PERPETUAL OBLIGATION OF HSWLT AS A LAND TRUST AND, THEREFORE, WILL

Form 990, Part III, Line 4b:

BE A PERMANENT OBLIGATION HSWLT SEEKS TO INCREASE VOLUNTEER PARTICIPATION IN THIS MONITORING PROGRAM TO MAINTAIN COST EFFICIENT UTILIZATION OF

STAFF AND DONATED REVENUES FURTHER. HSWLT HOPES TO EXPAND ITS PROTECTED SANCTUARIES BY 10.000 ACRES BY 2020

efile GRAPHIC print - DO NO			nt - DO NO	T PROCESS	As Filed Data -	DLN: 9:	DLN: 93493180011528		
SCI (For	HED m 99	ULE A		Public (	Charity Statu	ion 501(c)(3)	organization o	ort	2017
990I	EZ)				4947(a)(1) nonexe  ▶ Attach to Form				2017
•		f the Treasury	▶ Inf	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection
Nam	e of th	<b>he organiza</b> Society Wildlife						Employer identific	ation number
								52-1808517	
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			See instructions.	
1 1	rganiz		•		`	<b>3</b> ,	,	(A)(!)	
_		•		·	sociation of churches				
2	Ш				1)(A)(ii). (Attach Sch	•	• •		
3		·	•	•	vice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>
6 -			•	-	governmental unit de				
7	<b>✓</b>	section 17	0(b)(1)(A)	<b>(vi).</b> (Complete			-	ınıt or from the genera	al public described in
8		A communi	ty trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer ess taxable income (le amplete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su	- '
11		An organiza	ition organiz	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n functionally	on-function integrated	nally integrate The organizatio	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	rt IV, Sections A and ved a written determine	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			ion-functionally dorganizations	integrated supporting	organization			
g				_	ipported organization(	s)		_	
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	Yes No								
				1					
Tota	I					1			I

10

organization

instructions

supported organization

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

25,222

46 99 %

43 55 %

▶ ☑

12

14

Schedule A (Form 990 or 990-EZ) 2017

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	. ,	` ,	` '	` ,		
1	Gifts, grants, contributions, and	1 500 150	4 677 040	050 000	4 543 503	2 642 402	12 207 674
	membership fees received (Do not	1,509,153	4,677,919	860,823	1,517,587	3,642,192	12,207,674
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	1,509,153	4,677,919	860,823	1,517,587	3,642,192	12,207,674
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						5,819,727
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	(17						

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,819,727
5	<b>Public support.</b> Subtract line 5 from line 4						6,387,947
5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4	1,509,153	4,677,919	860,823	1,517,587	3,642,192	12,207,674
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	526,079	278,224	155,096	125,645	114,557	1,199,601
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
.0	Other income Do not include gain	32 254	8 295	6.013	40 307	99 446	186 315

	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
7	Amounts from line 4	1,509,153	4,677,919	860,823	1,517,587	3,642,192	12,207,674
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	526,079	278,224	155,096	125,645	114,557	1,199,601
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	32,254	8,295	6,013	40,307	99,446	186,315
11	<b>Total support.</b> Add lines 7 through						13,593,590

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

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

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>	3		,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·	
	determination	3b	
c	d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

C	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	old the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe han (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its upported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <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	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	ıch the organization is respons	sive (provide	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation

Schedule A, Part II, Line 10	DESCRIPTION - SALE OF GRAIN, COLUMN A - 664 0, COLUMN B - 0 0, COLUMN C - , COLUMN D - , C
Other Income	OLUMN E - 18526 0, COLUMN F - 19190 0, DESCRIPTION - INSURANCE PROCEEDS, COLUMN A - , COLU
	MN B - , COLUMN C - , COLUMN D - 25000 0, COLUMN E - , COLUMN F - 25000 0, DESCRIPTION - S
	ALE OF TIMBER, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 69543 0, COL
	UMN F - 69543 0, DESCRIPTION - LIST RENTAL, COLUMN A - 31590 0, COLUMN B - 8295 0, COLUMN
	C - 6013 0, COLUMN D - 15307 0, COLUMN E - 11377 0, COLUMN F - 72582 0,

