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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 6 Open to Public Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30, Inspection and ending SEP 30, 2017

В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	THE WILDERNESS SOCIETY						
\vdash	□Name			- - 53−0	167933			
H	change Initial	3		53-0167933				
H	return Final	Number and street (or P.O. box if mail is not delivered to street address) 1615 M STREET, N.W.	E Telephone numbe) 833-2300				
	return/ termin-		G Gross receipts \$	31,952,225.				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036-3209		· ·				
F	lreturn ∏Applica			H(a) Is this a group r for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	····· — —			
$\overline{}$	Ταν.ανα	empt status: X 501(c)(3) 501(c) ()	or 527	7	list. (see instructions)			
		e: WWW.WILDERNESS.ORG	01 021	H(c) Group exemption	,			
		organization: X Corporation	I Year		M State of legal domicile: DC			
		Summary	L 1001	orionnation, _p = o o i	VI Citato di logali dollilollo. = C			
	T ₄	Briefly describe the organization's mission or most significant activities: THE	LEADII	NG ORGANIZAT	ION			
Governance	'	DEDICATED TO PROTECTING AMERICA'S WILD P	LACES	, THE WILDER	NESS			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net a				
٥ و	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	29			
জ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	29			
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	165			
ĬĒ	6	Total number of volunteers (estimate if necessary)		6	125			
₽cti	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b l	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ē	8 (Contributions and grants (Part VIII, line 1h)	28,496,655. 148,897.	27,679,230. 178,744.				
en	1							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,985,575.	1,713,339.			
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		575,312.	510,556.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,206,439.	30,081,869.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		555,906.	767,852.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	15 202 025			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,142,589.	15,303,825.			
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 5,011,2	<u> </u>	80,685.	517,265.			
Expenses	b			12,931,350.	14,441,448.			
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,710,530.	31,030,390.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,495,909.	-948,521.			
<u>_ v</u>	19	Revenue less expenses. Subtract line 18 from line 12			-			
Net Assets or Fund Balances		Tabel accepts (Park V. line 10)	<u> </u>	eginning of Current Year 61,934,395.	End of Year 62,515,926.			
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		6,913,089.	7,588,051.			
let /	22	Net assets or fund balances. Subtract line 21 from line 20		55,021,306.	54,927,875.			
P	art II	Signature Block		33,022,0001	31/32/70/30			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			,,			
Sig	ın	Signature of officer		Date				
Hei		► THOMAS F. TEPPER, JR., VP FINANCE & A	DMINI	STRATION				
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d þ	JOHN HUSKINS		if self-employ				
		Firm's name JOHNSON LAMBERT LLP		Firm's EIN ▶	52-1446779			
Use	Only	Firm's address 4242 SIX FORKS RD, STE 1500						
		RALEIGH, NC 27609		Phone no.91	9-719-6400			
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

		1	
TO D	3 0	17 I	F.

For calendar year 2016, or tax year beginning $\overline{\text{OCT 1}}$, 2016, and ending $\overline{\text{SEP 30}}$, 20 $\overline{17}$

2016

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service

For use with

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exem	pt organization			Employer identification number								
	THE WILDERNE	SS SOCIETY		53-0167933								
Part I	Type of Return and Return Inf	ormation (Whole Dollars Only)										
line 1a, 2a, 3a whichever is a	k for the type of return being filed with F	at line of the return being filed with th	is form was blank,	then leave line 1b, 2b, 3b, 4b, or 5b,								
2a Form 990 3a Form 112 4a Form 990	check here b Total revenue. b Total revenue. check here b Total revenue.	ue, if any (Form 990, Part VIII, columi venue, if any (Form 990-EZ, line 9) tax (Form 1120-POL, line 22) ed on investment income (Form 99 e (Form 8868, line 3c)	D-PF, Part VI, line 5	3b								
Part II	Declaration of Officer			* * * * * * * * * * * * * * * * * * *								
(dire taxe Trea insti	ect debit) entry to the financial institution as owed on this return, and the financial	account indicated in the tax prepar institution to debit the entry to this a no later than 2 business days prior t	ation software for p ccount. To revoke o the payment (set	a payment, I must contact the U.S. tlement) date. I also authorize the financial								
exe	copy of this return is being filed with a s cuted the electronic disclosure consent specifically identified in Part I above) to t	contained within this return allowing	as part of the IRS F disclosure by the I	ed/State program, I certify that I RS of this Form 990/990-EZ/990-PF								
electronic retu further declare	ledgement of receipt or reason for rejec	atements, and to the best of my kno amount shown on the copy of the org c return originator (ERO) to send the	wledge and belief, panization's electro organization's retu on for any delay in &	they are true, correct, and complete. I nic return. I consent to allow my rn to the IRS and to receive from the IRS processing the return or refund, and (c)								
Sign Here	Signature of officer	Date	Title	INANCE & ADMINISTRAT								
Part III	Declaration of Electronic Retu	ırn Originator (ERO) and Pa	d Preparer _{(see}	instructions)								
knowledge. If return, The or filed with the I for Business F accompanying	I have reviewed the above organization! I am only a collector, I am not responsib ganization officer will have signed this fo RS, and have followed all other requiren Returns. If I am also the Paid Preparer, u g schedules and statements, and to the based on all information of which I have	ile for reviewing the return and only o rm before I submit the return. I will g nents in Pub. 4163, Modernized e-file nder penalties of perjury I declare the best of my knowledge and belief, the	eclare that this for ve the officer a cop (MeF) Information at I have examined by are true, correct	m accurately reflects the data on the courage of all forms and information to be for Authorized IRS e-file Providers the above organization's return and and complete. This Paid Preparer								
	iname (or TOHNSON TAM	BERT LLP	also paid if s	eck ERO's SSN or PTIN P01081531 EIN 52-1446779								
	ass, and ZIP code 4242 SIX FC	PRKS RD, STE 1500 2 27609		Phone no. 919-719-6400								
Under penaltie		ned the above return and accompan	ying schedules and	statements, and to the best of my know-								
	Print/Type preparer's name	Preparer's signature	Date	Check if self- PTIN employed T								
Paid Preparer Use Only	Firm's name			Firm's EIN								
-	Firm's address											

Product: **Exempt**

Name: THE WILDERNESS SOCIETY

FEIN: ****7933

Category:

IRS Center: Ogden

e-Postmark: 4/10/2018 4:23 PM

Notification:

Fiscal Year Begin Date: 10/1/2016

Fiscal Year End Date: 9/30/2017

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
04/10/2018	16X:530167933:V1	Upload Started				
04/10/2018		Released for Transmission - Validation in Progress			System	
04/10/2018		Ready to transmit - Validation Complete				
04/10/2018		Transmitted to FD	56370820181000350e04			
04/10/2018		Accepted by FD on 4/10/2018				

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 53-0167933 THE WILDERNESS SOCIETY File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1615 M STREET, N.W. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20036-3209 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 80 Form 4720 (individual) Form 4720 (other than individual) 09

