Form	aan
Form	330

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2021 calendar year, or tax year beginning and	ending									
B C	heck if oplicab	e: C Name of organization		D Employer ider	ntific	cation number						
X	Addre	ss wildaid, inc.										
	Name			20-36444	41							
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te E Telephone nur	nbe	r						
	Final Final		1200	(415)834-	317	4						
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	City or town, state or province, country, and ZIP or foreign postal code G Gross receipts									
	Amer returr	SAN FRANCISCO, CA 94104	SAN FRANCISCO, CA 94104 H(a) Is this a g									
	Appli 	F Name and address of principal officer: FEIER KNIGHTS		for subordina	ates	? Yes X No						
	pend	SAME AS C ABOVE		<b>H(b)</b> Are all subordina	tes in	ncluded? Yes No						
		empt status: 🕱 501(c)(3) 🚺 501(c) ( ) 🚽 (insert no.) 🗌 4947(a)(1) d	or 52	If "No," attac	ch a	list. See instructions						
		te: WWW.WILDAID.ORG		H(c) Group exem	· · · ·							
		organization: X Corporation	L Yea	ar of formation: 2006	N	A State of legal domicile: CA						
Ра	rt I	Summary										
ė	1	Briefly describe the organization's mission or most significant activities: TO REDU	UCE THE	DEMAND FOR ILLE	EGAI	L						
Governance	_	WILDLIFE PRODUCTS AND TO PROMOTE ENVIRONMENTAL CONSERVATION.										
ern	2	Check this box		1	I I							
20 V	3				3	19						
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4							
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5	26						
Activities &	6	Total number of volunteers (estimate if necessary)			6	25						
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		7b							
	0	Contributions and grants (Dort )/III line 1b)		Prior Year 8,984,99	90	Current Year 10,958,078.						
an	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0,504,55	0.	10,550,070.						
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		152,68		9,957.						
Re	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,10		144,332.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,206,78		11,112,367.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200,75		229,613.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,525,08	36.	3,056,391.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		, ,	0.	0.						
ben		Total fundraising expenses (Part IX, column (D), line 25)										
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,694,51	19.	5,457,446.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,420,36	50.	8,743,450.						
	19	Revenue less expenses. Subtract line 18 from line 12		-213,57	_	2,368,917.						
or es				Beginning of Current Ye		End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		15,137,29		16,977,419.						
Ass I Ba	21	Total liabilities (Part X, line 26)		1,269,87		846,340.						
[Net	22	Net assets or fund balances. Subtract line 21 from line 20		13,867,42	23.	16,131,079.						
Pa	rt II	Signature Block										
Unde	er pen	lities of perjury, I declare that I have examined this return, including accompanying schedules	and state	ments, and to the best o	of my	/ knowledge and belief, it is						
true,	corre	ct, and copplete. Declaration of preparer (other than officer) is based on all information of wh	ich prepar	er has any knowledge.								

		Harry 1	. dynah	· · · ·		11/	15/2022		
Sign		Signature of o							
Here		HARRY LYN	ІСН, СЕО						
		Type or print	name and title						
	Print	t/Type preparer	's name	Preparer's signature	Date			PTIN	
Paid	MAGA	A E. KISRI	EV	May Kon	11/15/20	)22	ii self-employed	P01008919	
Preparer	Firm	's name 🕒	HOOD & STRONG LLP	• / /		Firm's	EIN 🕨 9	4-1254756	
Use Only	Firm	's address 🕨	60 SO. MARKET ST, STE 20	0					
		-	SAN JOSE, CA 95113			Phone	no.408.99	8.8400	
May the I	RS dis	scuss this ret	urn with the preparer shown abov	ve? See instructions				X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### 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.

Туре о	Name of exempt organization or other filer, see instruct		Taxpayer	identification	n number (TIN)	
print	WILDAID, INC.				20-364	4441
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.			
return. See instruction	· · · · · · · · · · · · · · · · · · ·	reign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	a separa	te application for each return)			
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) CLAIRE ALTIER	07				
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>tr</li> <li>tr</li> <li>b</li> </ul>	observed       (415)834-3174         e organization does not have an office or place of business         s is for a Group Return, enter the organization's four digit 0         . If it is for part of the group, check this box ▶         request an automatic 6-month extension of time until         ne organization named above. The extension is for the organization	Aroup Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole gr ers the extens npt organizatio	roup, check this sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	tentative tax, less	2-	¢	0.
	ny nonrefundable credits. See instructions.	optor co	refundable credite and	3a	\$	0.
	this application is for Forms 990 PF, 990 T, 4720, or 6069, stimated tax payments made. Include any prior year overpa			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautior instruct	<b>n:</b> If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 88	868 (Rev. 1-2022)

123841 01-12-22

	990 (2021) WILDAID, INC.	20-3644441	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO REDUCE THE DEMAND FOR ILLEGAL WILDLIFE PRODUCTS AND TO PROMOTE		
	ENVIRONMENTAL CONSERVATION VIA GLOBAL PUBLIC AWARENESS CAMPAIGN.		
	WILDAID ALSO WORKS TO CREATE MODEL FIELD CONSERVATION PROGRAMS AND TO		
	STRENGTHEN MARINE PROTECTED AREAS AROUND THE WORLD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\dots$	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expens	es, and
	revenue, if any, for each program service reported.		0.)
4a	(Code:) (Expenses \$ 2,173,242. including grants of \$ 29,414. ) (Revenue ENFORCING MARINE PROTECTED AREAS:	\$	<u> </u>
	THE WILDAID MARINE PROGRAM DESIGNS EFFECTIVE ENFORCEMENT SOLUTIONS TO		
	DETER ILLEGAL FISHING AND STRENGTHEN THE PROTECTION OF PRIORITY MARINE		
	AREAS FOR THE BENEFIT OF ENDANGERED WILDLIFE, MARINE ECOSYSTEMS,		
	FISHERIES, AND COASTAL COMMUNITIES. IN 2021, WE CONTINUED MAKING PROGRESS TOWARDS OUR GOAL OF STRENGTHENING ENFORCEMENT IN 250		
	CONSERVATION-CRITICAL MARINE AREAS BY 2025 AND REACHED A TOTAL OF 50		
	SITES, INCLUDING NEW LOCATIONS IN PANAMA AND COSTA RICA. THIS YEAR, WE		
	HELPED FORGE A PARTNERSHIP BETWEEN U.S. AND BAHAMIAN ENFORCEMENT		
	OFFICIALS TO COMBAT ILLEGAL FISHING IN THE CARIBBEAN, CONTINUED EFFORTS		
	TO CREATE SUSTAINABLE FINANCING FOR ENFORCEMENT OF THE GALAPAGOS MARINE		
	RESERVE, AND CELEBRATED SUCCESSFUL SEA TURTLE CONSERVATION EFFORTS IN		
4b		\$	0.)
	PROTECT WILDLIFE, PREVENT PANDEMICS:		
	IN 2021, WE CONTINUED OUR CAMPAIGN TO PERMANENTLY CLOSE WILDLIFE		
	MARKETS IN ASIA AND END COMMERCIAL, URBAN BUSHMEAT CONSUMPTION IN		
	AFRICA. WE HELPED BUILD PUBLIC SUPPORT FOR CLOSING WILDLIFE MARKETS,		
	STRENGTHENING CONTROLS ON WILDLIFE TRADE, FURTHERING RESTRICTIONS ON		
	WILDLIFE TRADE AND CONSUMPTION, AS WELL AS REDUCING DEMAND FOR WILDLIFE AS FOOD. IN CHINA, OUR CAMPAIGN WITH THE TAGLINE, "DON'T BE A VILLAIN		
	TO WILDLIFE, "FEATURING POPULAR ENTERTAINMENT ICON JACKIE CHAN REACHED		
	OF OVER 200 MILLION PEOPLE ACROSS 30 TARGET CITIES. IN VIETNAM, WE LAUNCHED A NEW SET OF CAMPAIGNS PERSUADING THE PUBLIC TO STOP CONSUMING		
	WILDLIFE TO HELP AVOID FUTURE PANDEMICS. IN AFRICA, WE RELEASED A SURVEY REPORT ON BUSHMEAT CONSUMPTION IN NIGERIA AND ALSO CAMEROON, AND		
4-	,		0.)
4c	(Code:) (Expenses \$ 251,225. including grants of \$ 0. ) (Revenue         REDUCING SINGLE-USE PLASTICS IN CHINA:	\$	)
	WE PARTNERED AGAIN WITH THE POPULAR ENTERTAINER WANG YIBO FOR OUR		
	PLASTICS CAMPAIGN IN CHINA FOCUSED ON REDUCING SINGLE-USE PLASTICS BY		
	ENCOURAGING CONSUMERS TO BRING THEIR OWN REUSABLE WATER BOTTLES,		
	UTENSILS AND SHOPPING BAGS TO WORK AND SHOPS. CAMPAIGN MESSAGES WERE		
	PLACED ON 75,000 LED ADVERTISING SCREENS AND BILLBOARDS ACROSS 25 TOP		
	CITIES BETWEEN JUNE-AUGUST TO GARNER APPROXIMATELY 600 MILLION VIEWS.		
	THE CAMPAIGN SURVEY REPORT PROVIDED IMPORTANT METRICS ON EVALUATING THE		
	REACH AND IMPACT OF OUR MESSAGES. THIS CAMPAIGN REACHED OVER 200		
	MILLION CONSUMERS. ABOUT 60% OF RESPONDENTS SAW THE MESSAGES ON		
	BILLBOARDS AND 40% SAID THEY WOULD REDUCE THEIR PLASTIC USE AFTER		
	SEEING THE MESSAGES, AMOUNTING TO AT LEAST 80 MILLION CONSUMERS. THE		
4d	1 5	20 762 .	
	(Expenses \$ 3,684,633. including grants of \$ 200,199.) (Revenue \$	30,103.)	
4e	Total program service expenses 7,008,329.		orm <b>990</b> (2021)
		Fo	orm <b>330</b> (2021)
132002	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)		