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493180011528

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

Inspection

	Section 527 organizations Comp						
		on Form 990, Part IV, Line 4, or Form					HII D
		hat have filed Form 5768 (election under hat have NOT filed Form 5768 (election ι					
		on Form 990, Part IV, Line 5 (Proxy Ta					
	xy Tax) (see separate instructi		, (		,	, ,	,
	Section 501(c)(4), (5), or (6) orga	inizations Complete Part III					
	me of the organization Humane Society Wildlife Land Trust				Employer ide	entification i	number
IIIC	Transacted What Earla Trast				52-1808517		
Par	t I-A Complete if the or	ganization is exempt under secti	on 501(c) or is	a sectio	n 527 orgar	nization.	
1	Provide a description of the org "political campaign activities")	ganization's direct and indirect political ca	ımpaıgn activities ir	n Part IV (s	see instructions	s for definition	n of
2	Political campaign activity expe	enditures (see instructions)			<b>&gt;</b>	\$	
3	Volunteer hours for political ca	mpaign activities (see instructions)					
Par	t I-B Complete if the or	janization is exempt under secti	on 501(c)(3).				
1	Enter the amount of any excise	tax incurred by the organization under	section 4955		<b>&gt;</b>	\$	
2	•	tax incurred by organization managers			<b>&gt;</b>	\$	
3	•	ection 4955 tax, did it file Form 4720 for					es 🗌 No
4a	Was a correction made?					☐ Ye	es 🗌 No
	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt under secti	on 501(c), exce	ept secti	on 501(c)(3	3).	
1	Enter the amount directly expe	nded by the filing organization for sectio	n 527 exempt funct	tion activiti	ies 🕨	\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other	organizations for se	ection 527	exempt •	\$	
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	<b>&gt;</b>	\$	
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?				☐ Ye	es 🗌 No
5	organization made payments of political contributions receiv	d employer identification number (EIN) of For each organization listed, enter the an ed that were promptly and directly delive littee (PAC) If additional space is needed	nount paid from the red to a separate p	filing orga olitical org	anızatıon's func Janızatıon, such	ds Also enter	
	(a) Name	(b) Address	(c) EIN	filing	ount paid from organization's If none, enter -0-	contribut and pro directly of separa organiza	unt of political close received omptly and delivered to a steep olitical tion. If none, ter -0-
L							
2							
3							
1							
5							
5							
or P	Paperwork Reduction Act Notice, se	 ee the instructions for Form 990 or 990-EZ	Cat	No 500845	S Schedule C	   (Form 990 or	· 990-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 201		lad			P	age <b>3</b>
Pa		organization is exempt under section 501(c)(3) and has NOT fill tion under section 501(h)).	iea				
or e	each "Yes" response on lines 1a th	rough 11 below, provide in Part IV a detailed description of the lobbying	<u>(a</u>	)		(b)	1
ctiv	•		Yes	No		Amou	ınt
1	3 , ,	rganization attempt to influence foreign, national, state or local legislation, ce public opinion on a legislative matter or referendum, through the use of					
	melading any accempt to initiati	ce public opinion on a legislative matter of referendant, amough the use of					
а	Volunteers?			No			
b	Paid staff or management (inclu	ide compensation in expenses reported on lines 1c through 1i)?	Yes				
С				No			
d	, ,	· · · · · ·	Yes				15
e	, ,	<b>-</b>	Yes		_		191
f	•	· · ·		No	_		
g	•	heir staffs, government officials, or a legislative body?		No No	-		
h i	Other activities?	rs, conventions, speeches, lectures, or any similar means?	Yes	1/10	-		
_	Total Add lines 1c through 1i		res		-		31.6
j 2a	-	the organization to be not described in section 501(c)(3)?		No	-		214
b		the organization to be not described in section 301(c)(3).		110	_		
	,	ry tax incurred by organization managers under section 4912			-		
	·	d a section 4912 tax, did it file Form 4720 for this year?			-		
		organization is exempt under section 501(c)(4), section 501(c)	(5). 0	r sect	ion		
	501(c)(6).		(-), -				
						Yes	No
1	, ,	nore) dues received nondeductible by members?			1		
2	- '	in-house lobbying expenditures of \$2,000 or less?		L	2		
3		arry over lobbying and political expenditures from the prior year?			3		
Par		organization is exempt under section 501(c)(4), section 501(c) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				501(c	)(6)
1	Dues, assessments and similar		1				
2	Section 162(e) nondeductible lo expenses for which the section	bbying and political expenditures (do not include amounts of political on 527(f) tax was paid).					
	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3		section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ount on line 2c exceeds the amount on line 3, what portion of the excess does over to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures (see instructions)	5				
P	art IV Supplemental In	formation					
Pro	ovide the descriptions required for	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), so, complete this part for any additional information	Part II-	A, lines	1 an	d 2 (se	:e
1113	Return Reference	Explanation					
- cha		HSWLT MANAGEMENT AND STAFF PLAN, COORDINATE, AND IMPLEMENT A P	LIBLIC D	OLICY	DROC	DAM T	
	edule C, Part II-B, Line 1b Paid for management	PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMI LEGISLATORS, EXECUTIVE AND REGULATORY AGENCIES, ANIMAL WELFARE NATIONAL AND LOCAL ORGANIZATIONS	BERS OF	CONG	RESS	, STAT	
o m	edule C, Part II-B, Line 1d mailing nembers, legislators, or the public	WELFARE LEGISLATION					
oubl state	edule C, Part II-B, Line 1e ications, or published or broadcas ements	HSWLT ENCOURAGES ITS MEMBERS TO CONTACT THEIR LEGISLATORS IN S t LEGISLATION IN EMAIL ALERTS AND NEWSLETTER ARTICLES	UPPORT	OF AN	IMAL	WELFA	RE
ACT:	edule C, Part II-B, Line 1: OTHER IVITIES	HSWLT STAFF POSTED ON SOCIAL MEDIA ABOUT PROPOSED LEGISLATION					
	edule C, Part II-B, Line 1 DETAILE	DOTHER ACTIVITIES HSWLT STAFF POSTED ON SOCIAL MEDIA ABOUT PROP	DSED LE	GISLA	ΓΙΟΝ		

ACTIVITY

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

# **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.

DLN: 93493180011528 OMB No 1545-0047

Open to Public

Assets included in Form 990, Part X

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

(Form 990)

▶ Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** The Humane Society Wildlife Land Trust 52-1808517 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 an historically important land area ☑ Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 83 Total acreage restricted by conservation easements 2b 9,719 0 Number of conservation easements on a certified historic structure included in (a) 2c 0 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located > 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Pai	t III	Organizations Ma	aintaining Col	lections of Art,	Histor	ical Tr	eası	ires, or Other	Similar Asso	e <b>ts</b> (conti	nued)
3		the organization's acq (check all that apply)	uisition, accessior	n, and other records	, check	any of t	he fo	ollowing that are a	significant use	of its coll	ection
а		Public exhibition			d		Loan	or exchange prog	rams		
b		Scholarly research			e		Othe	r			
С		Preservation for future	e generations								
4		de a description of the		lections and explain	how th	ey furth	er the	e organization's ex	kempt purpose	ın	
5	Part )	XIII ng the year, did the orga	anization solicit o	receive donations	ofart h	ustorical	trea	sures or other sim	ular		
	asset	s to be sold to raise fur	nds rather than to	be maintained as p						Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			rm 990	), Part	IV, lı	ine 9, or reporte	ed an amount	on Form	າ 990, Part
1a		e organization an agent ded on Form 990, Part )		an or other intermed	diary for	r contrib	ution	ns or other assets i	_	Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the f	ollowing	; table			Ame	ount	
С	Begir	nning balance						1c			
d	Addıt	ions during the year						1d			
е	e Distributions during the year										
f	f Ending balance 1f										
<b>2</b> a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check here if the e	explanat	on has	been	provided in Part >	KIII		
Pa	irt V	Endowment Fund	<b>ds.</b> Complete ıf	the organization	answe	red "Ye	s" oı	n Form 990, Par			
				(a)Current year	(b)F	Prior year	_	(c)Two years back			our years back
	-	ning of year balance .		11,342,163		11,347	-	11,560,158	· ·	1,069	8,201,341
		outions		1,073,961			,602	28,084	·	5,896	371,378
		vestment earnings, gair		325,102		171	,191	-42,463	0.	2,636	
		or scholarships					_			-	
е		expenditures for facilitie ograms	es	113,784		180,	,802	195,181	249	9,232	245,335
f	Admını	istrative expenses .		1,267			55	3,371	:	1,211	46,315
g	End of	year balance		12,626,175		11,342	,163	11,347,227	11,560	),158	8,281,069
2	Provi	de the estimated percei	ntage of the curre	ent year end balance	e (line 1	g, colun	nn (a	)) held as			
а	Board	d designated or quasi-e	ndowment <b>&gt;</b>	3 17 %							
b	Perm	anent endowment 🕨	69 24 %								
c	Temp	porarily restricted endov	wment ▶ 27	59 %							
		percentages on lines 2a		•							
3a		here endowment funds nization by	not in the posses	sion of the organiza	tion tha	it are he	ld an	ıd admınıstered foi	r the		Yes No
	-	nrelated organizations								3a(i)	No No
		elated organizations .								3a(ii)	No
b	If "Ye	es" on $3a(\pi)$ , are the rel	lated organization	s listed as required	on Sche	edule R7	•			3b	
4	Desci	ribe in Part XIII the inte	ended uses of the	organization's endo	wment	funds					
Pa	rt VI	Land, Buildings,				) Dt	T) / 1.	11. C Fa	000 David	المصال	0
	Descri	Complete If the ord introduced property	(a) Cost or oth (investme	er basis (b) Cos		r basis (o	_				ook value
1a	Land					9,03	9,850				9,039,850
b	Buildin	igs				11	1,259		23,237		88,022
c	Leaseh	nold improvements									
d	Equipn	nent				2	9,321		19,736		9,585
	Other										
Tot	al Add	lines 1a through 1e (Co	olumn (d) must e	gual Form 990 Part	Y colu	mn (B)	line	10(c))	_		0 127 457