		,			
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above)	06	Form 8870			12
THOMAS TEPPER The books are in the care of THOMAS TEPPER 1615 M STREET,	N.W.	- WASHINGTON, DC 20	036	-3209	
Telephone No. ► (202)83 3-2300		Fax No.			
If the organization does not have an office or place of business	s in the Ur	nited States, check this box			
If this is for a Group Return, enter the organization's four digit (r the whole group, c	heck this
oox ▶ ☐ . If it is for part of the group, check this box ▶ ☐	1 .	· · · · · · · · · · · · · · · · · · ·		•	
I request an automatic 6-month extension of time until	AUGU	ST 15, 2018 to file the	e exem	pt organization retu	ırn
for the organization named above. The extension is for the	organizatio	 '			
calendar year or X tax year beginning OCT 1, 2016 If the tax year entered in line 1 is for less than 12 months, classification. Change in accounting period	heck reas	on: Initial return Fina	al retur	 n	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			•
nonrefundable credits. See instructions.			3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	refundable credits and			_
estimated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FOUNDED IN 1935 BY CONSERVATION VISIONARIES, THE WILDERNESS SOCIETY
	PROTECTS WILDERNESS AND INSPIRES AMERICANS TO CARE FOR OUR WILD PUBLIC
	LANDS. WE WORK TO GUIDE ENERGY DEVELOPMENT TO THE RIGHT PLACES AND
	ENSURE THAT PUBLIC LANDS CONTRIBUTE TO CLIMATE SOLUTIONS. WE WORK TO
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	14 511 526 460 052 104 026
4 a	(Code:) (Expenses \$ 14,511,536. including grants of \$ 460,052.) (Revenue \$ 104,636.) THE WILDERNESS SOCIETY IS FOCUSED ON PROTECTING OUR WILD PUBLIC LANDS
	IN LARGE, CONNECTED LANDSCAPES. MILLIONS OF ACRES OF WILD LANDS REMAIN
	AT-RISK ACROSS THE U.S., AND VAST TRACTS OF VULNERABLE WILDERNESS ON
	OUR FEDERAL LANDS GIVE OUR WORK A SHARP URGENCY.
	OUR FEDERAL DANDS GIVE OUR WORK A SHARF ORGENCI:
	THE WILDERNESS SOCIETY BRINGS ALL OF ITS ADVOCACY, GOVERNMENT
	RELATIONS, RESEARCH AND SCIENTIFIC RESOURCES TO BEAR TO ENSURE THAT
	AMERICA'S WILD PUBLIC LANDS ARE PROTECTED IN THE FACE OF DEVELOPMENT,
	FRAGMENTATION AND CLIMATE CHANGE. THE PRESSURE TO DRILL, MINE OR LOG IN
	THESE PLACES WILL ONLY GROW IN THE YEARS AHEAD. WORKING FROM A DOZEN
	OFFICES IN EVERY CORNER OF THE NATION, WE PARTNER WITH LOCAL
	ORGANIZATIONS AND FORGE STRONG, DIVERSE COALITIONS TO PROTECT PUBLIC
4b	(Code:) (Expenses \$ 7,110,814 including grants of \$ 244,000) (Revenue \$ 51,371)
	THE WILDERNESS SOCIETY IDENTIFIES AND WORKS TO PROTECT LANDS THAT ARE
	TOO WILD TO DRILL, LIKE THE ARCTIC NATIONAL WILDLIFE REFUGE IN ALASKA.
	ENERGY COMPANIES LEASE MILLIONS OF ACRES OF PUBLIC LANDS TO EXTRACT
	OIL, GAS AND COAL FROM THEM.
	MILE EVED ACETON AND LICE OF MILEGE BURG EDON DUDI TOLY OFFICE LANDS
	THE EXTRACTION AND USE OF THESE FUELS FROM PUBLICLY OWNED LANDS
	CONTRIBUTE MORE THAN ONE-QUARTER OF ALL U.S. GREENHOUSE GAS EMISSIONS
	AND LEAVE PERMANENT SCARS ON THE LAND. OUTDATED ENERGY POLICIES ARE
	CONTRIBUTING TO GLOBAL CLIMATE CHANGE, POOR AIR AND WATER QUALITY,
	PUBLIC HEALTH PROBLEMS AND THE LOSS OF RECREATION AND CULTURAL
	OPPORTUNITIES. IT IS TIME TO MOVE ENERGY AND CONSERVATION INTO THE 21ST
	CENTURY, WITH LASTING BENEFITS FOR OUR LAND, OUR AIR AND FUTURE
4c	(Code:) (Expenses \$ 3,119,656. including grants of \$ 63,800.) (Revenue \$ 22,537.)
	THE WILDERNESS SOCIETY WORKS TO HELP ALL AMERICANS, ESPECIALLY IN URBAN
	AREAS, TO ENJOY AND BE ENGAGED WITH OUR WILDLANDS AND AMERICA'S GREAT
	OUTDOORS. WE HAVE MULTIPLE PROGRAMS AND CAMPAIGNS FOCUSED ON INSPIRING
	MORE AMERICANS TO CARE FOR OUR WILD PLACES INCLUDING URBAN GREEN
	SPACES, WILDLANDS AND CORRIDORS THAT CONNECT THEM. WE BUILD MEANINGFUL
	COALITIONS THAT ADVOCATE FOR MORE OUTDOOR RECREATION OPPORTUNITIES,
	HAND-ON EDUCATION AND BETTER ACCESS TO OUR TREASURED WILD PLACES FOR
	THOSE LIVING IN URBAN CENTERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 24,742,006.

Form 990 (2016) THE WILDERNE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		\ 3 7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Δ.	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
L	Schedule D, Parts XI and XII Was the expenient included in consolidated, independent sudited financial attacements for the tay year?	12a		-21
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2016) THE WILDERNESS SOC Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OF!		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 *
38		38	х	
	Note. All Form 990 filers are required to complete Schedule O	<u> </u>		

Form 990 (2016) THE WILDERNESS SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v					
		1	10□		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		107			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				$\overline{\mathbf{v}}$	
0-	(gambling) winnings to prize winners?	 	├¹	С	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	165			
	filed for the calendar year ending with or within the year covered by this return			Na.	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		⊢	b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		⊢			
- a	financial account in a foreign country (such as a bank account, securities account, or other financial		_ ₄	a		Х
h	If "Yes," enter the name of the foreign country:	account):		<u>u</u>		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5	a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		_	b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			ic		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		6	b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ a \ contribution \ and \ partly \ for \ goods \ and \ goods \ a \ contribution \ and \ partly \ for \ goods \ and \ goods \ goods \ and \ goods \ and \ goods \ goo$	vices provided to the p	ayor? 7	a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7	b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?		7	'c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7	'e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			'f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		8-C? 7	'n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_				3		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		⊢	a b		
b 10	Section 501(c)(7) organizations. Enter:		<u> </u>			
	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				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12	2a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		1	3a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				4a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	90	14	4b		

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

	Ohaali if Cahaalida Ohaantaina a waanana ayaata ta ayaa iliaa isa ta'a Baata Vii			Х
800	Check if Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion A. Governing Body and Management		V	
4.	Enter the number of voting members of the governing body at the end of the tax year 29		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 29			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х	
2	officer, director, trustee, or key employee?		- 25	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
1 a		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		
	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Director (This seeding Brequests information about politics not required by the internal revenue occes,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.4		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	Other officers or key employees of the organization	15b	Х	
	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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	l finan	cial	
	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:			
	THOMAS F. TEPPER, JR (202)833-2300			
	1615 M STREET, N.W., WASHINGTON, DC 20036-3209			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations	stee or director	cer an		lirecto	Highest compensated hod si employee	stee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former			organizations
(1) DAVID CHURCHILL	2.00									
GOVERNING COUNCIL CHAIR		Х		Х				0.	0.	0.
(2) MOLLY MCUSIC	2.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3) WILLIAM J. CRONON	2.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) KEVIN LUZAK	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MARCIA KUNSTEL	2.00	l		l						
SECRETARY		Х		Х				0.	0.	0.
(6) DAVID BONDERMAN	2.00	l		l						
AT-LARGE		Х		Х				0.	0.	0.
(7) CAROLINE M. GETTY	2.00	l		l						
AT-LARGE		Х		Х				0.	0.	0.
(8) HANSJORG WYSS	2.00	l		l						
AT-LARGE		Х		Х				0.	0.	0.
(9) THOMAS A. BARRON	2.00									
GOV COUNCIL MEMBER	1.00	Х						0.	0.	0.
(10) RICHARD C. BLUM	2.00								_	_
GOV COUNCIL MEMBER		Х						0.	0.	0.
(11) CRANDALL C. BOWLES	2.00								_	_
GOV COUNCIL MEMBER		Х						0.	0.	0.
(12) WILLIAM M. BUMPERS	2.00									
GOV COUNCIL MEMBER (TO SEPT '17)		Х						0.	0.	0.
(13) NORM CHRISTENSEN	2.00								_	_
GOV COUNCIL MEMBER		Х						0.	0.	0.
(14) WILLIAM COLEMAN	2.00								_	_
GOV COUNCIL MEMBER		Х						0.	0.	0.
(15) BRENDA S. DAVIS	2.00								_	_
GOV COUNCIL MEMBER		Х						0.	0.	0.
(16) KIM ELLIMAN	2.00								_	_
GOV COUNCIL MEMBER	<u> </u>	Х						0.	0.	0.
(17) CARL FERENBACH	2.00								_	_
GOV COUNCIL MEMBER	1.00	Х						0.	0.	0. Form 990 (2016)

Form **990** (2016)

Page 8

50-4-VII										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(A) (B) (C) (D)							(E)	(F)	
Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) DAVID J. FIELD	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(19) MARTINIQUE GRIGG	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(20) REGINALD "FLIP" HAGOOD	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(21) MICHAEL A. MANTELL	2.00									
GOV COUNCIL MEMBER	1.00	Х						0.	0.	0.
(22) JACQUELINE BADGER MARS	2.00									
GOV COUNCIL MEMBER (FROM JAN '17)		Х						0.	0.	0.
(23) JUAN MARTINEZ	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(24) DAVE MATTHEWS	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(25) JAIME A. PINKHAM	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(26) REBECCA L. ROM	2.00									
GOV COUNCIL MEMBER		X						0.	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Part	VII, Section A							1,829,069.	0.	160,487.
d Total (add lines 1b and 1c)								1,829,069.	0.	160,487.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0.000 of reportable	

compensation from the organization

34 Yes No 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

the organization. Heport compensation for the calcinati year origing with or with	i	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
AB DATA	·	
600 AB DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MAIL	1,444,930.
SMOOT TEWES GROUP, INC, 818 CONNECTICUT		
AVE, STE 200	CONSULTING	252,355.
BLACKBAUD, INC, 2000 DANIEL ISLAND DRIVE,		
CHARLESTON, SC 29492	DATABASE	217,572.
THE ENGAGE GROUP, LLC, 7160 COLUMBIA		
GATEWAY DRIVE, STE 300, COLUMBIA, MD 21046	MARKETING	215,393.
SOUTHERN APPALACHIAN WILDERNESS STEWARDS,		
225 E. CHESTNUT ST, STE 001, ASHEVILLE, NC	CONSERVATION	200,000.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 11		

