

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions.	<b>C</b> Name of organization <b>WILD EARTH SOCIETY INCORPORATED</b>		<b>D</b> Employer identification number 16-1402497
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number (802) 434-4077
	PO BOX 455		
	City or town <b>RICHMOND</b>	State or country <b>VT</b>	ZIP + 4 <b>05477</b>
			<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I** are not applicable to section 527 organizations

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **WWW.WILDLANDSPROJECT.ORG**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**I** Group Exemption Number ▶ \_\_\_\_\_

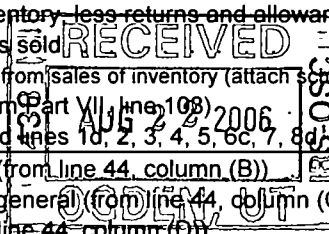
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **671,118**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	655,093		
	<b>b</b> Indirect public support	<b>1b</b>	0		
	<b>c</b> Government contributions (grants)	<b>1c</b>	0		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 655,093 noncash \$ 0)	<b>1d</b>		655,093	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		13,536	
	<b>3</b> Membership dues and assessments	<b>3</b>		0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		1,066	
	<b>5</b> Dividends and interest from securities	<b>5</b>		0	
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0	
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>		0		
<b>Revenue</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0 <b>8a</b>	0	0	
		0 <b>8b</b>	0	0	
		0 <b>8c</b>	0	0	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		0		
<b>Revenue</b>	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1a)	<b>9a</b>	0		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	0		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0		
<b>Revenue</b>	<b>10a</b> Gross sales of inventory less returns and allowances	<b>10a</b>	0		
		<b>b</b> Less cost of goods sold	<b>10b</b>	0	
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0
<b>11</b> Other revenue (from Part VII, line 10b)	<b>11</b>		1,423		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		671,118		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		521,075	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		82,610	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		77,374	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		681,059	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-9,941	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		48,193	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		38,252	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>254,992</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 254,992	254,992		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 0			
26	Other salaries and wages	26 193,273	129,857	35,069	28,347
27	Pension plan contributions	27 0			
28	Other employee benefits	28 27,470	18,457	4,983	4,030
29	Payroll taxes	29 14,894	10,007	2,702	2,185
30	Professional fundraising fees	30 1,582			1,582
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 0			
34	Telephone	34 10,804	6,361	2,457	1,986
35	Postage and shipping	35 6,344	2,559	3,008	777
36	Occupancy	36 10,131	7,014	1,724	1,393
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 0			
39	Travel	39 46,549	19,381	10,836	16,332
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 5,886	1,001	4,238	647
42	Depreciation, depletion, etc. (attach schedule)	42 4,216	1,572	1,636	1,008
43	Other expenses not covered above (itemize):				
a	See attached statement	43a 104,918	69,874	15,957	19,087
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 681,059	521,075	82,610	77,374

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► EDUCATIONAL AND SCIENTIFIC	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
<b>a EDUCATION</b> THE EDUCATION ADVOCACY PROGRAM'S FOCUS IS EDUCATING THE GENERAL PUBLIC ON LARGE LANDSCAPE CONNECTIVITY. THIS IS BEING ACCOMPLISHED THROUGH COLLABORATION WITH THE AMERICAN ZOO AND AQUARIUM ASSOCIATION, AMONG OTHERS. (Grants and allocations \$ 10,000 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	98,606
<b>b SCIENCE/CONSERVATION</b> FORM 990, PART III, LINE B STATEMENT OF PROGRAM SERVICE ACCOMP (Grants and allocations \$ 51,500 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	422,469
<b>c</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> ►	521,075

**Part IV Balance Sheets (See the instructions)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>		
	<b>46</b> Savings and temporary cash investments . . . . .	100,449	<b>46</b>	78,656	
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b> 65,100			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	<b>47c</b>	65,100	
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	<b>48c</b>	0	
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	0	
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	<b>51c</b>	0	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	824	
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	18,592	<b>54</b>	19,643
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 58,806			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 46,456	15,067	<b>55c</b>	12,350
	<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 0			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 0	0	<b>57c</b>	0
	<b>58</b> Other assets (describe . . . . . )		0	<b>58</b>	0
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		134,108	<b>59</b>	176,573	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	34,665	<b>60</b>	59,023	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	7,000	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	51,250	<b>63</b>	54,325	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0	
	<b>65</b> Other liabilities (describe . . . . . )	0	<b>65</b>	17,973	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		85,915	<b>66</b>	138,321	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted . . . . .	-138,836	<b>67</b>	-44,843	
	<b>68</b> Temporarily restricted . . . . .	172,029	<b>68</b>	68,095	
	<b>69</b> Permanently restricted . . . . .	15,000	<b>69</b>	15,000	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21) . . . . .		48,193	<b>73</b>	38,252	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		134,108	<b>74</b>	176,573	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	731,617
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>	60,500	
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	60,500
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	671,117
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	671,117