Part VII Investments—Other Securities. Complete	ıf the org	ganization ansv	vered "Yes" on Form	990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(I	) Book value		ethod of valuation
(Including name of security)  (1) Financial derivatives			Cost or en	d-of-year market value
(2) Closely-held equity interests				
(A) Investments in hedge funds, fund of funds, partnerships, and priv	vate			
equity funds	vate	1,985,984		F
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	1,985,984		
Part VIII Investments—Program Related.				
Complete if the organization answered 'Yes'  (a) Description of investment	on Form	(b) Book value		90, Part X, line 13. ethod of valuation
		1		d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				_
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. Complete if the organization answ	ered 'Yes'	on Form 990, Pa	rt IV, line 11d See Fo	rm 990, Part X, line 15
(a) Description (1) Due From Affiliate				(b) Book value
(2) Donated property held for sale				1,300,000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	) -			<b>▶</b> 1,300,000
Part X Other Liabilities. Complete if the organization				·
See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value	
(1) Federal income taxes				
DUE TO THE HUMANE SOCIETY OF THE UNITED STATES			3,226	
ANNUITIES AND UNITRUSTS LIABILITY (3)			133,333	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			126 550	
2. Liability for uncertain tax positions. In Part XIII, provide the te	ext of the f	ootnote to the or	136,559 ganization's financial s	tatements that reports the
organization's liability for uncertain tax positions under FIN 48 (A				_
				Schedule D (FOFM 990) 2017

2a

2b 2c

2d

4b

Explanation

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

1,938,906

2e

3

4c

5

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Page 4

3,861,970

3,483,670

1,938,906

1,544,764

1,544,764

Schedule D (Form 990) 2017

b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	1
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turr	٦.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		

Total expenses and losses per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Donated services and use of facilities . . . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Schedule D (Form 990) 2017

Part XI

1

2

3

4

с 5

Part XIII

See Additional Data Table

а

Other losses . .

Add lines 4a and 4b .

Return Reference

Other (Describe in Part XIII ) .

Add lines 2a through 2d . .

Subtract line **2e** from line **1 . . . .** 

nedule D (Form 990) 2017 Page <b>5</b>		
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

### Additional Data

Schedule D, Part II ADDITIONAL

INFORMATION

**Software ID:** 17005876 Software Version: 2017v2.2

> **EIN:** 52-1808517 Name: The Humane Society Wildlife Land Trust

Supplemental Information		

Return Reference

D PROTECT THE OPEN SPACE AND HABITAT CONDITIONS UPON THE PROPERTY

Explanation

RVATION EASEMENTS, TO IDENTIFY VIOLATIONS AND POTENTIAL MANAGEMENT PROBLEMS HSWLT USES CO NSERVATION EASEMENTS AS ONE OF SEVERAL TOOLS FOR ACCOMPLISHING ITS CORPORATE PURPOSE TO PU RCHASE OR OTHERWISE ACQUIRE INTERESTS IN REAL PROPERTY IN ORDER TO PERMANENTLY PRESERVE AN

HSWLT UTILIZES VOLUNTEERS TO ENSURE THAT ITS WILDLIFE AND HABITAT PROTECTION MISSION AND G OALS ARE FULFILLED BY MONITORING PROTECTED SANCTUARIES, INCLUDING THOSE PROTECTED BY CONSE