Form 990 THE WILDE									53-016	7933
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee			ligh	est		ees (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ord	99			sated		(W-2/1099-MISC)		organization
	related organizations	ruste.	l trus		ee	npen				and related organizations
	below	dual t	tiona		nploy	stcor	L			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) THEODORE ROOSEVELT IV	2.00			Н						
GOV COUNCIL MEMBER		х						0.	0.	0.
(28) GREGG SHERRILL	2.00									
GOV COUNCIL MEMBER		Х						0.	0.	0.
(29) JENNIFER PERKINS SPEERS	2.00									_
GOV COUNCIL MEMBER		Х		Ш				0.	0.	0.
(30) CATHY DOUGLAS STONE	2.00								•	
GOV COUNCIL MEMBER	2 00	Х						0.	0.	0.
(31) SARA VERA	2.00	Х						0.	0.	0.
GOV COUNCIL MEMBER (TO SEPT '17) (32) CHARLES WILKINSON	2.00	^		\vdash				0.	0.	0.
GOV COUNCIL MEMBER (TO SEPT '17)	2.00	Х						0.	0.	0.
(33) JAMIE WILLIAMS	39.00			\vdash					<u> </u>	<u> </u>
PRESIDENT	1.00			x				340,602.	0.	24,202
(34) AMELIA HELLMAN	40.00							0 2 0 7 0 0 2 1		,
VP PHILANTHROPY (TO AUG '17)				x				204,513.	0.	14,103.
(35) THOMAS F. TEPPER JR.	39.00									-
VP FINANCE & ADMINISTRATION	1.00			x				196,768.	0.	23,057
(36) MELYSSA L. WATSON	40.00									
VP CONSERVATION					Х			203,404.	0.	21,577.
(37) KATHARINE L. THOMAS	40.00								_	
VP COMMUNICATIONS & MARKETING					Х			181,083.	0.	16,444
(38) ALLEN MAY	40.00					l		440 654		46 550
SR DIR OF PHILANTHROPY	20 00			\sqcup		Х		143,654.	0.	16,772
(39) DEBORAH LIU	39.00					,,		140 545	0	7 5 6 4
VICE PRESIDENT & GENERAL COUNCIL (40) CATHLEEN GRAMS	1.00					Х		142,545.	0.	7,564
DEPUTY VP PHILANTHROPY	40.00					x		140,011.	0.	15,994
(41) CHASE HUNTLEY	40.00			Н				140,011.	0.	10,001
SENIOR DIRECTOR, ENERGY & CLIMATE PO						x		137,398.	0.	11,089
(42) PATRICIA HOLMES	40.00									
DIRECTOR INFORMATION SYSTEMS						Х		139,091.	0.	9,685
		lacksquare		\square			<u> </u>			
		-								
			\vdash	$\vdash \vdash$						
		ł								
Total to Part VII, Section A, line 1c								1,829,069.		160,487.

Form 990 (2016) THE WILD
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a resnonse	or note to any lin	e in this Part VIII			
		GREEK II GOREGUE G GORE		or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	58,679.				
ran		Membership dues		, , , , , ,				
Ğ,		Fundraising events						
iifts ar A		Related organizations						
s, G		Government grants (contributi						
Sil		All other contributions, gifts, grant						
ber	•	similar amounts not included above		27,620,551.				
ig i		Noncash contributions included in lines		1,530,900.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			27,679,230.			
		Totally led miles fa it		Business Code	, , ,			
ø.	2 a	CONTRACTED SERVICES		900099	93,051.	93,051.		
Program Service Revenue	_ b			900099	78,200.	78,200.		
Sel	c	LIBRARY SUBSCRIPTION		900099	1,260.	1,260.		
am eve	c				,	,		
ogr R	e							
Pro		All other program service reve	nue	900099	6,233.	6,233.		
		Total. Add lines 2a-2f		—	178,744.	,		
	3	Investment income (including			·			
		other similar amounts)			407,038.			407,038.
	4	Income from investment of tax			,			,
	5	Royalties		t t	10,591.			10,591.
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	438,029.					
	b	Less: rental expenses	0.					
		Rental income or (loss)	438,029.					
		Net rental income or (loss)			438,029.			438,029.
		Gross amount from sales of	(i) Securities	(ii) Other	·			·
	-	assets other than inventory	3,176,657.					
	b	Less: cost or other basis						
		and sales expenses	1,853,735.	16,621.				
	c	Gain or (loss)						
		Net gain or (loss)			1,306,301.			1,306,301.
<u>e</u>		Gross income from fundraising						
enr		including \$	of					
}ev		contributions reported on line	1c). See					
erF		Part IV, line 18	а					
Other Reven		Less: direct expenses						
	c	Net income or (loss) from fund	Iraising events					
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities					
	10 a	a Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenu	e	Business Code				
		MAILING LIST		900099	51,443.			51,443.
	b	CREDIT CARD ROYALTIES		900099	9,004.			9,004.
	c							
		All other revenue		900099	1,489.			1,489.
	e	Total. Add lines 11a-11d		▶	61,936.			
	12	Total revenue See instructions		.	30 081 869.	178 744.	0.	2 223 895.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) (C) (A)
Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 752,052. 752,052. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 15,800. 15,800. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,218,644. 964,280. 40,750. 213,614. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,080,319. 8,766,257. 371,994. 1,942,068. Other salaries and wages 7 Pension plan accruals and contributions (include 623,060. 494,213. 19,425. 109,422. section 401(k) and 403(b) employer contributions) 45,552. 1,461,492. 1,159,263. 256,677. 9 Other employee benefits 920,310. 729,993. 28,692. 161,625. 10 Payroll taxes Fees for services (non-employees): 11 a Management 12,242. 10,358. 452. 1,432. Legal 116,121. 98,544. 3,952. 13,625. Accounting Lobbying 517,265. 517,265. Professional fundraising services. See Part IV, line 17 247,222. 247,222. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 5,095,793. 4,740,091. 209,278. 146,424. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,067,872. 3,166,974. 148,107. 752,791. 13 Office expenses Information technology 14 Royalties 15 2,940,764. 2,281,973. 100,935. 557,856. 16 Occupancy 1,266,714. 1,036,728. 17,310. 212,676. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 795. 3,863. 2,993. 75. 20 Payments to affiliates 21 149,092. 6,284. 36,496. 191,872. Depreciation, depletion, and amortization 22 13,829. 72,698. 56,495. 2,374. 23 Other expenses. Itemize expenses not covered 24 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.) 7,039. 154,010. 108,026. 38,945. MAILING LIST RENTAL 25,298. DUES AND SUBSCRIPTIONS 152,600. 120,949. 6,353. 40,367. STAFF DEVELOPMENT 52,099. 10,718. 1,014. 11,454. 346. 9,222. PERSONNEL ACQUISITIONS 21,022. 46,556. 36,104. 9,544. 908. e All other expenses 31,030,390. 24,742,006. 1,277,122. 5,011,262. Total functional expenses. Add lines 1 through 24e 25 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 X if following SOP 98-2 (ASC 958-720) 4,185,361. 1,764,332. 1,619,708. 801,321.

Form 990 (2016)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			3,776,274.	1	5,807,128.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		F	11,925,584.	3	4,411,287.
	4	Accounts receivable, net			445,903.	4	4,411,287. 404,975.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali		T			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	I(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9				982,483.	9	1,010,284.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,199,774.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	481,164.	10c	436,256.		
	11	Investments - publicly traded securities		38,451,777.	11	44,949,577.	
	12	Investments - other securities. See Part IV, line 1	274,739.	12	282,019.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	F F06 484	14	5 014 400		
	15	Other assets. See Part IV, line 11		5,596,471.	15	5,214,400.	
	16	Total assets. Add lines 1 through 15 (must equa			61,934,395.	16	62,515,926.
	17	Accounts payable and accrued expenses	2,523,995.	17	3,161,869.		
	18	Grants payable			22 001	18	160 100
	19	Deferred revenue			32,891.	19	162,120.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		T T		21	
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee				00	
Lia	00	Complete Part II of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		-		24	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines					
		Schedule D	-	•	4,356,203.	25	4,264,062.
	26	Total liabilities. Add lines 17 through 25			6,913,089.	26	7,588,051.
		Organizations that follow SFAS 117 (ASC 958			, .,,		, , , , , , , ,
S		complete lines 27 through 29, and lines 33 an		,			
nce	27	Unrestricted net assets			10,533,543.	27	15,935,482.
Fund Balances	28	Temporarily restricted net assets			32,294,391.	28	26,591,872.
D B	29				12,193,372.	29	12,400,521.
Ε̈́		Organizations that do not follow SFAS 117 (A					
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in		-		32	
Z	33	Total net assets or fund balances			55,021,306.	33	54,927,875.
	34	Total liabilities and net assets/fund balances			61,934,395.	34	62,515,926.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	.,03		
3	Revenue less expenses. Subtract line 2 from line 1	3		-948,521 55,021,306		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5						12.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		17	9,0	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	54	,92	7,8	75.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 53-0167933 THE WILDERNESS SOCIETY

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	•		-	•				
2		A school described in secti								
3		A hospital or a cooperative					ii).			
4		A medical research organiz						the hospital's name		
		city, and state:	анон ороналов и со-	njanionon mini a nicopina				and mospital o maine,		
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in		
5		section 170(b)(1)(A)(iv). (C		inege of drilversity owner	а ог орста	ica by a g	overnmental and desent	JCG 1		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
	X	, ,	· ·				` '	nublic described in		
′	21	An organization that norma	•	nilai pari oi ils support i	rom a gov	emmentai	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (Co		4\\4\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	. \					
8	Н	A community trust describe								
9		An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the colleg	je or		
		university:								
10	ш	An organization that norma								
		activities related to its exen	•	•			· ·	-		
		income and unrelated busir		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	•							
11	H	An organization organized a	· ·	•	-					
12	ш	An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·			
		more publicly supported or	-					Check the box in		
		lines 12a through 12d that	• •			-	•			
а			· ·	•	•	•				
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must c								
b			•					-		
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С							•	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d							• • • •			
		that is not functionally int	egrated. The organiz	cation generally must saf	tisfy a dist	ribution re	quirement and an attent	iveness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III			
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.				
f		er the number of supported o	-							
g		vide the following information			(iv) Is the orga	nization listed		[(-1) A		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)		
- Ota	<u> </u>									