	990 (2021) WILDAID, INC. 20-36444	41	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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			
	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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	<u> </u>
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	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		X
20a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
400	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21		(2021)
132003	12-09-21	⊢orm	220	(2021)

Form	1990 (2021) WILDAID, INC. 20-3644	441	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_ <b>24d</b>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	23		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
13200	4 12-09-21	Form	990	(2021)

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Form	990 (2021) WILDAID, INC. 20-36444	1	F	age <b>5</b>				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 26							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	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?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		v					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X					
D	If "Yes," enter the name of the foreign country CHINA, HONG KONG, ECUADOR, NIGERIA							
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		+				
6a		6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
D.		6b						
7	Organizations that may receive deductible contributions under section 170(c).							
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	<u> </u>				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
•	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	-						
b	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	-						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them.)	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	<b>Note:</b> 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							
с	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.	_	000					
	<sup>-12-09-21</sup> 6 15 759661 96900 2021 05000 ωτιριτη της	Forn		(2021)				

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2021.05000 WILDAID, INC.

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	<b>rt VI</b> Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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?		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?			
		45.0	х	
а	THE ORDADIZATION SIGEO. EXECUTIVE DIRECTOR OPTIOD MADAGEMENT OFFICIAL	1158		
	The organization's CEO, Executive Director, or top management official	15a 15b	Х	
	Other officers or key employees of the organization	15a 15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b	X	x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X	x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b	X	x
b 16a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	15b 16a	X	X
b 16a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	15b	X	X
b 16a b Sec	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>Ction C. Disclosure</b>	15b 16a	X	X
b 16a b <u>Sec</u> 17	Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         Stion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▲L, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI	15b 16a 16b		
b 16a b Sec	Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	15b 16a 16b		
b 16a b <u>Sec</u> 17	Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         Ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	15b 16a 16b		
b 16a b <u>Sec</u> 17 18	Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         Ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain on Schedule O)	15b 16a 16b	availal	
b 16a b <u>Sec</u> 17	Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, arrest	15b 16a 16b	availal	
b 16a b <u>Sec</u> 17 18 19	Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         Ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	15b 16a 16b	availal	
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Form 990 (202	1) WILDAID, INC.	20 - 3644441	Page 7								
Part VII Co	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Er	mployees, and Independent Contractors										
Ch	neck if Schedule O contains a response or note to any line in this Part VII										
Section A. O	officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	S									
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar yea	ar ending with or within the organization's	s tax year.								
	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organiza umns (D), (E), and (F) if no compensation was paid.	ations), regardless of amount of compens	ation.								

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1039-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) PETER KNIGHTS	40.00	_	_							
PRESIDENT AND FOUNDER	0.00	х		х				250,000.	0.	54,764.
(2) JOHN BAKER	40.00									
CHIEF PROGRAM OFFICER	0.00				х			207,000.	0.	53,633.
(3) ROBERT PINNIX	40.00									
CHIEF DEVELOPMENT OFFICER	0.00				х			170,000.	0.	33,575.
(4) ANGELA KIRKMAN	40.00								_	
SENIOR DIRECTOR OF PARTNERSHIPS	0.00					X		155,000.	0.	6,422.
(5) JACLYN SHERRY	40.00							142 210	0	15 614
OPERATIONS DIRECTOR (6) MEAGHAN BROSNAN	0.00					X		143,319.	0.	15,614.
MARINE PROGRAMS DIRECTOR	0.00					x		135,372.	0.	5 415
(7) CORIE KNIGHTS	40.00							135,372.	0.	5,415.
SENIOR DIR OF MAJOR GIFTS & EVENTS	0.00					x		135,000.	0.	4,847.
(8) CLAIRE ALTIER	40.00								<b>·</b> •	
CONTROLLER	0.00					x		112,000.	0.	14,471.
(9) HARRY LYNCH	40.00							,		<i>i</i>
CHIEF EXECUTIVE OFFICER	0.00	х		х				82,054.	0.	0.
(10) ROBIN FERRACONE	5.00									
CHAIR	0.00	х						0.	0.	0.
(11) STEVE MORGAN	1.00									
TREASURER/VICE CHAIR	0.00	Х						٥.	0.	0.
(12) MARY O'MALLEY	1.00									
SECRETARY	0.00	Х						0.	0.	0.
(13) DAVID ANDREWS	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(14) WENDY BENCHLEY	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(15) ALAN CHUNG	1.00									
DIRECTOR	0.00	х				<u> </u>		0.	0.	0.
(16) MIKE DINSDALE	1.00								_	<u>^</u>
DIRECTOR	0.00	X					<u> </u>	0.	0.	0.
(17) MEREDITH EGGERS	1.00	x							_	^
DIRECTOR	0.00	Ă						0.	0.	0.