Supplemental Information	
Return Reference	Explanation
Schedule D, Part II, Line 3 Conservation Easement	HSWLT WAS ADVISED THAT A CONSERVATION EASEMENT IT HAS HELD SINCE 1997 HAD AN AMBIGUITY IN ITS LANGUAGE REGARDING THE ACTUAL ACREAGE SUBJECT TO ITS RESTRICTIONS IT DOES NOT APPEAR THAT THE EASEMENT DONORS TOOK A FEDERAL INCOME TAX DEDUCTION FOR THE EASEMENT WHILE THE E ASEMENT PURPORTED TO APPLY TO A LARGER TRACT, IDENTIFIED RESTRICTIONS ONLY APPLIED TO A SM ALLER DEFINED CONSERVATION ZONE AND THE OWNER RESERVED "ALL LAWFUL RIGHTS TO THE USE"OF THE PROPERTY OUTSIDE OF THAT ZONE AFTER A COMPREHENSIVE REVIEW OF THE HISTORY OF THE EASEME NT'S DRAFTING AND THE 20 YEAR HISTORY OF STEWARDSHIP, HSWLT DETERMINED THAT THE EASEMENT WE AS INCORRECTLY DRAFTED ORIGINALLY, LIKELY CREATED A CLOUD ON TITLE TO PROPERTY OUTSIDE THE CONSERVATION ZONE, AND SHOULD BEST BE CORRECTED WORKING WITH COUNSEL FOR THE ORIGINAL DO NOR AND WITH THE REVIEW BY THE STATE ATTORNEY GENERAL'S OFFICE (WHICH INDICATED THAT IT HAD NO OBJECTIONS TO THIS APPROACH WITH REGARD TO CHARITABLE TRUST OR CHARITABLE ORGANIZATION NS OVERSIGHT ELEMENTS) THE PARTIES FILED A CLARIFICATION OF DEED OF CONSERVATION EASEMENT IN SUBSTANCE, IT MODIFIED THE CONSERVATION EASEMENT TO HAVE IT UNAMBIGUOUSLY APPLY TO JUS IT THE ORIGINALLY DESCRIBED CONSERVATION EASEMENT TO HAVE IT UNAMBIGUOUSLY APPLY TO JUS IT THE ORIGINALLY DESCRIBED CONSERVATION ZONE IT ALSO MADE ONE OTHER CLARIFICATION TO SPEC IFY THAT A PRE-EASEMENT OUTSALE WAS NOT PART OF THAT CONSERVATION ZONE THE CLARIFICATION DID NOT RESULT IN ANY DIMINISHMENT OF THE PROTECTED PROPERTY'S CONSERVATION VALUES AND IMPROVED THE ENFORCEME NOT THAT, AT A MINIMUM, WOULD LIKELY HAVE INCREASED THE COSTS AND RISKS OF FUTURE ENFORCEME NOT HAT, AT A MINIMUM, WOULD LIKELY HAVE INCREASED THE COSTS AND RISKS OF FUTURE ENFORCEME NOT HAT.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part II, Line 5 Conservation easements policy	HSWLT HAS WRITTEN POLICIES REGARDING HOW IT WILL MONITOR, INSPECT, HANDLE VIOLATIONS OF, A ND ENFORCE CONSERVATION EASEMENTS THE POLICIES REQUIRE ANNUAL MONITORING, PROMPTLY ADDRE SSING VIOLATIONS, FOCUSING INITIALLY ON OBTAINING LANDOWNERS' VOLUNTARY COMPLIANCE, AND ES CALATING ENFORCEMENT ACTIONS INCLUDING, WHEN APPLICABLE, CRIMINAL PROSECUTION AND/OR CIVIL LITIGATION HSWLT'S CONSERVATION EASEMENTS INCLUDE LANGUAGE TO IMPLEMENT THESE POLICIES I NCLUDING AUTHORIZING ACCESS TO THE PROTECTED PROPERTY FOR MONITORING AND INSPECTION, ALLO WING HSWLT TO SEEK TO ENJOIN A VIOLATION, SEEK DAMAGES FOR REMEDIATION, OR PURSUE OTHER AV AILABLE REMEDIES, FOR LANDOWNER WAIVER OF CERTAIN TECHNICAL DEFENSES THAT MIGHT IMPEDE ENFORCEMENT, AND FOR THE RECOVERY OF ATTORNEYS' FEES INCURRED TO ENFORCE THE EASEMENT

Supplemental Information	
Return Reference	Explanation
	CONSERVATION EASEMENTS ARE REPORTED AT \$1 ON THE BALANCE SHEET AND INCOME STATEMENT EASEM ENTS ARE INTENDED TO FULFILL THE MISSION OF HSWLT AND ARE NOT INTENDED FOR SALE IN THE EXT ERNAL MARKET

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	HSWLT'S PERMANENTLY AND TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE HELD FOR USE CONSISTENT WITH THE FUNDS' DONOR-IMPOSED RESTRICTIONS, WHICH VARY THIS INCLUDES REAL PROPERTY OWNED BY AND CONSERVATION EASEMENTS HELD ON PROPERTY OWNED BY THIRD PARTIES THAT HSWLT PERMANEN TLY PROTECTS IN ADDITION, HSWLT MAINTAINS A BOARD-DESIGNATED OR QUASI ENDOWMENT FOR THE P URPOSES OF (I) MONITORING, MANAGING, AND OTHERWISE PROVIDING STEWARDSHIP FOR HSWLT-PROTECT ED WILDLIFE SANCTUARIES AND (II) FOR THE LEGAL DEFENSE OF RESTRICTIONS PLACED ON HSWLT-PRO TECTED WILDLIFE SANCTUARIES

Cupplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE FOLLOWING FOOTNOTE IS FROM THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE HUMANE SOCIETY WILDLIFE LAND TRUST'S (HSWLT) RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED STATES, ROAD AFFILIATES (THE SOCIETY) HSUS (HUMANE SOCIETY OF THE UNITED STATES), FFA (FUND FOR ANIMALS), HSI (HUMANE SOCIETY INTERNATIONAL), HSVMA (HUMANE SOCIETY VETERINARY ME DICAL ASSOCIATION), SFWC (SOUTH FLORIDA WILDLIFE CENTER), HSWLT, AND PC (PROJECT CHIMPS) QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE CLASSIFIED AS OR GANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS DDAL (DORIS DAY ANIMAL LEAGUE) QUALIFIES UND ER SECTION 501(C)(4) OF THE IRC THEREFORE, THE SOCIETY IS GENERALLY NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS, HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO FEDE RAL AND STATE INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2017, THE SOCIETY EARNED \$441, 189 OF UNRELATED BUSINESS INCOME FROM MAGAZINE AND WEBSITE ADVERTISING IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES, THE SOCIETY RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSIT IONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMIN ATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS WITH FEW EXCEPTIONS, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS E NDED DECEMBER 31, 2014 AND PRIOR MANAGEMENT HAS EVALUATED THE PROVISIONS OF THIS GUIDANCE NTO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE

efil	e GRAPHIC prin	t - DO NOT I	PROCESS	As Filed Data -	-		DLN:	934931800115	28	
	HEDULE F rm 990)	State	ement of	Activities (	Outside the United States					
(1 01	mi 990)		_	► Attach t	Yes" to Form 990, Part IV, I to Form 990.		•	2017		
-	tment of the Treasurv al Revenue Service	► Informa	ition about Sche	edule F (Form 990) a	and its instructions is at wi	vw.irs.gov	//torm990.	Open to Public Inspection		
	e of the organizatior Humane Society Wild		:				<b>Employer iden</b> 52-1808517	tification number		
Pa		<b>Information</b> , Part IV, line		s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" to		
1	-	the grantees'	eligibility for t		substantiate the amount stance, and the selection	_				
2	J	<b>s.</b> Describe in		ganızatıon's proce	dures for monitoring the	use of it	ts grants and oth	<b>└│ Yes └</b> │ ner assistance	No	
3	Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	s needed	)			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditur for and investment in region		
(1)	See Add'l Data				,					
( 2)										
(3)										
(4)										
(5)										
b	Sub-total Total from continua Part I			0 0					7,613 0	
С	Totals (add lines 3	a and 3D)	l	0 0	<u>'I</u>	<u> </u>		82,	7,613	
For P	aperwork Reduction	a Act Notice, see	e the Instructio	ns for Form 990	Cat	No 5008	2W Schedul	le F (Form 990) 201	7	

(1)				
( 2)				
(3)				

(4)

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 . . . . . . . . . . . . . . .