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

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

Sec	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	34,840,384.	28,365,453.	25,889,895.	28,496,655.	27,679,230.	145,271,617.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	34,840,384.	28,365,453.	25,889,895.	28,496,655.	27,679,230.	145,271,617.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						23,476,547.
	Public support. Subtract line 5 from line 4.						121,795,070.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	34,840,384.	28,365,453.	25,889,895.	28,496,655.	27,679,230.	145,271,617.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 516 347	1 470 020	852,969.	940,798.	916,105.	E 70E 047
_	and income from similar sources	1,516,247.	1,478,928.	032,909.	940,790.	910,103.	5,705,047.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	17,603.	50,545.	45,481.	66,737.	1,489.	181,855.
11	Total support. Add lines 7 through 10	27,0001	30,3131	10,101	0077070	2,2031	151,158,519.
12		etc (see instruction	one)			12	637,598.
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			
	organization, check this box and stor				•	* * * *	
Sec	ction C. Computation of Publ						
14	Public support percentage for 2016 (line 6. column (f) d	ivided by line 11. c	column (f))		14	80.57 %
	Public support percentage from 2015					15	80.23 %
	33 1/3% support test - 2016. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i ere. Explain in Pai	rt VI how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶□

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4							
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0010	(h) 0010	(=) 0014	(4) 0015	(-) 0010	(6) Tatal
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
'	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_							<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2015					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
ı	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
Зс		
4a		
41-		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
9с		
10a		
401-		
10b m 990 or 99	1 90-F7	2016
555 61 3	,	,

Pa	rt IV Supporting C	Organizations (continued)			
	,	(oshinada)		Yes	No
11	Has the organization ac	cepted a gift or contribution from any of the following persons?			
а		r indirectly controls, either alone or together with persons described in (b) and (c)			
		dy of a supported organization?	11a		
b		rson described in (a) above?	11b		
	, ,	of a person described in (a) or (b) above?!f "Yes" to a, b, or c, provide detail in Part VI.	11c		
		orting Organizations	110		
	onon Di Typo i oupp	orang organizations		Yes	No
1	Did the directors truste	es, or membership of one or more supported organizations have the power to		163	140
•	·				
		t at least a majority of the organization's directors or trustees at all times during the			
		be in Part VI how the supported organization(s) effectively operated, supervised, or			
		on's activities. If the organization had more than one supported organization, s to appoint and/or remove directors or trustees were allocated among the supported			
	•		4		
•		conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		erate for the benefit of any supported organization other than the supported			
		rated, supervised, or controlled the supporting organization? If "Yes," explain in			
		uch benefit carried out the purposes of the supported organization(s) that operated,	_		
0		If the supporting organization.	2		
Sec	ction C. Type II Supp	porting Organizations			
				Yes	No
1		rganization's directors or trustees during the tax year also a majority of the directors			
		e organization's supported organization(s)? If "No," describe in Part VI how control			
	=	upporting organization was vested in the same persons that controlled or managed			
	the supported organizat		1		
Sec	ction D. All Type III s	Supporting Organizations			
				Yes	No
1	-	vide 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 Fo	orm 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?	1		
2	Were any of the organize	ation's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) ser	ving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintai	ned a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relation	ship described in (2), did the organization's supported organizations have a			
	significant voice in the o	rganization's investment policies and in directing the use of the organization's			
	income or assets at all t	mes during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations	played in this regard.	3		
Sec	ction E. Type III Fun	ctionally Integrated Supporting Organizations			
1	Check the box next to the	ne method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization s	atisfied the Activities Test. Complete line 2 below.			
b	The organization is	s the parent of each of its supported organizations. Complete line 3 below.			
С	The organization s	supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of th	e organization's activities during the tax year directly further the exempt purposes of			
	the supported organizat	ion(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organiz	ations and explain how these activities directly furthered their exempt purposes,			
	how the organization wa	s responsive to those supported organizations, and how the organization determined			
	that these activities cons	stituted substantially all of its activities.	2a		
b	Did the activities describ	bed in (a) constitute activities that, but for the organization's involvement, one or more			
		oported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		tion's position that its supported organization(s) would have engaged in these			
	activities but for the orga		2b		
3		ganizations. <i>Answer (a) and (b) below.</i>			
а	• • • • • • • • • • • • • • • • • • • •	e the power to regularly appoint or elect a majority of the officers, directors, or			
		supported organizations? Provide details in Part VI.	3a		
b		rcise a substantial degree of direction over the policies, programs, and activities of each			

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

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE WILDERNESS SOCIETY 53-0167933

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	, 0	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

THE WILDERNESS SOCIETY

53-0167933

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,184,915.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,750,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE WILDERNESS SOCIETY

53-0167933

(a) No. (b) (c) (d)	Part II	Noncash Property (See instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. (b) (b) FMV (or estimate) (see instructions) (a) No. (c) (c) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (from Description of noncash property given (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received	No. from		FMV (or estimate)	
No. (b) FMV (or estimate) (c) Co FMV (or estimate) Co Co FMV (or estimate) Co			- - - - \$	
(a) No. part I Description of noncash property given See instructions (C) Date received Date received See instructions (See instructions) (a) No. poscription of noncash property given See instructions (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received Date received See instructions (a) No. poscription of noncash property given See instructions) (a) No. poscription of noncash property given See instructions) (a) No. poscription of noncash property given See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received Date received Date received See instructions)	No. from		FMV (or estimate)	
No. from Description of noncash property given See instructions Description of noncash property given See instructions Date received Date received See instructions Date received See instructions Description of noncash property given See instructions Date received See instructions Date received See instructions Description of noncash property given See instructions Description of noncash property given See instructions Description of noncash property given See instructions Date received See instructions Description of noncash property given See instructions Date received Dat			- - - - - - \$	
(a) No. from Part I Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Part I Description of noncash property given See instructions) (a) No. from Description of noncash property given See instructions) (a) No. from Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	
No. from Part I Description of noncash property given FMV (or estimate) (See instructions) Date received			- - - - - \$	
(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Description of noncash property given Part I (b) Description of noncash property given (See instructions) (d) Date received	No. from		FMV (or estimate)	
No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Part I Description of noncash property given Part I (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)			- - - - - \$	
(a) No. from Part I (b) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	l .
No. (b) from Description of noncash property given Part I			- - - - \$	
	No. from		FMV (or estimate)	
			- - - - - \$	

THE WILDERNESS SOCIETY

53-0167933

Part III	Exclusively religious, charitable, etc., cont	ributions to organizations describ	d in section 501(c)(7), (8), o	or (10) that total more than \$1,000 for
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	s charitable etc. contributions of \$1.00	JWIIIY IIIIE EIIIIY. For organization	ons on \$
	Use duplicate copies of Part III if addition		A 1000 101 WING YOUR (LINES WING WING	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
			_	
		(e) Transfer of		
	Transferee's name, address, a			ansferor to transferee
		LIZIF + 4	nelationship of the	
(a) No. from	(h) Down one of wift	(2) 1122 26 2156	(d) Doo	ovintion of hour wift in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(-) NI-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
T GITT				
-		(e) Transfer of	 ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

2016

Open to Public Inspection

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(see separate instructions), then Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	e of organization	tions. Complete Fart III.		Em	ployer identification number
		DERNESS SOCIETY			53-0167933
Pa	rt I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	rt I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	>	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5 >	\$
	If the organization incurred a section				
	Was a correction made?				Yes Mo
	If "Yes," describe in Part IV. rt I-C Complete if the ord	ganization is exempt und	dor poetion 501/o	overnt continu 50:	1/0//2/
	Enter the amount directly expended	<u> </u>			
2 3 4	Enter the amount directly expended expended exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here a second of the second of	ther organizations for sand on Form 1120-POL IN) of all section 527 poid from the filing organia separate political org	ection 527	\$ Yes No ich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990 or 990-EZ) 2016	THE WILDER	NESS SOCIETY	•	53-0	167933 Page 2
Part II-A Complete if the or	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).					
A Check ► ☐ if the filing organize	ation belongs to an af	filiated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	are of excess lobbying	expenditures).			
B Check ► ☐ if the filing organiz	ation checked box A a	and "limited control" pro	ovisions apply.	-	
	its on Lobbying Expe iditures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)		239,748.	
b Total lobbying expenditures to inf	534,237.				
c Total lobbying expenditures (add	•	, , , , , ,		773,985.	
d Other exempt purpose expenditu				30,256,405.	
e Total exempt purpose expenditur				31,030,390.	
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				
If the amount on line 1e, column (a)		obying nontaxable am			
Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (e	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter -0			0.	
j If there is an amount other than z	ero on either line 1h o	line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	s year?			L	Yes No
(Some organizations	that made a section (eraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	438,098	428,275.	342,317.	773,985.	1,982,675.
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.
 Grassroots ceiling amount 					

98,227.

85,993.

Schedule C (Form 990 or 990-EZ) 2016

239,748.

1,500,000.

625,499.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

201,531.