132007 12-09-21

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Calculate Contracts, Directors, Notates, No	Form 990 (2021) WILDAID, INC.									20-364	444	1	Pa	age <b>8</b>
Name and title     Average hear of the rest detect of the rest			oloy	ees,			ghes	st C		````			(5)	
Hours par     Hours par     Nour of the construction     compensation from the organization     compensation from related organization     compensation from related organization     compensation from related organization       (18) DONA NOVE     1.00     1     0     0.     0.     0.       (18) DONA NOVE     1.00     1     0     0.     0.     0.       (18) DONA NOVE     1.00     1.00     0.     0.     0.     0.       (18) DONA NOVE     1.00     1.00     0.     0.     0.     0.       (18) DONA NOVE     1.00     1.00     0.     0.     0.     0.       (19) KATTRE NARCONALD     1.00     1.00     0.     0.     0.     0.       (21) TARTRE NARCONALD     1.00     0.     0.     0.     0.     0.       (21) TARTRE NARCONALD     1.00     0.     0.     0.     0.     0.       (21) TARTRE NARCONALD     1.00     0.     0.     0.     0.     0.       (22) TARTRE NARCONALD     1.00     0.     0.     0.     0.     0.       (23) TARTRE NARCONALD     0.00     0.     0.     0.     0.     0.       (23) TARTRE NARCONALD     0.00     0.     0.     0.     0.     0.			Position									E		d
week (list and a statembruket hours for ingenization genization bulket (list bonn. How 507 ingenization genization bulket (list bonn. How 507 ingenization bulket (list bonn betwoet to Parture ingenization bulket (list bonn betwoet sole such individual ingenization bulket (list bonn betwoet sole such individual ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenization ingenizat	Name and the	, s									,			
Incus for enganizations (18) DORNA HOWE     1000 (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10		week							· ·					
119) DORNA HOWE       1.00       0.0			ector						the	organizations		com	pensa	tion
119) DORNA HOWE       1.00       x       0.00       0.00       x       0.			or dire				ted		, , , , , , , , , , , , , , , , , , ,	•	C/	fr	om the	e
119) DORNA HOWE       1.00       x       0.00       0.00       x       0.			istee (	truste			pensa		•	1099-NEC)				
119) DORNA HOWE       1.00       x       0.00       0.00       x       0.		-	ual tru	ional		ploye	t com		· · · · · · · · · · · · · · · · · · ·					
119) DORNA HOWE       1.00       x       0.00       0.00       x       0.			divid	stitut	fficer	ey em	ighes	ormer				orga	anizatio	JIIS
DIRECTOR DI	(18) DONNA HOWE	1 00	-		0	¥	Ξē	Œ						
(19) XATHY MACDONALD       1.00       0.00       0.00       0.00         DIRECTOR       0.00       x       0.00       0.00         DIRECTOR       1.00       x       0.00       0.00         DIRECTOR       0.00       x       0.00       0.00         DIRECTOR       0.00       x       0.00       0.00         DIRECTOR       0.00       x       0.00 <t< td=""><td></td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td>0.</td><td></td><td></td><td>0.</td></t<>			x						0.		0.			0.
DIRECTOR DI														
(20) KATHERINE MARTIN       1,00       x       0<			x						0.		0.			0.
DIRECTOR       0.00       x       0.00       x       0.00       0.00       0.00         (21) ELLIE PHIPS PRICE       1.00       x       0.00       x       0.00       0.00       0.00         (22) JT SKAUGENNESSY       1.00       x       0.00														
(11) ELIE PHTPPS PRICE       1.00       x       0.			x						0.		0.			0.
DIRECTOR       0.00       x       0.00       0.00       0.00       0.000         (22) JIM SHAUGENRESSY       1.00       0.00       0.00       0.00       0.0000       0.0000       0.0000       0.0000       0.0000       0.0000       0.0000       0.0000       0.0000														
(22) JIK SHAUGHNESSY       1.00       x       0.00       x       0.00			x						0.		0.			0.
DIRECTOR       0.00       x       0.00       x       0.00       0.00       0.00         (23) FETER SOLVIK       1.00       0.00														
(33) PETER SOLVIK       1.00       X       0.			x						0		0			0
DIRECTOR       0.00       x       0.00       x       0.00       0.00       0.00         (24) CAROL JOENSON       1.00       x       0.00       x       0.00       0.00       0.00         (25) KRISTAN KLINGHOFFER       1.00       x       0.00														••
(24) CABOL JOHNSON       1.00       x       0.00       x       0.00 </td <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td>			x						0		0			0
DIRRCTOR       0.00       X       0.00       X       0.00       0.00       0.00         (25) KRISTAN KLINGBOFFER       1.00       0.00       X       0.00														••
(25) KRISTAN KLINGHOFFER       1.00       x       0.00       0.00       x       0.00	· · · · · · · · · · · · · · · · · · ·		x						0.		0.			0.
DIRRCTOR       0.00       x       0.00       x       0.00														
(26) BEVERLY SPECTOR       1.00       0.00 x			x						0.		0.			0.
DIRECTOR       0,00       x       0,00       x       0,00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
1b       Subtotal       1,389,745.       0.       188,741.         c       Total form continuation sheets to Part VII, Section A <ul> <li>1,389,745.</li> <li>0.</li> <li>188,741.</li> <li>0.</li> <li>1,389,745.</li> <li>0.</li> <li>188,741.</li> </ul> 2         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual               4 <li>For any individual listed on line 1a, evice is or accrue compensation from and other compensation or individual for services</li> <li>5</li> <li>X</li> 5         Did any person listed on line 1a receive or accrue compensation from and other compensation or individual for services           5         Image: complete Schedule J for such person           8         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.			x						0.		0.			0.
c       Total from continuation sheets to Part VII, Section A       0.							I						188	
d Total (add lines 1b and 1c)       ▶       1,389,745.       0.       188,741.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       9         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual.       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual.       4       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Name and business address       Description of services       Compensation         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.         2       Total number of independent contract														
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       9         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or line vanish is table for your five highest complete Schedule J for such individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or line vanish is table for your five highest complete Schedule J for such individual for services       4       X         5       X       X       X       X         6       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.       (B)       (C)         1       Complete this table for your five highest compensated independent contractors (SC Compensation for the calendar year ending with or within the organization's tax year.       1       (B)									1 389 745.				188	-
2       Compensation from the organization       9         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Complete Schedule J for such as year.         (A)       (B)       (C)       Compensation         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       1         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>000 of reportable</td> <td>-</td> <td></td> <td>,</td> <td></td>									•	000 of reportable	-		,	
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual <ul> <li>4</li> <li>5</li> <li>1</li> <li>Complete This table on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such individual</li> <li>4</li> <li>4</li> <li>7</li> </ul> <ul> <li>4</li> <li>7</li> <li>5</li> <li>1</li> <li>1</li> <li>1</li> <li>2</li> <li>2</li> <li>2</li> <li>2</li> <li>2</li> <li>2</li> <li>3</li> <li>4</li> <li>4</li> <li>7</li> <li>2</li> <li>3</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>4</li> <li>5</li> <li>1</li> <li>2</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>4</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>4</li> <li>5</li> <li>4</li> <li>5</li> <li>4</li> <li>5</li> <li>5</li></ul>			000	11010	uu	0000	<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010						9
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         9       (A)       (B)       (C)       Compensation         9       Name and business address       Description of services       Compensation         9       (B)       (C)       Compensation         9       (B)       (C)       Compensation         9       (C)       Compensation       128,458.         9       (A)       (B)       (C)       Compensation         9       (A)       (B)       (C)       Compensation         9       (A)       (A)       (A)       (A)       (A)         128,458.       (A)       (A)													Yes	No
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         9       (A)       (B)       (C)       Compensation         9       Name and business address       Description of services       Compensation         9       (B)       (C)       Compensation         9       (B)       (C)       Compensation         9       (C)       Compensation       128,458.         9       (A)       (B)       (C)       Compensation         9       (A)       (B)       (C)       Compensation         9       (A)       (A)       (A)       (A)       (A)         128,458.       (A)       (A)	<b>3</b> Did the organization list any <b>former</b> officer.	director, trust	ee. k	kev e	empl	love	e. or	hio	hest compensated emp	lovee on				
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       1		-		•	•	-						3		х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	, ,											-		
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         300       LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128, 458.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       1												4	х	
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 1												-		
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         GREGG CASAD       MARINE CONSERVATION WORK       128,458.         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.									0			5		х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         GREGG CASAD       MARINE CONSERVATION WORK       128,458.         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.		<u>proto o orrodun</u>	<u></u>	01 00	<u>, , , , , , , , , , , , , , , , , , , </u>	0010	011							
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         GREGG CASAD       MARINE CONSERVATION WORK       128,458.         300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.	1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of comp	ensat	ion fro	om	
Name and business address       Description of services       Compensation         GREGG CASAD       300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.         Image: Search and S														
Name and business address       Description of services       Compensation         GREGG CASAD       300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.         Image: Search and S												(0	)	
300 LENORA ST #677, SEATTLE, WA 98121       MARINE CONSERVATION WORK       128,458.	Name and business	address							Description of s	ervices	С	ompe	nsatio	า
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	GREGG CASAD													
\$100,000 of compensation from the organization  1	300 LENORA ST #677, SEATTLE, WA 98123	L							MARINE CONSERVATIO	N WORK			128,	458.
\$100,000 of compensation from the organization  1														
\$100,000 of compensation from the organization  1														
\$100,000 of compensation from the organization  1														
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\$100,000 of compensation from the organization  1														
\$100,000 of compensation from the organization  1														
\$100,000 of compensation from the organization  1														
\$100,000 of compensation from the organization  1														
	2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
SEE PART VII, SECTION A CONTINUATION SHEETS Form <b>990</b> (2021)							1							
	SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	<b>990</b> (2	2021)