(17) (18)

	her Assistance to duplicated if additio			d States. Complete if	the organization and	swered "Yes" to Form 99	90, Part IV, line 16.
(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	· · · · · · · · · · · · · · · · · · ·		,				
(2)	· · · · · · · · · · · · · · · · · · ·						1
(3)	1						
(4)	•		,				
(5)	1						
( 6)	· · · · · · · · · · · · · · · · · · ·						

Page **3** 

Schedule F (Form 990) 2017

( 3)				
(4)				
( 5)				
( 6)				
(7)				
(8)	_	 		

(4)				
( 5)				
( 6)				
(7)				
(8)				
(9)				
(10)				
(11)				
( 12)				

( 4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
(11)				
( 12)				
( 13)				
( 14)				
( 15)				
(16)				

Sche	dule F (Form 990) 2017		Page <b>4</b>
Par	t 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	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)		
	Instructions for Forms 3320 and 3320 A, do not me mail Form 330)	☐ Yes	<b>✓</b> 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)		
	Colporations (See Instructions for Form 5471)	$\square$ Yes	<b>✓</b> 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)	<b>✓</b> 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	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	□Yes	<b>☑</b> No
	5, 25, do not me man roum 550y	163	<u> </u>

Schedule F	(Form 990) 2017	Page <b>5</b>
Part V	amounts of investments vs. exp	d by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; penditures per region); Part II, line 1 (accounting method); Part III (accounting c) (estimated number of recipients), as applicable. Also complete this part to provide instructions).
	Return Reference	Explanation
	F, Part I, Line 3 INVESTMENTS IN - AMERICA AND THE CARIBBEAN	HSWLT'S INVESTMENTS IN THE CARIBBEAN ARE LISTED AT THEIR BOOK VALUE AND INCLUDE THE AGGREGATE VALUE OF INVESTMENT TRANSACTIONS OF CURRENT AND PRIOR YEARS

Return Reference	Explanation
chedule F, Part I, Line 3 IVESTMENTS IN IRELAND	HSWLT'S INVESTMENTS IN IRELAND ARE LISTED AT THEIR BOOK VALUE AND INCLUDE THE AGGREGATE VALUE OF INVESTMENT TRANSACTIONS OF CURRENT AND PRIOR YEARS

IN۱

## **Additional Data**

Europe (Including Iceland and

Greenland)

**Software ID:** 17005876 **Software Version:** 2017v2.2 **EIN:** 52-1808517

Name: The Humane Society Wildlife Land Trust

N/A

98,608

.....

F	000	Calaadiila l	Dout T	A attribies	Outside 7	The Heited Ctates	
ırorm	<b>990</b>	Scheaule I	- Part I ·	- ACTIVITIES	outside i	The United States	

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	N/A	729,005

0 Investments

DLN: 93493180011528

OMB No 1545-0047

## **Supplemental Information Regarding** Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

organization entered more than \$15,000 on Form 990-EZ, line 6a

►Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	ne of the organization	F L					Employer idei	ntification number
ne	Humane Society Wildlife Land 1	rust					52-1808517	
P	Fundraising Activi	·	_		answered "Yes" on For	rm 990,	Part IV, line 1	7.
L	Indicate whether the organiza	ation raised funds thr	ough any	of the fo	llowing activities Check a	all that a	pply	
а	✓ Mail solicitations			е	✓ Solicitation of non-	governm	ent grants	
b	✓ Internet and email solicita	ations		f	Solicitation of gove	rnment g	grants	
c	Phone solicitations			g	Special fundraising	events		
d	☑ In-person solicitations							
2a	Did the organization have a workey employees listed in Fo							s □ No
b	If "Yes," list the ten highest p to be compensated at least \$!			draisers)	pursuant to agreements	under wh	nich the fundraise	er is
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
_		ELINIDO ATOTNIO	Yes	No				
1	MINDSET DIRECT (former) 2223 N HARRISON ST	FUNDRAISING CONSULTANT	No		0		12,600	-12,600
2	ARLINGTON, VA 22205	FUNDRAISING	-					
_	THE PURSUANT GROUP INC 5151 Belt Line Road Suite 900	CONSULTANT		No	128,155		44,463	83,692
_	Dallas, TX 75254							
3								
4								
5								
6								
7								
8								
9								
.0								
— ot	al			<b> </b>	128,155		57,063	71,092
	List all states in which the orga	nization is registered	or license	ed to solu		en notifi		
	licensing		J	15 5511			o oxempen	5 5 6. 6. 7 6.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MN, MS, MO, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

	dule G (Form 990 or 990-EZ) 2017				Page :
Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	у у у у у у у у у у у у у у у у у у у	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue					
~	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S	5 Noncash prizes				
nse	6 Rent/facility costs				
Direct Expenses	<b>7</b> Food and beverages				
	8 Entertainment				
Dire	<b>9</b> Other direct expenses				
	10 Direct expense summary Add lines 4 t				
	11 Net income summary Subtract line 10	from line 3, column (d)		•	
Pai	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
a a	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	<b>6</b> Volunteer labor	☐ Yes <u></u> %	☐ Yes     %       ☐ No	☐ Yes     %       ☐ No	
	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary Subtract	t line 7 from line 1, colum	nn (d)	•	
9 a	Enter the state(s) in which the organization is the organization licensed to conduct ga	Yes No			
b	If "No," explain				
10a b	Were any of the organization's gaming lic  If "Yes," explain		ed or terminated during th	e tax year?	Yes No
		,			