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	741,559
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>	60,500	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	60,500
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	681,059
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	681,059

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE ATTACHED Str City SCHEDULE ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
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Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 21		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	75b	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A City ST ZIP				
Name City ST ZIP				
Name City ST ZIP				
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<b>Part VI Other Information (See the instructions.)</b>		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	76	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
<b>b</b>	If "Yes," enter the name of the organization ► . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures (See line 81 instructions.) . . . . .	81a	
<b>b</b>	Did the organization file Form 1120-POL for this year? . . . . .	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85b		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
	b Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 $\blacktriangleright$ 0, section 4912 $\blacktriangleright$ 0, section 4955 $\blacktriangleright$ 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$		0
90 a	List the states with which a copy of this return is filed $\blacktriangleright$		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	6
91 a	The books are in care of $\blacktriangleright$ Name SANDI BOONE Telephone no. $\blacktriangleright$ 321-267-3645 Located at $\blacktriangleright$ 2608 APPLEWOOD DRIVE City TITUSVILLE ST FL ZIP + 4 $\blacktriangleright$ 32780		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country $\blacktriangleright$	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here $\blacktriangleright$ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year $\blacktriangleright$ 92		N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a FISCAL SPONSOR INCOME					11,385
b JOURNAL SALES & SUBSCRIPTIONS					2,151
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,066	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			15	949	
b COPYRIGHT INCOME			15	474	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		2,489	13,536
105 Total (add line 104, columns (B), (D), and (E))					16,025

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMP OF EX PURPOSES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

**Please Sign Here**

Signature of officer: Sandi Boone Date: 8/14/06

Type or print name and title: Sandi Boone, Director of Finance

**Paid Preparer's Use Only**

Preparer's signature: Sherrill A Bullock CPA Date: 8/14/06 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): P00524441

Firm's name (or yours if self-employed), address, and ZIP + 4: Sherrill A Bullock CPA, 11000 Sarno Rd Ste 119L Melb FL 32935 EIN: 20-0643473 Phone no: 321-752-5553



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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

WILD EARTH SOCIETY INCORPORATED

Employer identification number

16-1402497

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>	X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	<b>2a</b>	X
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V FORM 9</p>	<b>2d</b>	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>	X
<p><b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)</p>	<b>3a</b>	X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>	<b>3b</b>	X
<p><b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	<b>3c</b>	X
<p><b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	<b>4a</b>	X
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>4b</b>	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11 a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11 b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total		
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	647,186	1,235,238	2,226,846	1,970,770	6,080,040		
<b>16</b> Membership fees received					0		
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	36,783	100,743	82,990	42,141	262,657		
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,677	2,376	2,907	5,967	12,927		
<b>19</b> Net income from unrelated business activities not included in line 18					0		
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0		
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0		
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	777	567	2,811	1,219	5,374		
<b>23</b> Total of lines 15 through 22	686,423	1,338,924	2,315,554	2,020,097	6,360,998		
<b>24</b> Line 23 minus line 17	649,640	1,238,181	2,232,564	1,977,956	6,098,341		
<b>25</b> Enter 1% of line 23	6,864	13,389	23,156	20,201			
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b>	0	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>		
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>	0	
d Add Amounts from column (e) for lines:	18	0	19	0	<b>26d</b>	0	
	22	0	26b	0	<b>26e</b>	0	
e Public support (line 26c minus line 26d total)					<b>26e</b>	0	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b>	0.00%	
<b>27 Organizations described on line 12:</b>	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year						
(2004)	(2003)	408,000	(2002)	863,589	(2001)	610,100	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year							
(2004)	0	(2003)	0	(2002)	0	(2001)	0
c Add Amounts from column (e) for lines:	15	6,080,040	16	0	<b>27c</b>	6,342,697	
	17	262,657	20	0	<b>27d</b>	1,881,689	
d Add Line 27a total	1,881,689	and line 27b total	0		<b>27e</b>	4,461,008	
e Public support (line 27c total minus line 27d total)					<b>27f</b>	6,360,998	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>	6,360,998	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b>	70.13%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b>	0.20%	
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15							