132008 12-09-21

Form 990 WILDAID, INC									20-36444	41
Part VII Section A. Officers, Directors, Tru (A)	ustees, Key En (B)	nplo	yee		nd H C)	ligh	est (	Compensated Employe (D)	es <u>(continued)</u> (E)	(F)
Name and title	Average	verage Position						Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former (V	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 organizations
(27) HELEN RILEY	1.00									
DIRECTOR (THRU 9/22/21)	0.00	Х						0.	0.	0
(28) TAMMY NICASTRO DIRECTOR (THRU 8/2/21)	1.00	x						0.	0.	0
(29) SHIREEN SANTOSHAM	1.00									
DIRECTOR (THRU 5/17/21)	0.00	x						0.	0.	0
(30) SHANNON O'LEARY JOY	1.00									
DIRECTOR (THRU 3/8/21)	0.00	x						0.	0.	0
		·								
		-								

132201 04-01-21

			2021) WILDAID, INC.				20-364444	1 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response or no	te to any line			(-)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω o	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
٦, G				989,494.				
ifts			Related organizations 1d					
ې تا				803,185.				
ŝ			All other contributions, gifts, grants, and					
buti				,165,399.				
ē		g	Noncash contributions included in lines 1a-1f	748,953.				
an Co		-	Total. Add lines 1a-1f	►	10,958,078.			
				siness Code				
ø	2	а						
ž.		b						
Se		с						
am		d						
Program Service Revenue		е						
ሻ		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►				
	3		Investment income (including dividends, interest, and	nd				
			other similar amounts)	►	13,638.			13,638.
	4		Income from investment of tax-exempt bond proce	eds 🕨				
	5		Royalties	🕨				
			(i) Real (ii)	Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а		(ii) Other				
			assets other than inventory <b>7a</b> 757,308.					
		b	Less: cost or other basis					
evenue			and sales expenses					
eve			Gain or (loss)		2 6 9 1			2 691
Ř			Net gain or (loss)	······ <b>&gt;</b>	-3,681.			-3,681.
Other Ro	8	а	Gross income from fundraising events (not including \$989,494. of					
			contributions reported on line 1c). See	0.00 411				
			Part IV, line 18	237,411.				
				131,842.	105,569.			105,569.
			Net income or (loss) from fundraising events	🕨	105,509.			105,509.
	9	а	Gross income from gaming activities. See					
		Ŀ	Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities Gross sales of inventory, less returns					
		a	and allowances					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		č		siness Code				
snu	11	а		0099	38,763.	38,763.		
neg	1	a b			,	,		
ella		c						
Miscellaneous Revenue	1		All other revenue					
Σ			Total. Add lines 11a-11d		38,763.			
	12		Total revenue. See instructions	<b>&gt;</b>	11,112,367.	38,763.	0.	115,526.
13200	9 12-	-09-:						Form <b>990</b> (2021)

96800\_1

WILDAID, INC.

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

Do	Check if Schedule O contains a respons	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	100,000.	100,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	129,613.	129,613.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	851,026.	453,483.	170,735.	226,808
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,878,410.	1,261,915.	365,562.	250,933
8	Pension plan accruals and contributions (include	F4 0 F5	~ ~ ~ ~	10 000	
	section 401(k) and 403(b) employer contributions)	51,372.	29,347.	10,687.	11,338
9	Other employee benefits	77,052.	53,085.	13,982.	9,985
10	Payroll taxes	198,531.	122,892.	42,917.	32,722
11	Fees for services (nonemployees):				
а	Management	15 808	14.000	1 505	
b	Legal	15,787.	14,000.	1,787.	
С	Accounting	72,405.	19,710.	52,695.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1 (50 201	1 506 770	C1 101	00 400
	column (A), amount, list line 11g expenses on Sch 0.)	1,650,391.	1,506,778.	61,121.	82,492
12	Advertising and promotion	1,167,376.	1,166,826.	550.	1 600
13	Office expenses	54,810.	51,517.	1,594.	1,699
14	Information technology				
15	Royalties	444,738.	313,994.	97 420	43,305
16		294,895.	/	87,439.	<u>43,303</u> 9,835
17	Travel	294,095.	255,771.	29,289.	9,035
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	17 001	8,908.	1 1 2 2	7,960
19 00	Conferences, conventions, and meetings	17,991.	0,300.	1,123.	7,300
20					
21	Payments to affiliates	27,886.	12,843.	15,043.	
22	Depreciation, depletion, and amortization	446,439.	350,345.	80,866.	15,228
23	Insurance	40,433.	550,545.		15,220
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PSA/VIDEO PRODUCTION	438,826.	438,826.		
a b	EQUIPMENT	337,035.	337,035.		
с С	OTHER PROGRAM EXPENSE	132,191.	130,087.	2,069.	35
d	RESEARCH & SURVEYS	100,610.	99,920.	690.	
	All other expenses	256,066.	151,434.	99,630.	5,002
25 25	Total functional expenses. Add lines 1 through 24e	8,743,450.	7,008,329.	1,037,779.	697,342
26	Joint costs. Complete this line only if the organization	, · - · , - · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

Form 990 (2021)

WILDAID, INC.

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,374,481.	1	4,783,727
	2				9,510,994.	2	10,758,747
	3	Pledges and grants receivable, net		·····  -	728,918.	3	941,649
	4			·····		4	
	5	Loans and other receivables from any current of	r former of	ficer, director,			
		trustee, key employee, creator or founder, subs	stantial con	tributor, or 35%			
		controlled entity or family member of any of the	-			5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		Г		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		·····  -		8	
<	9	Prepaid expenses and deferred charges		·····	223,542.	9	221,816
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		315,005.			
	b	Less: accumulated depreciation		289,881.	45,448.	10c	25,124
	11	Investments - publicly traded securities			693.	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11	·····  -		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	253,223.	15	246,356		
_	16	Total assets. Add lines 1 through 15 (must equ			15,137,299.	16	16,977,419
	17	Accounts payable and accrued expenses	368,679.	17	316,796		
	18	Grants payable	250.000	18	450.004		
	19	Deferred revenue		350,000.	19	459,901	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
ii i		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	-	F		22	
-	23	Secured mortgages and notes payable to unrel		Г	426 240	23	
	24	Unsecured notes and loans payable to unrelate			426,340.	24	0
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	s 17-24). C	omplete Part X	124,857.		CD C42
		of Schedule D	·····	/		69,643	
	26			► <b>▼</b>	1,269,876.	26	846,340
s		Organizations that follow FASB ASC 958, ch	eck here				
2Ce	~=	and complete lines 27, 28, 32, and 33.			10 761 425		11 722 712
alar	27	Net assets without donor restrictions	12,761,435.	27	14,733,712		
ä	28		····· • • • • • • • • • • • • • • • • •	1,105,988.	28	1,397,367	
<u>Ĕ</u>		Organizations that do not follow FASB ASC					
5		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds		····· -		29	
SSE	30	Paid-in or capital surplus, or land, building, or e		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			12 067 402	31	16 131 070
ž	32	Total net assets or fund balances			13,867,423.	32	16,131,079
	33	Total liabilities and net assets/fund balances			15,137,299.	33	16,977,419 Form <b>990</b> (202