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page <b>3</b>					
11	Does the organization conduct gaming	activities with nonmembe	ers?		☐Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gaming		r a member of a partnership or other entity		□Yes							
13	Indicate the percentage of gaming acti	vity conducted in										
а	The organization's facility			13a			%					
b	An outside facility			13b			%					
14	Enter the name and address of the pen	son who prepares the org	ganization's gaming/special events books and re	cords								
	Name											
15a	Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?											
b	⊔ Yes □ N											
С	If "Yes," enter name and address of the third party											
	Name											
	Address ►											
16	Gaming manager information											
	Name ▶											
	Gaming manager compensation ► \$											
	Description of services provided ▶											
	☐ Director/officer	☐ Employee	☐ Independent contractor									
17	Mandatory distributions											
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to											
b	retain the state gaming license?  Enter the amount of distributions required under state law distributed to other exempt organizations or spent  In the organization's own exempt activities during the tax year   \$\$\$											
Par	t IV Supplemental Information	n. Provide the explan	ations required by Part I, line 2b, columns oplicable. Also provide any additional infor	` '	` ''		s).					
	Return Reference		Explanation									
	dule G, Part I, Line 2b(v) payment of or payment of expenses	ALSO PROVIDES PRINTI PURSUANT GROUP INC I CONTRACTORS AND IS I	MER)-MINDSET DIRECT LLC IS NOT ONLY A FUN NG, DESIGN, AND COPYING SERVICES ,THE PU IS ONE OF HSWLT'S TOP FIVE HIGHEST COMPE NOT ONLY A FUNDRAISING CONSULTANT BUT A RKETING, AND SMART DATA SERVICES ,	RSUAN NSATEI	T GROUP I D INDEPEN	NC-THE DENT	UT					

Schedule G (Form 990 or 990-EZ) 2017

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9318	0011	.528
Sch	nedule J	Co	ompensati	ion Information	40	IB No	1545-0	)047
`	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.  Information about Schedule J (Form 990) and its instructions is at						blic
•	tment of the Treasurv al Revenue Service	P Information at		gov/form990.	is at		ectio	
	ne of the organiza Humane Society Wi				Employer identificat	ion nu	ımber	
1116	Tramane Society Wi	ume Land Trust			52-1808517			
Pa	rt I Questi	ons Regarding Compensa	tion					
1a				f the following to or for a person liste by relevant information regarding the			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payment	:s $\square$	Health or social club dues or initiati				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e 1a/			
3	organization's C	EO/Executive Director Check a	II that apply Dor	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain				
	Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ıfıed retırement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	17				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	٦?				<b>6</b> a		No
b	Any related orga					6b		No
	-	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organızatıon also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	9901	2017

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
G Thomas Waite III	(i)	0	0	0	0	0	0	0	
Orector & Treasurer	(ii)	214,880	0	0	20,461	25,454	260,796	0	
! Andrew Rowan PhD	(i)	0	0	0	0	0	0	0	
Chair of the Board	(ii)	206,619	0	0	20,968	27,855	255,442	0	
Wayne Pacelle	(i)	0	0	0	0	0	0	0	
Director	(ii)	348,444	0	38,756	24,686	13,696	425,582	0	
Denise Schlener	(i)	0	0	0	0	0	0	0	
Director	(ii)	155,091	0	0	7,259	11,828	174,177	0	
Michaelen Barsness	(i)	0	0	0	0	0	0	0	
Assistant Treasurer	(ii)	154,233	0	0	9,465	14,079	177,777	0	
Theresa Reese	(i)	0	0	0	0	0	0	0	
ssistant Treasurer	(ii)	138,532	0	0	12,940	2,583	154,054	0	
Stephen Swartz	(i)	62,274	0	0	6,264	10,222	78,761	0	
Secretary	(ii)	59,832	0	0	6,019	9,822	75,673	0	
	<u> </u>								
	-								

Page 3

Schedule J (Form 990) 2017

COMMITTEE ("OECNC"), ESTABLISHED IN 1997, IS CHARGED WITH ANNUALLY EVALUATING THE JOB PERFORMANCE OF THE PRINCIPAL SALARIED HSUS OFFICERS (PRESIDENT/CEO, THE CHIEF OPERATING OFFICER, THE CHIEF INTERNATIONAL AND SCIENTIFIC OFFICER, THE TREASURER/CFO, THE CORPORATE SECRETARY, AND THE GENERAL COUNSEL/CLO - THE BOARD CHAIR. VICE CHAIR. AND BOARD TREASURER ARE UNPAID VOLUNTEER POSITIONS) AND ANY KEY EMPLOYEES, AND WITH MAKING RECOMMENDATIONS TO THE BOARD OF DIRECTORS ABOUT EACH OFFICER'S COMPENSATION. WHICH THE FULL BOARD CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS, AND DECISIONS

DETERMINES IN ACCORDANCE WITH THE "SAFE HARBOR" PROVISIONS OF TREAS REG 53 4958-6. THE ANNUAL OECNC PROCESSES INVOLVE ATTENTION TO Schedule J. Part I. Line 4b Wayne Pacelle \$18,000 was received in 2017 for a 457b plan

Schedule J (Form 990) 2017

AND AVOIDANCE OF CONFLICTS OF INTEREST. USE OF COMPARABILITY DATA GATHERED AND PRESENTED BY AN OUTSIDE COMPENSATION EXPERT. AND

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN	l: 9349318	0011	.528
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		ľ	ioncasn conti	Dutions		20	17	
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	1/	,
		► Attach to Form							
	tment of the Treasury al Revenue Service	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u>		Inspe	ectior	1
	e of the organizat umane Society Wildl					Employer ide	ntification n	umbei	r
ille II	umane Society Who	ille Land Trust				52-1808517			
Pa	rt I Types	of Property							
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash (	(d) od of determi contribution a		īs .
1	Art—Works of art	t			-				
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
_	3								
6 7	Cars and other v								
	Boats and planes Intellectual prope								
	Securities—Public	•	X	5	63.23	5 Cost			
	Securities—Close	,			05,25	1			
	Securities—Partr	nership, LLC,							
12	Securities—Misce								
13	Qualified conserve contribution—Histructures	istoric							
14	Qualified conserve contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth		X	1	866,66	7 Other - Marke	t Value less L	labilitie	es
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
	Historical artifact								
	Scientific specim Archeological art					1			
	Other • (					+			
	Other ▶ (					1			
	Other • (								
	Other ▶ (								
29				tion during the tax year for 3, Part IV, Donee Acknowled		29			0
	_							Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property of the initial contribution, a	and which is not required to	be used for ex			l No
b	If "Yes," describ	e the arrangement i	n Part II						\
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contr	ibutions?	31		No
32a				or related organizations to s		ash · · · ·	32a	Yes	
b	If "Yes," describ	e ın Part II							
33	If the organizati	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
Eor D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Sch	edule M (Form	000)	(2017)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLI	N: 93493180011528
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047  2017  Open to Public Inspection		
	y Wildlife Land Trust  CO, Supplemental Information	<b>Employer ide</b> 52-1808517	ntification number
Return Reference	Explanation		
Form 990, Part V, Line 2a Number of Employees Reported on Form W-3	The Humane Society of the United States pays wages to the employees of HSWLT arequired federal employment tax returns, including Form W-3 HSWLT does not report ees on Form W-3		