Schedule C (Form 990 or 990-EZ) 2016 THE WILDERNESS SOCIETY 53-0167933 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Yes N	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
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c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
a it the iming organization incurred a cochon to iz tart, and it mo i citi in z joan i				
Complete if the organization is exempt under section 501(c)(4), section 5	501(c)(5),	or se	ction	
501(c)(6).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the pi		3		
answered "Yes." Dues, assessments and similar amounts from members		1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	cal			
expenditure next year?		4		
Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information		5		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	THE WILDERNESS SOCIETY	53-0167933
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	undo
3	· · · · · · · · · · · · · · · · · · ·	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	•
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	
Pai	impermissible private benefit?	
		lv, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historica	
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	> \$	9
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	•
	conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	the text of the footnote to its financial statements that describes these items.	,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art_historical
-	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	
	relating to these items:	service, previde the renewing amediae
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	W) A	. .
2	(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	
~	· · · · · · · · · · · · · · · · · · ·	ii, provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	L ¢
a	Revenue included on Form 990, Part VIII, line 1	
Ø	Assets included in Form 990, Part X	🖊 🐧

Par	t III	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Similar	Asse	ts (contin	ued)	
3	Using	g the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sigr	nificant us	e of its	collection	items	;
		ck all that apply):									
а	X	Public exhibition	d	Loan or excl	hange program	ıs					
b	X	Scholarly research	е	Other							
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explain	n how they further th	ne organization	i's exem	pt purpos	e in Parl	XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar a	ssets		_		
		sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			🗀	Yes	X	No
Par	t IV	Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Ye	es" on F	orm 990,	Part IV,	line 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the	e organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other asse	ets not in	cluded		_		
	on Fo	orm 990, Part X?						L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing table:							
									Amount		
С	Begir	nning balance					1c				
d	Addit	ions during the year					1d				
е	Distri	butions during the year					1e				
f	Endir	ng balance					1f		-		
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial accour	nt liability	/?	L	Yes	Щ	No
		es," explain the arrangement in Part XIII.									
Par	t V	Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo	rm 990, Part IV	/, line 10					
			(a) Current year	(b) Prior year	(c) Two years t						
	-	nning of year balance	19,065,772.	18,375,820.	18,877,			8,340.	16,	711,8	
		ributions	154,174.	2,218,389.				3,107.		89,1	
С		nvestment earnings, gains, and losses	1,573,719.	1,039,657.	106,	780.	-30	8,193.	3,	016,7	745.
d		ts or scholarships									
е	Othe	r expenditures for facilities									
		programs	874,235.	2,568,094.	778,	983.	61:	5,959.		589,4	168.
f	Admi	nistrative expenses									
g		of year balance	19,919,430.			820.	18,87	7,295.	19,	228,3	340.
2		de the estimated percentage of the curr	ent year end balanc	· ·	a)) held as:						
		d designated or quasi-endowment		_%							
b		anent endowment ► 62.25	7 7 5								
С		,	7.75 %								
_		percentages on lines 2a, 2b, and 2c sho	•								
за		here endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	a for the	organiza	tion	Г	, 	
	by:									Yes	X
		nrelated organizations							3a(i)		X
	(II) re	elated organizations	#1						3a(ii)	-+	
		es" on line 3a(ii), are the related organiza							3b		
4 Dar	t VI	ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment tunas.							—
ı aı	L VI	Complete if the organization answered) Part IV line 11a S	oo Form 000 F	Part V lir	20.10				
			(a) Cost or of					1	(d) Pook	- Value	
		Description of property	basis (investr	, ,	I	. ,	umulated eciation		(d) Book	value	
10	Land		•	ionity Daois	(Janon)	асріе	Joiation				
		inge									
		ings ehold improvements		2.28	6,585.	2.18	30,86	6.	105	71	9 -
		oment			0,844.		11,96			3,87	
		r			2,345.		70,68			, 65	
		lines 1a through 1e. (Column (d) must e						<u> </u>	436	, 25	6.
		5 (-, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,,	, (//	/						

Part VII	Investments -	Other	Securities

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		line 11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 D 111/	" 44 LO E 000 B LV " 46	_
Complete if the organization answered "Yes"	Description	line 11d. See Form 990, Part X, line 15	(b) Book value
DENIESTATI THEODOGO	Description		5,214,400.
			5,214,400.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tabel (Column (b) must equal Form 200, Part V, eq. (P) line			5,214,400.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 9 15.)</u>		> 3,214,400
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11e or 11f See Form 900 Part V	line 25
() 5	OITT OITT 930, T art IV,	(b) Book value	ille 23.
"		(b) Book value	
DEFENDED DELIM		1,403,682.	
PERCETEG		6,800.	
(3) DEPOSITS (4) PLANNED GIVING LIABILITIE	S	2,853,580.	
		2,033,300.	
(5) (6)			
			
(7) (8)			
(9)	-		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.25)	4,264,062.	
Total (Column to) must equal Form 350, Falt A, COL (B) IIII		1,201,002	

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

Pai	rt XI	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total	revenue, gains, and other support per audited financial statements		1			
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net u	nrealized gains (losses) on investments	2a				
b	Donat	ted services and use of facilities	2b				
С	Recov	veries of prior year grants	2c				
d	Other	(Describe in Part XIII.)	2d				
е		nes 2a through 2d		2e			
3	Subtr	Subtract line 2e from line 1		3			
4	Amou	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а		tment expenses not included on Form 990, Part VIII, line 7b					
b	Other	(Describe in Part XIII.)	4b				
С		nes 4a and 4b		4c			
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5			
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1		expenses and losses per audited financial statements		1			
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а		ted services and use of facilities	2a	4			
b	Prior y	year adjustments		4			
С		losses		4			
d		(Describe in Part XIII.)	2d				
		nes 2a through 2d		2e			
3		act line 2e from line 1		3			
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а		tment expenses not included on Form 990, Part VIII, line 7b		-			
b		(Describe in Part XIII.)	4b				
_		nes 4a and 4b		4c			
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5			
Part XIII Supplemental Information.							
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,							
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
DADM TTT TINE 1A.							
PART III, LINE 1A:							
שער פטינים אווי סמטים מער שמונים אווי אסיים אווי אסיים איני של מארי אסיים איני איני אסיים איני איני איני איני א							
THE SOCIETY'S COLLECTIONS INCLUDE ARTWORK AND PHOTOGRAPHS THAT ARE HELD							
FOR EDUCATIONAL PURPOSES. EACH ITEM IS PRESERVED AND CARED FOR IN A MANNER							
FOR EDUCATIONAL FORFOSES. EACH TIEM IS FRESERVED AND CARED FOR IN A MANNER							
STI	MTT.Z	R TO WORKS OF ART HELD FOR PUBLIC EXHIE	RITTON, THE COLI	.EСT	TONS WHICH		
011	.11112	IN 10 WORKED OF ART HEED TOR TODETC EARLIE	JIIION. IIII CODE	шст	TOND, WIITCH		
WERE ACQUIRED THROUGH VARIOUS DONATIONS SINCE THE SOCIETY'S INCEPTION, ARE							
WERE ACQUIRED THROUGH VARIOUS DONATIONS SINCE THE SOCIETY S INCEPTION, ARE							
NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION.							
"OT VECCOUTURE WE VESSELD ON THE STATEMENTS OF LIMMICTAL LOSTITOM.							
PART V, LINE 4:							
· , — ·							
THE SOCIETY MAINTAINS TWO TYPES OF ENDOWMENT FUNDS: GENERAL ENDOWMENT							
(DONOR-RESTRICTED) AND CAPITAL RESERVES.							

Contradic D (1 cm) 600/2010 ==== ==============================
Part XIII Supplemental Information (continued)
DONORS WITH AN OPTION TO PROVIDE THE SOCIETY WITH A LONG-LASTING BENEFIT
TO THE ORGANIZATION.
GENERAL ENDOWMENT FUNDS ARE AGGREGATED FOR INVESTMENT PURPOSES AND THE
ACCUMULATED EARNINGS AND LOSSES FROM THESE INVESTMENTS ARE ACCOUNTED FOR
AS TERM ENDOWMENT FUNDS, WITH SPECIFIC TIME AND PURPOSE RESTRICTIONS
GOVERNING THEIR USE.
THE AVAILABILITY OF TERM FUNDS IS DETERMINED BY A GOVERNING COUNCIL
APPROVED POLICY, SUBJECT TO PERIODIC REVIEW AND CHANGES DUE TO FINANCIAL
CONDITIONS. SINCE 1998, THE POLICY HAS PROVIDED FUNDS TO FUND PROGRAM AND
SUPPORT FUNCTIONS. WHERE SPECIFIC USE OF THESE EARNINGS HAS BEEN
REQUESTED BY THE DONOR, SUCH AS IN SUPPORT OF A SPECIFIC REGION OR BODY OF
WORK, THE FUNDS ARE HELD IN RESTRICTION UNTIL THE PURPOSE IS SATISFIED.
PART X, LINE 2:
MANAGEMENT HAS CONCLUDED THAT THE SOCIETY HAS PROPERLY MAINTAINED ITS
EXEMPT STATUS AND THERE ARE NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30,
2017.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