Form 990 (2021)

132011 12-09-21

Form	1990 (2021) WILDAID, INC.	20-364444	1	Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	112,	367.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	743,	450.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	368,	917.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	867,	423.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	105,	261.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,	131,	079.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 the	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L
				aan /	(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021

**Open to Public** 

	Inspection
mlayar	identification number

Name	of the	organizati	on

Nan	ne of t	the organization						Employer	identification number			
			D, INC.						20-3644441			
Ра	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1	Ц	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section										
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor										
11		An organization organized a										
12		An organization organized a	-	•	-			•				
		more publicly supported or	-						Check the box on			
		lines 12a through 12d that	• •			-		-				
а		<b>Type I.</b> A supporting orga			• • • •	-						
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting			
		organization. You must o	-									
b		<b>Type II.</b> A supporting org	-				-		-			
		control or management o			ame perso	ns that co	ntroi or mana	ge the supp	ported			
_		organization(s). You mus				tion with a	and functional	l. intograto				
С		J Type III functionally inte						ly integrate	ea witri,			
d		its supported organization <b>Type III non-functionally</b>						tad araani-	ration(a)			
u	L	that is not functionally int	• •					•				
		requirement (see instructi	<b>v</b>	• •	•		•	anallenin	7611655			
_		Check this box if the orga	-									
C	L	functionally integrated, or					турст, турс	n, rype n				
f	Ente	er the number of supported of	organizations	hany integrated capperti	ig organiz							
		vide the following information	•									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota												
100							1		1			

Schedule A	(Form 990)	02021
Schedule A	FOUL 990	) 202 I

WILDAID, INC.

20-3644441

Page **2** 

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

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

 Section A Public Support

<u>Sec</u>	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	11,078,690.	10,267,842.	9,972,817.	8,984,990.	10,958,078.	51,262,417.			
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	11,078,690.	10,267,842.	9,972,817.	8,984,990.	10,958,078.	51,262,417.			
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)						659,775.			
	Public support. Subtract line 5 from line 4.						50,602,642.			
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total			
7	Amounts from line 4	11,078,690.	10,267,842.	9,972,817.	8,984,990.	10,958,078.	51,262,417.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	53,089.	113,914.	231,994.	152,767.	13,638.	565,402.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	875,781.	784,003.	918,835.	49,292.	237,411.	2,865,322.			
11	Total support. Add lines 7 through 10						54,693,141.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	112,338.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop	bhere								
Se	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.52 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	88.67 %			
<b>16</b> a	a 33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>X</b>			
k	o 33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion						
17a	a 10% -facts-and-circumstances test									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization	-				
k	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization		•							

Schedule A (Form 990) 2021

132022 01-04-22

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	l (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	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			-	-	-	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
	Amounts from line 6	<u> </u>					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						ine 17 is not
	more than 33 1/3%, check this box ar	-			•••		►
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						.tion ▶
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in		<u></u> ▶∟
13202	23 01-04-22		1 -	1		Sched	dule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

132024 01-04-21

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
	Did the environment have been af the environment have affine a set in their affinishes and the second s		res	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
13202	5 01-04-22 Schedu	ıle A (Forı	m 990)	2021

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 Schedule A (Form 990) 2021
 WILDAID, INC.

 Part IV
 Supporting Organizations (continued)

### 19 2021.05000 WILDAID, INC.

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ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	<del></del>
ectio	on 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		
ectio	on 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

132026 01-04-22

	edule A (Form 990) 2021 WILDAID, INC.				20-3644441	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Sect	ion D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	I	1	10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount				L	
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.				L	
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 WILDAID, INC.	20-3644441 Page 4
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an (See instructions.)	B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
GROSS INCOME FROM FUNDRAISING EVENTS	
2017 AMOUNT: \$ 873,026.	
2018 AMOUNT: \$ 783,688.	
2019 AMOUNT: \$ 918,835.	
2020 AMOUNT: \$ 49,292.	
2021 AMOUNT: \$ 237,411.	
SALES OF INVENTORY	
2018 AMOUNT: \$ 315.	
OTHER INCOME 2017 AMOUNT: \$ 2,755.	

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## \*\* PUBLIC DISCLOSURE COPY \*\*

**Schedule B** 

(Form 990)

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	
Name of the organization Employer ide		
	WILDAID, INC.	20-364441
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501 General Rule For an organiza	in is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or
Special Rules		
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b ing the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount or EZ, line 1. Complete Parts I and II.	, and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ing the year, total contributions of more than \$1,000 exclusively for religious, charitable ational purposes, or for the prevention of cruelty to children or animals. Complete Parts n (b) instead of the contributor name and address), II, and III.	e, scientific,
year, contributio is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box gious, charitable, etc., e it received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 iling requirements of Schedule B (Form 990).	
	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page
Name of or	ganization		Employer identification number
WILDAID,	INC.		20-3644441
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1		\$272	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$500	,000. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3			,000. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$226	, 223. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$803	,185. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Ins Type of contribution
123452 11-11-		\$	Person Payroll (Complete Part II for noncash contributions.)

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	B (Form 990) (2021)			Page 3
Name of o	rganization		Employ	yer identification number
WILDAID,	INC.		20	)-3644441
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
2	160,012 SHARES IZEA WORLDWIDE, 1,025 SHARES DOCU	-		
		\$\$	232.	12/23/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		- - - -   \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		- - - -   \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		- - -		
		\$		

123453 11-11-21

Schedule B (Form 990) (2021)

lame of or	rganization		Employer identification number		
ILDAID,	INC.		20-364441		
Part III	Exclusively religious, charitable, etc., contributor	(a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea		
(a) No.	Use duplicate copies of Fart in it additiona				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi			
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	[		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_	(e) Transfer of gift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
			Schedule B (Form 990) (202		

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. to to www.irs.gov/Form990 for instructions and the latest information **C** • • ons and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instruction
Name of the organization	

20-364444	

	WILDAID, INC.			20-3644441
Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	Similar Funds or <i>J</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4				
	Aggregate value at end of year		alalia alaman advisa difi	
5	Did the organization inform all donors and donor advisors in w	-		
-	are the organization's property, subject to the organization's of			
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a hi	istorically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	oution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				
	Number of conservation easements on a certified historic stru	ucture included in (a)		
C				
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the orga	anization during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	tion, 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, a	nd enforcing conserva	ation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and er	nforcing conservation	easements during the year
	► \$		Ū	<b>C</b> <i>i</i>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)	(B)(i)
-	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
9	, <b>6</b>			
	balance sheet, and include, if applicable, the text of the footn	ole to the organization:		that describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tre	asures or Other	Similar Assots
Fai		-		Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and b	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educatior	i, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, c	or research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			n, provide
-	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
	For Paperwork Reduction Act Notice, see the Instructions	101 FUITT 990.		Schedule D (Form 990) 2021
132051	10-28-21	27		
		27		

Sche	edule D (Form 990) 2021 WILDAID, IN							20-364		Р	age <b>2</b>
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	<sup>r</sup> Other	<sup>.</sup> Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	oan or exc	hange progra	ım					
b	Scholarly research	е	• 🗌 o	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how the	ey further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	torical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		
	Did the organization include an amount on Fo						ty?	L	Yes		
Par	If "Yes," explain the arrangement in Part XIII.						•				
Fai	rt V Endowment Funds. Complete i	-			rm 990, Part (c) Two year			voare back	(e) Fou	rvoaro	back
4.	Designing of a second strength	(a) Current year		rior year		5 Daux		Cais Dack	(e) i ou	i years	Dack
1a 5	Beginning of year balance										
D	Contributions										
C A	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	<b>E</b> 1 ( 1 )										
y n	End of year balance	ont year and belance									
2	Provide the estimated percentage of the curr Board designated or quasi-endowment		e (iine ry, %	, column (a)	) Helu as.						
a b	Permanent endowment										
c c		% %									
U	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse	· · · · · ·	ation that	are held ar	nd administer	ed for th	e organiza	ation			
ou	by:			are note a			o organiza			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	rt VI   Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o		• •	or other	• •	ccumulate	ed	( <b>d)</b> Boo	k valu	e
		basis (investn	nent)	Dasis	(other)	aep	oreciation				
-	Land										
b	Buildings										
	Leasehold improvements				200.001		0.75				0.01
d	• • • • • • • • • • • • • • • • • • • •				300,861.		275,			24,	881.
	Other				14,144.		,	901.		25	243.
Iota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	<u>X, columi</u>	n (B), line 10	Dc.)					, د <i>ک</i>	124.