Explanation Return Reference

Form 990. Part JOHN GRANDY IS EMPLOYED BY PEGASUS FOUNDATION. WHICH IS AN ENTITY WITH WHICH BARBARA BIRDSEY IS AFFILIATED

VI. Line 2 BUSINESS RELATIONSHIPS

Return Reference

Form 990. THE HUMANE SOCIETY OF THE UNITED STATES'S BOARD OF DIRECTORS APPOINTS HSWLT'S BOARD

Part VI, Line 7a Members stockholders electing members of governing body

Return Reference	Explanation
Form 990,	AFTER INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS SUBMITTED TO HSWLT'S INDEPEND
Part VI, Line	ENT TAX PREPARERS FOR THEIR REVIEW AND REVISION, AS MAY BE APPROPRIATE THE REVISED DRAFT
11b Review	S THEN GIVEN TO HSWLT'S TREASURER FOR FURTHER REVIEW ONCE ALL STAFF AND PROFESSIONAL REV
of form 990	IEWS/REVISIONS ARE DONE, THE TREASURER SENDS THE PROPOSED FINAL OF THE FORM 990 TO HSWLT'S
by governing	BOARD FOR ITS CONSIDERATION ONCE THE BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND COMMENT,
body	THE FINALIZED VERSION IS FILED WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	HSWLT IS AN AFFILIATE OF THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) AND ALL HSWLT STAF F MEMBERS ARE HSUS EMPLOYEES ACCORDINGLY, ALL POLICIES AND PROCEDURES OF THE HSUS APPLY TO THE HSWLT INCLUDING, INTER ALIA, THOSE CODIFIED IN THE CURRENT HSUS EMPLOYEE HANDBOOK IN CASES WHERE THE LITERAL READING OF HSUS POLICIES AND PROCEDURES MAY OR COULD CAUSE CONFUSION (E.G., THE HSUS CONFICT OF INTEREST POLICY'S REFERENCES TO HSUS DIRECTORS), FOR PURPOSES OF INTERNAL HSWLT ACTIVITIES, THESE POLICIES WILL BE READ TO APPLY AS CLOSE AS POSSIB LE TO HSWLT, MAKING SUBSTITUTIONS IN TERMINOLOGY AS NECESSARY TO ACHIEVE THE DESIRED GOAL IN CASE OF ANY CONFLICT BETWEEN THE POLICIES AND PROCEDURES OF THE HSUS AND HSWLT, THE STRICTER WILL CONTROL HSWLT ANNUALLY ADOPTS A CONFLICT OF INTEREST POLICY TO REINFORCE THE OBLIGATION OF OFFICERS AND DIRECTORS TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS THE POLICY COVERS HSWLT OFFICERS AND DIRECTORS HSWLT BOARD MEMBERS AND/OR OFFICERS WHO ARE DIRECTORS OR SENIOR STAFF MEMBERS OF THE HUMANE SOCIETY OF THE UNITED STATES ARE SUBJECT TO ADDITIONAL ANNUAL REPORTING REQUIREMENTS IN THOSE CAPACITIES A DECISION AS TO WHETHER A CONFLIC TEXISTS AND HOW IT SHOULD BE ADDRESSED WITH REGARD TO HSWLT IS MADE AT THE HSWLT EXECUTIVE LEVEL OR, IF NECESSARY, BY ITS BOARD CONSIDERATION OF POSSIBLE CONFLICTS IS ALSO PROVIDED DURING THE LEGAL REVIEW OF PROPOSED TRANSACTIONS AND CONCERNS ARE ADDRESSED BEFORE PROCEDING INDIVIDUALS HAVING POSSIBLE CONFLICTS OF INTEREST CANNOT VOTE OR PARTICIPATE IN BOARD OR COMMITTEE DELIBERATIONS ON THE SUBJECT OR TO BE COUNTED TOWARD MEETING A QUORUM, HOWEVER, THEY MAY RESPOND TO QUESTIONS

Return Reference	Explanation
Form 990,	HSWLT MAKES COPIES OF ITS CERTIFICATE OF INCORPORATION AND BYLAWS AVAILABLE TO DONORS FREE
Part VI, Line	OF-CHARGE UPON REQUEST FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE CHARITAB
19 Required	LE SOLICITATION REGISTRATIONS, AND ARE MADE AVAILABLE TO MAJOR DONORS AND WHERE REQUIRED B
documents	Y LAW, TO THE GENERAL PUBLIC BY MAIL UPON REQUEST FINANCIAL INFORMATION IN OTHER FORMATS
available to	- E G , THE FORM 990 AND THE ANNUAL REPORT - IS AVAILABLE ON HSWLT'S WEBSITE AND WILL ALSO
the public	BE MAILED, ON REQUEST AS SET FORTH IN IRS CODE SECTION 6104(D) THE CONFLICT OF INTEREST
·	POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC

Return Reference Explanation

Form 990, Annuity liability change in valuation - -133333,

Part XI, Line
9 Other
changes in net assets or fund balances

Return Explanation

Form 990, Part XII, Line UDIT COMMITTEE, PROVIDES OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATES (HSUS), THROUGH ITS A UDIT COMMITTEE, PROVIDES OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS (WHICH INCLUDE S HSWLT) AND SELECTION OF AN INDEPENDENT ACCOUNTANT (APPOINTED BY THE AUDIT COMMITTEE OF HOVERSIGHT SUS) THAT AUDITED THE FINANCIAL STATEMENTS

Return Explanation

Reference

Schedule C. OTHER ACTIVITIES HSWLT STAFF POSTED ON SOCIAL MEDIA ABOUT PROPOSED LEGISLATION

Scriedule C,	OTHER ACTIVITIES HOWLI STAFF POSTED ON SOCIAL MEDIA ABOUT PROPOSED LEGISLATION
Part II-B, Line	
1 DETAILED	
DESCRIPTION	
OF THE	
LOBBYING	
ACTIVITY	