3 a Sub-total 0 0 0 57,861. b Total from continuation sheets to Part I 0 0 0	THE WILDERNESS	SOCIETY				53-016793	3
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance; the grantees eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States. 2 For grantmakers. Describe in Part V the organization's procedures for monitorial its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number o	Part I General Info	rmation on A	Activities Ou	tside the United States. Comple	ete if the organ	nization answered "	es" on
Per grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (D) Number of Indices in the region (Incess in the region of Internations of Internations in the region of Internations of International	Form 990, Part I	V, line 14b.					
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region of offices in the region of other contractors in the region of other contractors in the region of the region of other contractors in the region of the region of the region of service(s) in the							
United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region in the region in the region of (2) Number of contractors in the region in the region in the region of	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? L	Yes L No
3 A SUB-total 0 0 0 0 FUNDRAISING (S) Region (The following Part I, line 3 table can be duplicated if additional space is needed. (a) Region (D) Number of	2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
(a) Region (b) Number of offices in the region offices in the region in the region offices in the region offices in the region offices in the region offices in the region of offices in the region of service(s) in the region of	United States.						
### Stable of the region of th							
CONTRACTOR recipients located in the region of service(s) in the region in the region in the region in the region of service(s) in the region of service(s) in the region	(a) Region	1 ' '	(c) Number of employees.				
CONTRACTOR recipients located in the region of service(s) in the region in the region in the region in the region of service(s) in the region of service(s) in the region			agents, and				for and
EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 FUNDRAISING 57,861.		ar the region	contractors	- · · · · · · · · · · · · · · · · · · ·			
3 a Sub-total 0 0 0 0 57,861.			in the region				in the region
3 a Sub-total 0 0 0 0 57,861.							
3 a Sub-total 0 0 0 57,861. b Total from continuation sheets to Part I 0 0 0	EUROPE (INCLUDING						
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a	ICELAND & GREENLAND)	0	0	FUNDRAISING			57,861.
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a							
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b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a							
sheets to Part I 0 0 0 0. c Totals (add lines 3a	3 a Sub-total	0	0				57,861.
c Totals (add lines 3a							
		0	0				0.
	c Totals (add lines 3a and 3b)	_	0				57,861.

recipient who red	ceived more than \$5,	,000. Part II can be dupli	cated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the n 501(c)(3) equivalency letter					
2 Enter total number of			• • • • •					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

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

Part III can be duplicated if a	dditional space is neede	d.	_				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_							

Schedule F (Form 990) 2016 Part IV Foreign Forms

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

Schedule F (Form 990) 2016

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

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization

THE WILDERNESS SOCIETY

Employer identification number
53-0167933

Part I Fundraising Activities required to complete this part	- Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursue	tion of tion of fundra (inclu- profess	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have co or cor contrib	aiser ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AB DATA - 600 AB DATA DR, MILWAUKEE, WI 53217	DIRECT MAIL	Yes	No X	4,665,308.	116,000.	4,549,308.
THE HARRINGTON AGENCY, LLC - 212 S CHESTER RD, SWARTHMORE, DONOR SERVICES GROUP LLC -	DIGITAL MARKETING		х	1,387,937.	210,903.	1,177,034.
6715 SUNSET BLVD, HOLLYWOOD, INTERACTIVE STRATEGIES, LLC -	TELEMARKETING		х	92,752.	64,931.	27,821.
1140 CONNECTICUT AVE, NW,	FUNDRAISING CONSULTING		х	0.	125,431.	-125,431.
Total 3 List all states in which the organization or licensing. AK, AL, AR, CA, CO, CT, FL,					d it is exempt from r	egistration
NY,OH,OK,OR,PA,RI,SC,		MA,	mu,	ME,MI,MN,M	S, MO, NC, ND	, NH , NO , NH
	· · · · · · · · · · · · · · · · · · ·			·		

		of fundraising event contributions and gro	oss income on Form 990	0-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa	rt	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.			roportou moro unum	
		,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Schedule G (Form 990 or 990-EZ) 2016 THE WILDERNESS SOCIETY	53-01	679	33 P	age 3
11 Does the organization conduct gaming activities with nonmembers?		Y		∐No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to administer charitable gaming?	[Y	es 🗌	□No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		l3a		%
b An outside facility		l3b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:			
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es 🗀	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	nount			
of gaming revenue retained by the third party >\$				
c 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:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		Y	es 🗆	□No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe				
organization's own exempt activities during the tax year > \$				
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	d Part III, line	s 9, 9l	b, 10b, 1	15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS	ATSERS			
CHIDOLI C, IMI I, LINE 2D, LIST OF TEN HIGHEST TAID TONDE	<u>uri bilito</u>	•		
/ T \ NAME OF FINDDATGED FUR WARRINGTON ACTION TO C				
(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY, LLC				
(I) ADDRESS OF FUNDRAISER: 212 S CHESTER RD, SWARTHMORE, PA	1908	1		
(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP LLC				
(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD, HOLLYWOOD, CA	90028			
(I) NAME OF FUNDRAISER: INTERACTIVE STRATEGIES, LLC				

Part IV Supplemental Information (continued)
(I) ADDRESS OF FUNDRAISER: 1140 CONNECTICUT AVE, NW, WASHINGTON, DC 20036
PART I, LINE 2B, COLUMN (V):
TWS USES DIFFERENT TELEMARKETING VENDORS FOR DIFFERENT TYPES OF
FUNDRAISING CAMPAIGNS. WE EXPECT GAINS FORM VENDORS WHO DO REVEWAL
CALLING AND VENDORS WHO DO APPEALS TO EXISTING MEMBERSHIP. BOTH PRODUCE
SUBSTANTIAL, IMMEDIATE NET INCOME. OTHER TELEMARKETING VENDORS WORK ON
DIFFERENT CAMPAIGNS SUCH AS LAPSED REINSTATEMENTS AND SUSTAINER (MONTHLY
GIVING) INVITES WHICH ARE, BY DESIGN, BUDGETED AT AN INITIAL NET LOSS.
THEY ARE INTENDED TO REINSTATE LAPSED DONORS OR RECRUIT MONTHLY
CONTRIBUTORS AND NET INCOME IN FUTURE MONTHS AFTER THE CAMPAIGNS ARE
OVER.
THE AMOUNT PAID TO OR RETAINED BY FUNDRAISERS REFLECTS FEES FOR
FUNDRAISING SERVICES. THESE FUNDRAISERS ALSO RECEIVE REIMBURSEMENTS FOR
EXPENSES. THESE AMOUNTS ARE BILLED SEPARATELY AS-INCURRED. AB DATA
RECEIVED \$809,384 IN REIMBURSEMENTS; DONORS SERVICES GROUP RECEIVED
\$2,732 IN REIMBURSEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
THE WILDE		CIETY					53-0167933
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(D) EIIV	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
SOUTHERN APPALACHAIN WILDERNESS							
STEWARDS - 12115 NEW HIGHWAY 68 -							
TELLICO PLAINS, TN 37385	472407669	501(C)3	125,000.	0.			CONSERVATION PROJECT
TAXPAYERS FOR COMMON SENSE							
651 PENNSYLVANIA AVE SE							
WASHINGTON, DC 20003	521941122	501(C)3	60,000.	0.			CONSERVATION PROJECT
PROJECT FOR CLEAN ENERGY AND							
PO BOX 65491							
WASHINGTON, DC 20035	465272509	501(C)4	60,000.	0.			CONSERVATION PROJECT
WASHINGTON, DC 20033	403272303	501(0 /4	00,000.	0.			CONSERVATION PRODECT
WEST VIRGINIA RIVERS COALITION,							
INC 3501 MACCORKLE AVE, SUITE							
129 - CHARLESTON, WV 25304	521736621	501(C)3	50,000.	0.			CONSERVATION PROJECT
CONFEDERATED SALISH AND KOOTENAI			,				
TRIBES OF THE FLATHEAD RESERVE -							
51383 HWY, 93N, PO BOX 278 -							
PABLO, MT 59855	810230409	7871/115	40,000.	0.			CONSERVATION PROJECT
KLAMATH-SISKIYOU WILDLANDS CENTER							
PO BOX 102	004046400	501/5 \2	26.615	_			
ASHLAND, OR 97520 2 Enter total number of section 501(c)(3) a	931246139	501(C)3	36,813.	0.			conservation project 25

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

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (f) Method of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NEXTGEN CLIMATE AMERICA INC 111 SUTTER ST, 10TH FLOOR SAN FRANCISCO, CA 94104 462525580 501(C)3 30,000 0 CONSERVATION PROJECT MONTANA WILDERNESS ASSOCIATION 80 S. WARREN ST. HELENA, MT 59601 510198932 501(C)3 27,500 0 CONSERVATION PROJECT WILD CONNECTIONS INC 2168 PHEASANT PL COLORADO SPRINGS, CO 80909 141899876 501(C)3 25,339 0 CONSERVATION PROJECT GREENFAITH INC 101 SOUTH THIRD AVE, STE 12 25,000 HIGHLAND PARK, NJ 08904 223452273 501(C)3 0 CONSERVATION PROJECT GREAT OLD BROADS FOR WILDERNESS 605 E. 7TH ST. 870479828 0 DURANGO, CO 81301 501(C)3 25,000 CONSERVATION PROJECT WESTERN ENVIRONMENTAL LAW CENTER 1216 LINCOLN ST EUGENE, OR 97401 931010269 501(C)3 0 CONSERVATION PROJECT 21,000. APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129 046001677 501(C)3 20 000 0 CONSERVATION PROJECT CALIFORNIA WILDERNESS COALITION PO BOX 11094 CONSERVATION PROJECT OAKLAND, CA 94611 510183228 501(C)3 20,000. 0 AMERICAN RIVERS INC 1101 14TH ST, NW, STE 1400 WASHINGTON, DC 20005 237305963 501(C)3 20,000. 0 CONSERVATION PROJECT