Schedule D (Form 990) 2021

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

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

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2) AGENCY FUNDS	69,643.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	69,643.

Total (Column (b) must equal Form 990, Part A, Col. (b) line 25.)

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

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 WILDAID, INC.		20-3644441 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, I		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
-		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial St		
	-	ises per neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, I		
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	· · · · ·	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> Part XIII Supplemental Information.	<u>18.)</u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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 a	any additional information.	
PART X, LINE 2:		
WILDAID IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCO	DME AND	

CALIFORNIA FRANCHISE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND

TAXATION CODE, RESPECTIVELY.

WILDAID FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ISSUED BY FINANCIAL ACCOUNTING STANDARDS BOARD (FASB), ACCOUNTING

STANDARDS CODIFICATION (ASC) TOPIC 740. AS OF DECEMBER 31, 2021,

MANAGEMENT EVALUATED WILDAID'S TAX POSITIONS AND CONCLUDED THAT WILDAID

HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE,

132054 10-28-21

Schedule D (Form 990) 2021

WILDAID, INC.

Part XIII Supplemental Information (continued)

NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE

FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

132055 10-28-21

132071 12-20	)-21	
13421115	758661	96800

and 3b)

2

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

19

С

## Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

20-3644441 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PSA SHOOT, MEDIA PACIFIC 1 13 PROGRAM SERVICES CAMPAIGN 1,899,676. SOUTH AMERICA 5 PROGRAM SERVICES MARINE PROTECTION 906,315. 1 EAST ASIA AND THE PACIFIC 13 GRANTMAKING 1 45,198. SUB-SAHARAN AFRICA 0 0 GRANTMAKING 44,414. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTMAKING 40,001. 2 19 2,935,604. 3 a Subtotal **b** Total from continuation 0 0 Ο. sheets to Part I Totals (add lines 3a

Schedule F (Form 990) 2021

2,935,604.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

WILDAID, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROJECT SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROJECT SUPPORT	29,414.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROJECT SUPPORT	30,198.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	PROJECT SUPPORT	28,258.	WIRE	0.		
		EAST ASIA AND THE						
			PROJECT SUPPORT	15,000.	WIRE	Ο.		
		<u> </u>		<u> </u>	<u> </u>			
			ecognized as charities by the or counsel has provided a sec			•		
3 Enter total number of			or oddiaer has provided a Sec			······ -		

Schedule F (Form 990) 2021

20-3644441

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance EUROPE (INCLUDING ICELAND & GREENLAND) 11,743.WIRE PROJECT SUPPORT 1 Ο.

Schedule F (Form 990) 2021

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)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

## 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.

PART I, LINE 2:

WILDAID ACCEPTS GRANT PROPOSALS FOR ONE-YEAR GRANTS WITH A PREFERENCE FOR

HANDS ON ACTIVITIES RATHER THAN STUDIES OR RESEARCH. PROPOSALS ARE

REQUIRED TO INCLUDE A BRIEF HISTORY OF THE ORGANIZATION, A DETAILED

DESCRIPTION OF ACTIVITIES TO BE CONDUCTED, AND A ONE-PAGE BUDGET LAYING

OUT THE PLAN FOR USE OF FUNDS. PAYMENTS ARE THEN MADE IN THREE STAGES,

WITH EACH NEXT STAGE REQUIRING A DETAILED REPORT ON THE PREVIOUS STAGE'S

ACTIVITIES AND SPENDING. IN SOME CASES, ONCE THE REPORT HAS BEEN

RECEIVED, WE WILL REQUEST A VIDEOCONFERENCE INTERVIEW TO REVIEW.

132075 12-20-21

13421115 758661 96800

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	vities	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990	•		-			Open to Public
Internal Revenue Service Name of the organizatio		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	<b>F</b> orm la com i da	Inspection
Name of the organizatio	n WILDAID, II	NC.					20-364444	entification number
	<b>sing Activities.</b> complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
<ol> <li>Indicate whether th         <ul> <li>Mail solicita</li> <li>Mail solicita</li> <li>Internet and</li> <li>Phone solic</li> <li>In-person so</li> </ul> </li> <li>2 a Did the organization key employees list b If "Yes," list the 1000 key</li> </ol>	e organization rais tions email solicitations itations blicitations on have a written c ted in Form 990, P	ed funds through any of the followin e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-		.,	
	ich the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	l it is	exempt from re	gistration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form §	990 or	990-E	Z.		Schedule	e G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		<b>(a)</b> Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		WILDAID GALA			col. (c))
e		(event type)	(event type)	(total number)	
	Gross receipts	1,226,905.			1,226,905
2	Less: Contributions	989,494.			989,494
3	Gross income (line 1 minus line 2)	237,411.			237,411.
4	Cash prizes				
5	Noncash prizes				
	Rent/facility costs	89,459.			89,459
Direct Expenses	' Food and beverages				
ا <sup>ت</sup> ء	B Entertainment	6,288.			6,288. 36,095.
9					36,095.
1	0 Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b></b>	131,842.
1	1 Net income summary. Subtract line 10 from	line 3. column (d)		▶	105,569.

\$15,000 on Form 990-EZ, line 6a.

				1		
anue			(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				
s	2	Cash prizes				
esue						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Dir	-					
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	Νο	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
-						
9		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming ac No," explain:				
~						
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	WILDAID, INC.		20-36444	141	Page <b>3</b>
	Is the organization a grantor, bene	eficiary or trustee of a trus	nembers?st, or a member of a partnership or other entity formed		Yes	No No
	Indicate the percentage of gaming	g activity conducted in:		1	-	
						<u>%</u>
			ne organization's gaming/special events books and records	·····	5	/0
	Name					
			om whom the organization receives gaming revenue?		Yes	No
b			the organization 🕨 💲 and the amou	int		
c	of gaming revenue retained by the If "Yes," enter name and address					
	Name					
	Address ►					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	▶ \$	_			
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17 a	Is the organization required under	r state law to make charita	able distributions from the gaming proceeds to		7	
b	Enter the amount of distributions	required under state law t	to be distributed to other exempt organizations or spent in		∐ Yes	No
Pa		mation. Provide the exp	\$ splanations required by Part I, line 2b, columns (iii) and (v); a any additional information. See instructions.	and Part III,	lines 9, 9	9b, 10b,
	100, 100, 10, and 170, ac					
_						
1320	33 10-21-21		20	Schedule C	i (Form	990) 2021


Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	Go	arants and Oth vernments, an ete if the organizatio	d Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Attach to Form	m 990.			Open to Public
		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization WILDAID, INC.							Employer identification number 20-3644441
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> <li>Part II Grants and Other Assistance to I recipient that received more than \$</li> </ol>	tance? <u>cedures for monit</u> Domestic Organiz	oring the use of grant zations and Domestic	funds in the United	I States. Complete if the orga			X Yes No
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAVE THE RHINO INTERNATIONAL 1350 AVE OF THE AMERICAS FL 2 #266 NEW YORK, NY 10019	31-1758236	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	13-1740011	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	-					<u> </u>	2. 