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	180011	.528
SCHEDULE R (Form 990)	<b>▶</b> 0	Related O	zation an	swered "Yes	s" on Form	990, Part		-		37.		20	1545-004 17	17
Department of the Treasury Internal Revenue Service	•	Information about S		► Attach to R (Form 990)			s is at <u>www</u>	irs.gov/1	form99	<u>2</u> .		Open to	Publicection	
Name of the organization The Humane Society Wildlife Land Tr	ust								Emp	loyer identif	ication	number		
										808517				
Part I Identification	of Disregarded E	ntities Complete If t	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity			( <b>b)</b> Primary a			c) nicile (state n country)	(d) Total inc	ome	<b>(e)</b> End-of-year as	ssets	<b>(f</b> Direct co ent	ntrolling		
Part II Identification of related tax-exen	of Related Tax-Exe opt organizations du		<b>s</b> Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
See Additional Data Table		•	1	(b)	1 4	۵۱	ا (م)	, I		(a)		(6)	1 /	
Name, address, an	(a) d EIN of related organizati	on	Prima	<b>(b)</b> ary activity	Legal dom	c) ncile (state n country)	Exempt Cod			(e) harity status on 501(c)(3))	Dir	<b>(f)</b> rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Reduction Ac						t No 5013						edule R (Form		

related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	h) ortionate itions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	<b>(k</b> Percer owner	ntag		
		WELFARE OF	TX	NA	N/A			Yes	No		Yes	No				
IE STREET TX 78703 15		FARM ANIMALS														
														_		
														_		
Identification of Related Orga because it had one or more relate						nization ans	wered "Ye	s" on	Form 9	990, Part I\	/, lini	e 34		_		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreigr untry)	Direc	(d)	(e) /pe of entity corp, S corp, or trust)	(f) Share of tota Income	ıl Sha	(g) re of end year assets	d-of- Perc owr	(h) entage ership	<b>∃</b>	Section 5 (13) cont entity			
			,		<u> </u>								Tes			
														_ L		
														_		
														_		

Schedule R (Form 990) 2017					
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		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No		
<b>b</b> Gıft, grant, or capital contribution to related organization(s)	1b		No		
c Gift, grant, or capital contribution from related organization(s)	1c		No		
d Loans or loan guarantees to or for related organization(s)	1d		No		
e Loans or loan guarantees by related organization(s)	1e		No		
f Dividends from related organization(s)	1f		No		
g Sale of assets to related organization(s)	1g		No		
h Purchase of assets from related organization(s)	1h		No		
i Exchange of assets with related organization(s)	<b>1</b> i		No		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No		

е	Loans or loan guarantees by related organization(s)	Te	Ь—	140
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Portormance of correct or membership or fundacing columns by related organization(c)	1 m	Yes	$\vdash$

	Dividends from related diganization(s)	1	l	
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	1
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	+
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	

**(b)** Transaction

type (a-s)

(c) Amount involved

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

1r

1s

Schedule R (Form 990) 2017

(d) Method of determining amount involved

No

No

(a) Name of related organization

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

- See manaced organization See manaced on a regarding exclusion																	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	or (related, In unrelated, excluded from tax under sections 512-		state or (related, foreign unrelated, excluded from tax under sections 512-		or (related, n unrelated, y) excluded from tax under sections 512-		(e) Are all partners section 501(c)(3) organizations? om 7 2-		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
										Schedul	e R (Forn	1 99	0) 2017				

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

SUITE 455

27-0906603

WASHINGTON, DC 20037

Software ID: 17005876
Software Version: 2017v2.2

**EIN:** 52-1808517 Name: The Humane Society Wildlife Land Trust Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations **(f)** Direct controlling (g) Section 512 (c) (e) Public charity Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code (state section status entity (b)(13) (if section 501(c) or foreign country) controlled entity? (3)) Yes No THE HUMANE SOCIETY ANIMAL WELFARE CA 501(c)(4) No OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037 95-4117651 ANIMAL WELFARE DC 501(c)(3) THE HUMANE SOCIETY Nο OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037 52-1769464 THE HUMANE SOCIETY ANIMAL WELFARE CA 501(c)(3) No OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037 94-6050420 ANIMAL WELFARE THE HUMANE SOCIETY 501(c)(3) NJ No OF THE UNITED STATES 1255 23RD STREET NW WASHINGTON, DC 20037 22-1671626 THE HUMANE SOCIETY ANIMAL WELFARE DC 501(c)(3) No **EDUCATION** OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037 27-0263498 ANIMAL WELFARE NY 501(c)(3) THE HUMANE SOCIETY No OF THE UNITED STATES 1255 23RD STREET NW **SUITE 450** WASHINGTON, DC 20037 22-2768664 ANIMAL WELFARE 501(c)(3) THE HUMANE SOCIETY FL Nο OF THE UNITED STATES 3200 SW 4TH AVENUE FORT LAUDERDALE, FL 33315 23-7086391 THE HUMANE SOCIETY ANIMAL WELFARE 501(c)(3) NY No OF THE UNITED STATES 200 W 57TH STREET NEW YORK, NY 10019 13-6218740 ANIMAL WELFARE 501(c)(3) DE NΑ No 1255 23RD STREET NW WASHINGTON, DC 20037 53-0225390 ANIMAL WELFARE CA THE HUMANE SOCIETY No OF THE UNITED STATES 4035 SAINT AMBROISE STREET SUITE 320 MONTREAL, QUEBEC H4C2E1 ANIMAL WELFARE IN THE HUMANE SOCIETY No OF THE UNITED STATES ANIMAL WELFARE CS THE HUMANE SOCIETY Nο OF THE UNITED STATES ANIMAL WELFARE UK THE HUMANE SOCIETY No OF THE UNITED STATES **5 UNDERWOOD STREET** LONDON N17LY THE HUMANE SOCIETY ANIMAL WELFARE ΒE No OF THE UNITED STATES **LEVELS 20 21 BASTION TOWER** 5 PLACE DU CHAMP DE MARS B-1050 BRUSSELS ANIMAL WELFARE THE HUMANE SOCIETY CA Nο OF ANIMALS OF THE UNITED STATES 4035 SAINT AMBROISE STREET SUITE 320 MONTREAL, QUEBEC H4C2E1 501(c)(3) THE HUMANE SOCIETY ANIMAL WELFARE OR No OF THE UNITED STATES PO BOX 2140 BLUE RIDGE, GA 30513 47-1439557 THE HUMANE SOCIETY ANIMAL WELFARE MX No OF THE UNITED STATES ANIMAL WELFARE THE HUMANE SOCIETY SF No OF THE UNITED STATES GROUND FLOOR STATE STREET HOUSE RIVER PARK - GLOUCESTER ROAD MOWBRAY, CAPE TOWN 7700 THE HUMANE SOCIETY ANIMAL WELFARE DC 501(c)(4) No 1255 23rd Street NW Suite 455 Washington, DC 20037 59-3786428 **HUMANE SOCIETY** POLITICAL ACTION DC 527 No COMMITTEE LEGISLATIVE FUND 1255 23RD STREET NW