Part II Continuation of Grants and Othe	er Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA CLUB FOUNDATION							
2101 WEBSTER ST, STE 1250							
OAKLAND, CA 94612	946069890	501(C)3	17,000.	0.			CONSERVATION PROJECT
WESTERN LEADERS NETWORK							
1309 EAST 3RD AVE., STE 22							
DURANGO, CO 81301	820625994	501(C)3	15,000.	0.			CONSERVATION PROJECT
METHOW VALLEY CITIZENS' COUNCI PO BOX 774							
TWISP, WA 98856	911061350	501(C)3	15,000.	0.			CONSERVATION PROJECT
VIRGINIA WILDERNESS COMMITTEE 423 SHEEP CREEK LANE							
FAIRFIELD, VA 24435	311641293	501(C)3	15,000.	0.			CONSERVATION PROJECT
HIGH COUNTRY CONSERVATION ADVOCATES - P.O. BOX 1066 -							
CRESTED BUTTE, CO 81224	840772688	501(C)3	15,000.	0.			CONSERVATION PROJECT
WINTER WILDLANDS ALLIANCE 910 MAIN STREET, STE 235	000503454	501/5 \2	11,000	2			
BOISE, ID 83702	820523471	501(C)3	11,000.	0.			CONSERVATION PROJECT
COLORADO MOUNTAIN CLUB 710 10TH ST, STE 200							
GOLDEN, CO 80401	840410760	501(C)3	10,000.	0.			CONSERVATION PROJECT
RIVERS & BIRDS PO BOX 819							
ARROYO SECO, NM 87514	850457644	501(C)3	10,000.	0.			CONSERVATION PROJECT
REP ENVIROMENTAL EDUCATION FOUNDATION - 11705 SUMACS ST, -							
DAKTON, VA 22124	311683604	501(C)3	10,000.	0.			CONSERVATION PROJECT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WILDERNESS WORKSHOP PO BOX 1442 CARBONDALE, CO 81623	741900412	501(C)3	7,500.	0.			CONSERVATION PROJECT			
NATURAL RESOURCES DEFENSE COUN 1200 NEW YORK AVE, NW. STE 400 WASHINGTON, DC 20005	132654926	501(C)3	6,000.	0.			CONSERVATION PROJECT			
WYOMING WILDLIFE FEDERATION PO BOX 1312 LANDER, WY 82520	237002578	501(C)3	6,000.	0.			CONSERVATION PROJECT			

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

Part III can be duplicated if additional space is needed.	·	· ·			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GLORIA BARRON WILDERNESS SOCIETY SCHOLARSHIP	2	10,000.	0.		
EARTH DAY SCHOLARSHIP	1	5,800.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
GRANT AND AWARDS TO OTHER ORGANIZA	TIONS AR	E REQUESTE	D AND MONI	TORED BY	
PROGRAM STAFF. THE PRIMARY CRITER	RION FOR	AN AWARD I	S THE RECE	IVING	
ORGANIZATION WILL USE THE FUNDS FO	R ACTIVI	TIES WHICH	SUPPORT T	HE SOCIETY'S	
MISSION. A REQUEST IS SENT TO THE	TWS FIN	ANCE DEPAR	TMENT WITH	THE	
FOLLOWING INFORMATION: 1) AN OUTLI	NE OF TH	E PROPER U	SE OR REST	RICTIONS FOR	
THE USE OF THE FUNDS BY THE RECEIV	ING ORGA	NIZATION;	2) A LIST	OF THE	
RECEIVING ORGANIZATIONS BOARD MEME	BERSHIP;	3) ANY KNO	WN OVERLAP	PING BOARD OR	
EMPLOYEE RELATIONSHIPS; 4) A STATE	MENT FRO	M THE TWS	STAFF MEMB	ER STATING	

53-0167933 Page 2 THE WILDERNESS SOCIETY Schedule I (Form 990) Part IV Supplemental Information THAT THERE EXISTS NO CONFLICT OF INTEREST BETWEEN THE SOCIETY AND THE RECEIVING ORGANIZATION, BETWEEN THE EMPLOYEE OR THEIR FAMILY MEMBERS AND THE RECEIVING ORGANIZATION, OR ANY BOARD MEMBER; 5) A COPY OF THE RECEIVING ORGANIZATION'S ANNUAL BUDGET. REVIEWS ARE DONE BY FINANCE STAFF TO ENSURE THAT GRANTS ARE MADE IN COMPLIANCE WITH THE SOCIETY'S MISSION AND CONFLICT OF INTEREST POLICY. ONCE THE FUNDING IS APPROVED AND ISSUED, PROGRAM STAFF MONITOR THAT THE RECEIVING ORGANIZATION HAS USED THE FUNDS AS AGREED. ON ACCEPTANCE OF PROPOSAL, THE RECEIVING ORGANIZATION MUST SIGN A LETTER OF AGREEMENT, WHICH OUTLINES THE TERMS AND CONDITIONS FOR THE AWARD, RESTRICTIONS PLACED ON THE USE OF THE FUNDS, INCLUDING LOBBYING RESTRICTIONS, DUE DATES FOR INTERIM AND FINAL NARRATIVES, FINANICAL TANGIBLE SUCCESSES ACHIEVED WITH THE FUNDING, INCLUDING ANY REPORTS, AND UNEXPECTED CHALLENGES ENCOUNTERED DURNG THE GRANT PERIOD. THE NARRATIVE AND ACCOUNTING ARE REVIEWED BY TWS PROGRAM STAFF TO ENSURE PROPER USE AND ACCOMPLISHMENT OF GOALS. WHERE APPROPRIATE, A MORE DETAILED EXPLANATION FOR EXPENDITURE AND ACCOMPLISHMENTS MAY BE REQUESTED.

SCHEDULE J (Form 990)

Compensation Information

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 www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE WILDERNESS SOCIETY

Employer identification number 53-0167933

Ps	rrt I Questions Regarding Compensation	10//		
1 6	act access negarang compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Forestards vived (add) as, maid, shadhar, shar			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradices, and emests, mendaning the electroness process, regularing the terms emested entitles for			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom 300 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	Participate in, or receive payment from, an equity-based compensation arrangement?			X
ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The foot to dry of lines fare, list the persons and provide the applicable amounts for each terminal artific			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			_
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
U	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	1 regulation 5 300 from 50.4300 (b):	9	L	

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) JAMIE WILLIAMS	(i)	340,602.	0.	0.	15,900.	8,302.	364,804.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) AMELIA HELLMAN	(i)	204,513.	0.	0.	12,311.	1,792.	218,616.	0.
VP PHILANTHROPY (TO AUG '17)	(ii)	0.	0.	0.	0.	0.		0.
(3) THOMAS F. TEPPER JR.	(i)	196,768.	0.	0.	12,335.	10,722.	219,825.	0.
VP FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELYSSA L. WATSON	(i)	203,404.	0.	0.	12,644.	8,933.		0.
VP CONSERVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHARINE L. THOMAS	(i)	181,083.	0.	0.	11,072.	5,372.	197,527.	0.
VP COMMUNICATIONS & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALLEN MAY	(i)	143,654.	0.	0.	8,972.	7,800.	160,426.	0.
SR DIR OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEBORAH LIU	(i)	142,545.	0.	0.	3,260.	4,304.	150,109.	0.
VICE PRESIDENT & GENERAL COUNCIL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CATHLEEN GRAMS	(i)	140,011.	0.	0.	8,739.	7,255.	156,005.	0.
DEPUTY VP PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
PATRICIA HOLMES \$54,183

SCHEDULE M (Form 990)

Noncash Contributions

2016

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

THE WILDERNESS SOCIETY

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

Name of the organization

Employer identification number 53-0167933

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amou	nts
1	Art - Works of art			, , ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	47	1,396,632.	RESALE VALU	E	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other ▶ (SOFTWARE)	X	1	134,268.	E'MT7		
25	`			134,200•	LHV		
26 27	Other () Other ()						
28	Other ()						
<u>20</u> 29	Number of Forms 8283 received by the organi	zation durin	n the tay year for o	ontributions			
25	for which the organization completed Form 82		•				
	To whom the organization completed from 62	00,1 4111,1	Doned / totalowica	20 j		Ye	s No
30a	During the year, did the organization receive b	v contributio	on any property rer	oorted in Part I. lines 1 throug	gh 28, that it	10.	110
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period		•	•		30a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31 X	
32a	Does the organization hire or use third parties						
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

THE WILDERNESS SOCIETY

Employer identification number 53-0167933

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

SOCIETY WORKS STRATEGICALLY AND COLLABORATIVELY WITH LAWMAKERS, LAND

MANAGERS, LOCAL COALITIONS AND INTERESTED CITIZENS TO LEAD NATIONAL

POLICY ISSUES ON WILDERNESS AND PUBLIC LANDS. TO FIND OUT MORE ABOUT

OUR AMAZING 80-YEAR HISTORY OF SUCCESSES AND THE MANY PROGRAMS AND

PLACES WE WORK, VISIT WWW.WILDERNESS.ORG.

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

ENSURE THAT ALL PEOPLE CAN ACCESS AND SHARE THE BENEFITS OF THE

OUTDOORS, FROM THE URBAN TO THE WILD. WE LED THE EFFORT TO ESTABLISH

THE NATIONAL WILDERNESS PRESERVATION SYSTEM IN 1964, WHICH HAS NOW

GROWN TO 109 MILLION ACRES OF PERMANENTLY PROTECTED WILDLANDS THAT

PRESERVE AMERICA'S NATURAL HERITAGE. FEDERAL PUBLIC LANDS, WHICH BELONG

TO ALL AMERICANS, FACE GROWING THREATS. THOSE ACRES AND MILLIONS MORE

REQUIRE ACTION TO CONSERVE THEIR NATURAL CHARACTER. SEE

WWW.WILDERNESS.ORG.