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

Schedule I (Form 990) 2021

WILDAID, INC.

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dort IV Supplemental Information Dravida the information re-					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WILDAID ACCEPTS GRANT PROPOSALS FOR ONE-YEAR GRANTS WITH A PREFERENCE FOR

HANDS ON ACTIVITIES RATHER THAN STUDIES OR RESEARCH. PROPOSALS ARE REQUIRED

TO INCLUDE A BRIEF HISTORY OF THE ORGANIZATION, A DETAILED DESCRIPTION OF

ACTIVITIES TO BE CONDUCTED, AND A ONE-PAGE BUDGET LAYING OUT THE PLAN FOR

USE OF FUNDS. PAYMENTS ARE THEN MADE IN THREE STAGES, WITH EACH NEXT STAGE

REQUIRING A DETAILED REPORT ON THE PREVIOUS STAGE'S ACTIVITIES AND

SPENDING. IN SOME CASES, ONCE THE REPORT HAS BEEN RECEIVED, WE WILL REQUEST

A VIDEOCONFERENCE INTERVIEW TO REVIEW.

SC	HEDULE J	Compensat	ion Information	1	OMB No. 1	545-004	17	
(Fo	rm 990)		Trustees, Key Employees, and Highest		20	<b>91</b>		
			ated Employees rered "Yes" on Form 990, Part IV, line 23.		20		1	
Depa	tment of the Treasury		to Form 990.		Open to		ic	
Intern	al Revenue Service		r instructions and the latest information.		Inspe			
Nam	e of the organization				dentificatio	on nur	nber	
		WILDAID, INC.		20-3	644441			
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
<b>1</b> a		ate box(es) if the organization provided any of th	•	990,				
		line 1a. Complete Part III to provide any relevant	¬ ° °					
	First-class or c		Housing allowance or residence for person					
	Travel for com		Payments for business use of personal results are applied by the second state of th					
	_	ation and gross-up payments	_ Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
h	If any of the bayes	on line to are checked, did the organization follo	we a written policy respecting polymont or					
<ul> <li>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</li> </ul>								
2								
2	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?							
	inustees, and onice	s, including the GEO/Executive Director, regard			2			
3	Indicate which if a	y, of the following the organization used to esta	blish the compensation of the organization's					
•		ctor. Check all that apply. Do not check any box						
		tion of the CEO/Executive Director, but explain	, ,					
	X     Compensation committee							
		ompensation consultant						
	X Form 990 of o			ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section	n A. line 1a. with respect to the filing					
	organization or a re							
а	-	-			4a		х	
b	Participate in or rec	eive payment from a supplemental nonqualified					X	
с		eive payment from an equity-based compensation			4c		х	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applica						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:						
а	The organization?				5a		x	
		ation?					X	
	If "Yes" on line 5a o	r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:						
а	The organization?				6a		X	
	Any related organiz	ation?					X	
		r 6b, describe in Part III.						
7	-	n Form 990, Part VII, Section A, line 1a, did the						
		es 5 and 6? If "Yes," describe in Part III			7		X	
8	•	reported on Form 990, Part VII, paid or accrued		e				
		ption described in Regulations section 53.4958-			8		X	
9		d the organization also follow the rebuttable pre	sumption procedure described in					
	Regulations section				9		l	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for F	Form 990.	Sched	lule J (Form	1 990)	2021	

132111 11-02-21

20 - 3644441

#### 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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER KNIGHTS	(i)	250,000.	0.	0.	7,500.	47,264.	304,764.	0.
PRESIDENT AND FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN BAKER	(i)	207,000.	0.	0.	8,280.	45,353.	260,633.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT PINNIX	(i)	170,000.	0.	0.	2,267.	31,308.	203,575.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANGELA KIRKMAN	(i)	155,000.	0.	0.	6,200.	222.	161,422.	0.
SENIOR DIRECTOR OF PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JACLYN SHERRY	(i)	143,319.	0.	0.	5,733.	9,881.	158,933.	0.
OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 2021

SCHEDULE L		Tra	insactior	ıs V	Vith	Intereste	d Per	sons			0	MB No	1545-004	17	
(Form 990) Department of the Treasury		e if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.									2021 Open To Public				
Internal Revenue Service		Go to	www.irs.gov/Fo	orm99	0 for ii	nstructions and the	he latest	information.			Inspection r identification number				
Name of the organizatio		TNC								• •	r <b>ident</b> 14441	ificati	on nu	mber	
Part I Excess	WILDAID, Benefit Trans		ONS (section 5	01(c)(?	R) sect	ion 501(c)(4), and :	section 5	11(c)(29) or as							
						art IV, line 25a or 2									
1			Relationship bet									(d) Corrected?			
(a) Name of disqual	disqualified person person and organization (c) Description of trans		nsactio	n		Y	es	No							
												_			
												+-			
												+			
2 Enter the amount of	of tax incurred by	the o	rganization man	agers	or disc	ualified persons d	luring the	year under							
										► \$					
3 Enter the amount of	of tax, if any, on I	ine 2,	above, reimburs	ed by	the ore	ganization				▶ \$					
Part II Loans to	and/or Fror	n Int	erested Per	sons											
						, Part V, line 38a o	or Form 99	90. Part IV. lir	ne 26: (	or if th	e orga	nizatic	n		
	n amount on For					, ,		-,-,-,,	,		5				
(a) Name of	(b) Relatio		(c) Purpose		oan to or m the	(e) Original		alance due	(g	) In	(h) Ap	proved ard or		ritten	
interested person	with organ	ization	of loan	organ	ization?	principal amoun	it			ault?	cómm	committee? agreemen			
				To	From				Yes	No	Yes	No	Yes	No	
							_		-						
							-								
									1						
							_		<b> </b>		ļ!				
											<u> </u>				
									-		+				
Total	I		I	1	1	<b>&gt;</b>	\$			1		<u> </u>		1	
Part III   Grants o	or Assistance	Ber	efiting Inter	este	d Per	sons.	Ψ								
Complete i	f the organizatio	n ansv	vered "Yes" on	Form §	990, Pa	art IV, line 27.									
(a) Name of intere	sted person		(b) Relationship interested pers the organiz	son an		(c) Amount o assistance		<b>(d)</b> Type assistar			<b>(e)</b> Purpose of assistance				

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

Schedule L (Form 990) 2021

132131 11-02-21

WILDAID, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
CORIE KNIGHTS	FAMILY MEMBER OF PE	139,847.	EMPLOYMENT		x	
					<u> </u>	

#### Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CORIE KNIGHTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF PETER KNIGHTS, PRESIDENT AND FOUNDER

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT BY WILDAID AS SENIOR DIRECTOR

OF MAJOR GIFTS & EVENTS

Schedule L (Form 990) 2021

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47 2021.05000 WILDAID, INC.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.



Ν

		10 11990	msu uctions and	the latest information.	
ie o	f the organization				Employer identification number
	WILDAID, INC.				20-3644441
art I	Types of Property		(1)	()	
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
A	rt - Works of art				
A	rt - Historical treasures				
	rt - Fractional interests				
В	ooks and publications				
	lothing and household goods				
С	ars and other vehicles				
B	oats and planes				
In	tellectual property				
S	ecurities - Publicly traded	x	14	748,953.	FAIR MARKET VALUE
S	ecurities - Closely held stock				
	ecurities - Partnership, LLC, or ust interests				
S	ecurities - Miscellaneous				
Q	ualified conservation contribution - istoric structures				
Q	ualified conservation contribution - Other				
	eal estate - Residential				
R	eal estate - Commercial				
	eal estate - Other				
	ollectibles				
	ood inventory				
	rugs and medical supplies				
	axidermy				
	istorical artifacts				
	cientific specimens				
	rcheological artifacts				
	ther ► ( )				
0	ther ► ( )				
	ther ( )				
	ther ( )				

x
X
x

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 WILDAID, INC.	20-3644441	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information.	33, and whether the organiz mbination of both. Also cor	ation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF DONORS, NOT THE		
NUMBER OF ITEMS DONATED.		
132142 11-17-21	Schedule M (For	m 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 20 - 3644441

WILDAID, INC.