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

LANDS.

WE ALSO DEVOTE CONSIDERABLE RESOURCES TO DEFENDING THE NATION'S BEDROCK

CONSERVATION LAWS THAT HAVE COME UNDER ATTACK FROM THE ADMINISTRATION,

CONGRESS AND STATE LEGISLATURES. FOR THE SAKE OF PRIVATE PROFITS,

POLICY MAKERS IN WASHINGTON HAVE PRIORITIZED RESOURCE EXTRACTION ON

PUBLIC LANDS AT THE EXPENSE OF CONSERVATION, RECREATION AND OTHER USES.

SOME ANTI-CONSERVATIONISTS OPPOSE THE VERY CONCEPT OF PUBLIC LANDS

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** THE WILDERNESS SOCIETY 53-0167933 OWNED BY ALL AMERICANS. WE ARE ALSO CONCERNED ABOUT THE PACE AND DISRUPTION OF CLIMATE CHANGE WHICH IS ALTERING ECOSYSTEMS THROUGHOUT THE NATION. CLIMATE CHANGE DEMANDS THAT WE APPLY SCIENTIFIC RESEARCH AND ANALYSIS AS WELL AS A BROADER GEOGRAPHIC SCOPE TO IDENTIFY AND PROTECT LARGER AREAS TO CONNECT AT-RISK LANDS, PROVIDE RESILIENCY AND OFFER MIGRATION CORRIDORS FOR WILD ANIMALS AND PLANTS. SEE HTTP://WILDERNESS.ORG/RESOURCES/ FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: GENERATIONS. AMERICA'S PUBLIC LANDS WILL CONTINUE TO PLAY AN IMPORTANT ROLE IN FIGHTING CLIMATE CHANGE AND THE TRANSITION TO CLEANER, RENEWABLE ENERGY LIKE WIND AND SOLAR. BUT WILDLANDS SUFFER WHEN ENERGY ISN'T DEVELOPED IN SMART WAYS AND IN APPROPRIATE PLACES. THE WILDERNESS SOCIETY BRINGS THE HIGHEST LEVEL OF EXPERTISE, RESEARCH AND SCRUTINY TO LEASING PRACTICES TO MOVE ENERGY DEVELOPMENT AWAY FROM LAND THAT SHOULD BE PRESERVED FOR THEIR CONSERVATION, CLEAN WATER AND RECREATION VALUES. OVER THE NEXT 20 YEARS, MORE THAN 300 MILLION ACRES OF PUBLIC LAND WILL BE AT RISK OF ENERGY DEVELOPMENT. SEE HTTPS://WILDERNESS.ORG/SITES/DEFAULT/FILES/TOOWILDTODRILL.PDF. FORM 990, PART VI, SECTION A, LINE 2:

DAVID BONDERMAN AND RICHARD BLUM ARE RELATED THROUGH A BUSINESS

RELATIONSHIP.

Name of the organization

THE WILDERNESS SOCIETY

Employer identification number
53-0167933

CAROLINE GETTY AND MICHAEL MANTELL ARE RELATED THROUGH A BUSINESS

RELATIONSHIP.

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

AFTER FORM 990 HAS BEEN PREPARED, IT IS EXAMINED BY THE VICE PRESIDENT,

FINANCE & ADMINISTRATION FOR ACCURACY AND COMPLETENESS. THE DOCUMENT IS

THEN PRESENTED TO AND REVIEWED BY THE PRESIDENT AND VICE PRESIDENTS OF

CONSERVATION, COMMUNICATION, AND PHILANTHROPY. SUBSEQUENTLY, IN ADDITION,

FORM 990 IS PROVIDED TO THE GOVERNING COUNCIL FOR A FURTHER REVIEW BEFORE

IT IS FILED.

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

TWS HAS A WRITTEN CONFLICT OF INTEREST POLICY. IT IS REVIEWED ANNUALLY. ALL STAFF, INCLUDING OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, MUST CERTIFY ANUALLY THAT THEY HAVE READ AND FAMILIARIZED THEMSELVES WITH THE POLICY, AND DISCLOSE ANY POTENTIAL CONFLICTS. STAFF DISCLOSE WHETHER THEY SERVE AS BOARD MEMBERS OR OFFICERS OF ANY OTHER ORGANIZATION WHOSE MISSION AND ACTIVITIES MAY OVERLAP WITH THOSE OF TWS. FURTHER, ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES DISCLOSE ANY RELATED ORGANIZATION COMPLETED FORMS ARE REVIEWED AND ANY POTENTIAL CONFLICTS RELATIONSHIPS. ARE DISCUSSED ADN ADDRESSED AS APPROPRIATE TO ENFORCE COMPLIANCE WITH THE POLICY. ALL STAFF INCLUDING OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES, NOTIFY THE ORGANIZATION IF CIRCUMSTANCES CHANGE THROUGH TTHE COURSE OF THE FISCAL YEAR AND THE CHANGED CIRCUMSTANCES ARE DISCUSSED AND ADDRESSED AS APPROPRIATE TO REMAIN IN COMPLIANCE WITH THE POLICY.

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

EXECUTIVE COMPENSATION IS EXAMINED ANNUALLY AT THE WILDERNESS SOCIETY BY

Name of the organization	Employer identification number
THE WILDERNESS SOCIETY	53-0167933
THE COMPENSATION COMMITTEE, WHICH REVIEWS AND APPROVES TH	E COMPENSATION OF
THE PRESIDENT AND OFFICERS EACH YEAR. AN INDEPENDENT CON	SULTING FIRM THAT
REGULARLY PROVIDES EXECUTIVE COMPENSATION STUDIES FOR TAX	EXEMPT ENTITIES
IS ALSO ENGAGED NO LESS THAN EVERY THREE YEARS TO PROVIDE	AN ASSESSMENT.
THE FIRM PROVIDES MARKET ANALYSIS ON OUR POSITIONS USING	COMPARABLE
ORGANIZATIONS, MATCHING POSITIONS DIRECTLY TO SALARY DATA	., AND UTILIZING A
'TOP PAID' ANALYSIS IN THE FINAL REPORT OF MARKET FINDING	S.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS,	MO, NC, ND, NM, NY, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
	_
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM	990 AVAILABLE TO
THE PUBLIC ON ITS WEBSITE. FORM 1023 AND THE CONFLICT OF	INTEREST POLICY
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEMPORARY AGENCY SERVICES:	
PROGRAM SERVICE EXPENSES	19,949.
MANAGEMENT AND GENERAL EXPENSES	871.
FUNDRAISING EXPENSES	608.
TOTAL EXPENSES	21,428.
VOLUNTEER EXPENSES:	
PROGRAM SERVICE EXPENSES	76,468.
MANAGEMENT AND GENERAL EXPENSES	3,339.
FUNDRAISING EXPENSES	2,333.

TOTAL EXPENSES DIRECT MAIL: PROGRAM SERVICE EXPENSES	82,140.
PROGRAM SERVICE EXPENSES	
	369,881.
MANAGEMENT AND GENERAL EXPENSES	16,149.
FUNDRAISING EXPENSES	11,283.
TOTAL EXPENSES	397,313.
PRODUCTION/ DESIGN:	
PROGRAM SERVICE EXPENSES	145,353
MANAGEMENT AND GENERAL EXPENSES	6,346.
FUNDRAISING EXPENSES	4,434.
TOTAL EXPENSES	156,133.
COMPUTER SERVICE:	
PROGRAM SERVICE EXPENSES	947,583
MANAGEMENT AND GENERAL EXPENSES	41,371.
FUNDRAISING EXPENSES	28,904.
TOTAL EXPENSES	1,017,858.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	3,180,857.
MANAGEMENT AND GENERAL EXPENSES	141,202.
FUNDRAISING EXPENSES	98,862.
TOTAL EXPENSES	3,420,921.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,095,793

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE WILDERNESS SOCIETY

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

53-0167933

(a)	(b)	(c)	(d)	(e)	1		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)					Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
THE WILDERNESS SOCIETY ACTION FUND - 82-1742996, 1615 M STREET, NW, WASHINGTON,								37
DC 20036	ADVOCACY AND AWARENESS	DISTRICT OF COLUMBIA	501(C)(4)					Х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	ations?	amount in box	managin partner	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		asseis	Yes	No	20 of Coffication	Yes N	5
_											
-	1										
	-										
											<u> </u>
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	1										
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							•		•		•

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?					
		country)		,				Yes	No					
]													
]													
]													
]													
	1													
	1													

Yes No

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X			
	Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
							Х			
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1 g		X			
h	h Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
							Х			
	k Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	Х				
	Reimbursement paid to related organization(s) for expenses				1 p		X			
q	Reimbursement paid by related organization(s) for expenses				1q	X				
							37			
	Other transfer of cash or property to related organization(s)				1r 1s		X			
s Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t I	his line, including covered	relationships and transaction thresholds.						
	(a) Name of related organization	(d) Method of determining amount in								
	Tumo o i o uno o i gui iluation	Transaction type (a-s)	Amount involved	Motriod of dotormining arribant in	voived					
(1)										
(2)										
(3)										
(4)										
(5)										
(e)										
(6)	09-06-16			Schedule	D /Fa:::	000	10016			
637767	09-06-16			Schedule	BURCH	11 990	1 ZU 10			

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes N		assets	Yes	No	(Form 1065)	Yes N	ю	
	1											
	1											
	1											
	1											
	-											
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