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

COASTAL ECUADOR WITH THE FIRST HATCHING OF LEATHERBACK SEA TURTLES

RECORDED IN NEARLY 40 YEARS.

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

PRODUCED OVER 25 VIDEO PSAS FEATURING THE MOST POPULAR MUSIC AND

ENTERTAINMENT CELEBRITIES FOR NEW CAMPAIGNS TO BE LAUNCHED IN EARLY

2022.

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

CAMPAIGN ALSO HAD ANOTHER 300 MILLION VIEWS ON SOCIAL MEDIA.

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

ALL OTHER PROGRAMS - WILDAID RUNS A SMALL GRANTS PROGRAM SUPPORTING

ORGANIZATIONS WITH GOALS IN LINE WITH ITS OWN. AS WELL AS MEDIA-BASED

HUMAN WILDLIFE CONFLICT MITIGATION PROGRAMS ON THE GROUND IN AREAS

THROUGHOUT AFRICA.

INCLUDING GRANTS OF \$ 200,199. EXPENSES \$ 3,684,633. REVENUE \$ 38,763.

FORM 990, PART VI, SECTION A, LINE 2:

CORIE KNIGHTS HAS A FAMILY RELATIONSHIP WITH PETER KNIGHTS.

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

FIRST THE DRAFT 990 WAS REVIEWED BY WILDAID STAFF. ONCE THAT REVIEW WAS

COMPLETE, THE 990 WAS SENT TO THE ENTIRE BOARD FOR COMMENT AND REVIEW, WITH

A SPECIFIC TIME PERIOD ALLOCATED FOR COMMENTS. ANY COMMENTS AND CORRECTIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

50 2021.05000 WILDAID, INC.

Schedule O (	(Form 990	) 2021

Name of the organization

WILDAID, INC.

Page 2 Employer identification number 20-3644441

WERE INCORPORATED INTO A NEW VERSION PRIOR TO FILING.

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

NO MEMBER OF THE WILDAID BOARD OF DIRECTORS, OR ANY OF ITS COMMITTEES,

SHALL DERIVE ANY PERSONAL PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, BY REASON

OF HIS OR HER PARTICIPATION WITH WILDAID. EACH INDIVIDUAL SHALL DISCLOSE TO

WILDAID ANY PERSONAL INTEREST WHICH HE OR SHE MAY HAVE IN ANY MATTER

PENDING BEFORE THE WILDAID BOARD AND SHALL REFRAIN FROM PARTICIPATION IN

ANY DECISION ON SUCH MATTER.

ANY MEMBER OF THE WILDAID BOARD, ANY COMMITTEE OR STAFF WHO IS AN OFFICER,

BOARD MEMBER, A COMMITTEE MEMBER OR STAFF MEMBER OF A VENDOR ORGANIZATION

OR CONSULTANCY SHALL IDENTIFY HIS OR HER AFFILIATION WITH SUCH AGENCY OR

AGENCIES, FURTHER, IN CONNECTION WITH ANY BOARD ACTION SPECIFICALLY

DIRECTED TO THAT AGENCY, HE/SHE SHALL NOT PARTICIPATE IN THE DECISION

AFFECTING THAT AGENCY AND THE DECISION MUST BE MADE AND/OR RATIFIED BY THE

FULL BOARD.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND FOUNDER AND

OTHER WILDAID EXECUTIVES WAS CONDUCTED BY THE COMPENSATION COMMITTEE OF THE

BOARD AND INCLUDED: I) A REVIEW OF WILDAID'S COMPENSATION PHILOSOPHY; II) A

REVIEW OF EXECUTIVE PERFORMANCE; III) COLLECTION OF BENCHMARKING PAY DATA

FROM TWO COMPENSATION SURVEYS AND 990S OF COMPARATIVE ORGANIZATIONS; IV) A

REVIEW OF PRESIDENT AND FOUNDER RECOMMENDATIONS FOR THE EXECUTIVE TEAM; AND

V) A MEETING OF THE COMPENSATION COMMITTEE TO REVIEW AND DISCUSS ALL

MATERIALS AND DEVELOP COMPENSATION RECOMMENDATIONS.

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization		Employer identification number 20-3644441
WILDAID, INC.		20-3644441
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM	990:	
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, MS, MO, MT, MN	, NV, NH, NJ	
NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,LA,MD	, ME, MN, MI,	
MA		
FORM 990, PART VI, SECTION C, LINE 19:		
UPON REQUEST TO MANAGEMENT, THE GOVERNING DOCUMENTS, CONFLICT OF	INTEREST	
POLICY, AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PU	BLIC AT	
THE ORGANIZATION'S ADDRESS FOR THE SAME PERIOD OF TIME SET FORTH	IN SEC	
6104(D).		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAM CONSULTING:		
PROGRAM SERVICE EXPENSES	1,506,778.	
MANAGEMENT AND GENERAL EXPENSES	61,121.	
FUNDRAISING EXPENSES	82,492.	
TOTAL EXPENSES	1,650,391.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,650,391.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
UNCOLLECTIBLE PLEDGES	-105,261.	
	103,201.	

132212 11-11-21

Schedule O (Form 990) 2021

132161	11-17-21	LHA

### **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.

#### Name of the organization

Department of the Treasury Internal Revenue Service

WILDAID, INC.

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

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

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

<b>(a)</b> 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	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WILDAID HONG KONG LTD.							
33/F EDINBURGH TOWER, THE LANDMARK							
HONG KONG, HONG KONG	WILDLIFE CONSERVATION	HONG KONG	501(C)(3)		WILDAID INC.	x	
WILDAID INC.							
JOSE JOAQUIN DE OLMEDO 147 Y SCALESIA							
PUERTO AYORA, GALAPAGOS, ECUADOR	WILDLIFE CONSERVATION	ECUADOR	501(C)(3)		WILDAID INC.	x	
	_						
	_						
	_						

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

OMB No. 1545-0047 2021

**Open to Public** Inspection

Employer identification number

Schedule R (Form 990) 2021

20-3644441

SCHEDULE R

(Form 990)

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

	······································	,							1		
(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	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	end-of-year allocations?		Code V-UBI amount in box 20 of Schedule	Gener manag partn	l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
										+	
										+	

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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	tion b)(13) rolled tity?
		country)		of tracty				Yes	No
BIYUAN CONSULTING CO LTD.									
4-2-42 JIANWAI DIPLOMATIC COMPOUND									
CHAOYANG DISTRICT, BEIJING, CHINA	WILDLIFE CONSERVATION	CHINA	WILDAID INC.	C CORP	0.	0.	100%	X	
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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>b</b> Gift, grant, or capital contribution to related organization(s)			
c 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)			
f Dividends from related organization(s)	1f		ł
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses			4
Other transfer of cash or property to related organization(s)	1r	x	
s Other transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WILDAID INC. (ECUADOR)	R	525,000.	САЅН
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

#### Schedule R (Form 990) 2021 WILDAID, INC.

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)	(f)	(g)	(۲	ı)	(i)	(j)	(k	<)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	l or Percei	ntage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partn	<sub>r?</sub> owne	ership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	10	
												_	
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Schedule R (Form 990) 2021

## Part VII Supplemental Information

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

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57 2021.05000 WILDAID, INC.