# Depreciation and Amortization

## (Including Information on Listed Property)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return <b>WILD EARTH SOCIETY INCORPORATED</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>16-1402497</b>
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### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	<b>1</b>	105,000						
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0						
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	420,000						
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0						
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	105,000						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 20%;">(c) Elected cost</th> </tr> <tr> <td><b>6</b></td> <td></td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost						
<b>6</b>								
7 Listed property. Enter the amount from line 29	<b>7</b>	0						
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0						
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	0						
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	<b>10</b>	0						
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	0						
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	0						
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	<b>13</b>	0						

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	0

### Part III MACRS Depreciation (Do not include listed property) (See instructions)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	<b>17</b>	4,066
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

#### Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

<b>20 a</b> Class life		1,499	5		S/L	150
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

### Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	<b>22</b>	4,216
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0

**Line 1 (990) - Public Support and Contributions**

	Cash		Non Cash
<b>Line 1a - Direct public support</b>			
1 Contributions . . . . .	229,998	1	
2 Membership dues and assessments (contributions from the public) . . . . .	41,745	2	
3 Commercial co-venture . . . . .		3	
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4	
5 GRANTS	383,350	5	
6		6	
7		7	
8		8	
9		9	
10 Total . . . . .	655,093	10	0
<b>Line 1b - Indirect public support . . . . .</b>			
<b>Line 1c - Government contributions (grants) . . . . .</b>			

**Line 22 (990) - Grants and allocations**

Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country	Amount given	Relationship
	SCIENCE/CONSERVAT	NORTHEAST WILDERNESS	14 BEACON ST STE 506	BOSTON	MA	02108		50,000	Director
	SCIENCE/CONSERVAT	NATURALIA	AMORES #1104 COL DEL VALL			03600	Mexico	14,325	
	SCIENCE/CONSERVAT	WILD UTAH PROJECT	68 MAIN ST STE 400	SALT LAKE CITY	UT	84101		122,265	
	SCIENCE/CONSERVAT	SOUTH AFRICA	PO BOX 725	MCMINNVILLE	OR	97128-0725		10,000	Director
	SCIENCE/CONSERVAT	SKY ISLAND ALLIANCE	738 N 5TH AVE STE 201	TUCSON	AZ	85717-1165		29,192	
	SCIENCE/CONSERVAT	NEW MEXICO WILDERNESS SOCIETY	202 CENTRAL SE STE 101	ALBUQUERQUE	NM	87102		8,210	
	SCIENCE/CONSERVAT	THE WILDERNESS SOCIETY	CITY WEST LOTTERIES HOUSE	WEST PERTH	WA	6005		7,000	
<b>8</b>		<b>Totals</b>						<b>254,992</b>	

**Line 43 (990) - Other Deductions**

104,918

69,874

15,957

19,087

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	OFFICE EXPENSES	5,558	2,800	876	1,882
2	OUTSIDE CONTRACTORS	955	0	955	
3	JOURNAL PRODUCTION	20,702	9,445	245	11,012
4	INSURANCE	34,951	22,909	6,728	5,314
5	BANK CHARGES	5,040	878	3,604	558
6	WEBSITE	20,134	20,134		
7	PROFESSIONAL SERVICES	8,507	4,958	3,549	
8	DONOR DEVELOPMENT	321			321
9	CEBEDILLAS PROGRAM	8,750	8,750		
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

Cost

End of year market value (FMV)

			0	18,592	19,643
Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
1	VERMONT COMMUNITY FOUNDATION			18,592	19,643
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0



**Line 55 (990) - Investments land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	MACHINERY AND EQUIPMENT	47,123	48,622	41,114	45,075
8	IMPROVEMENTS	10,184	10,184	1,126	1,381
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	57,307	58,806	42,240	46,456
18	Buildings and equipment (less accumulated depreciation)			15,067	12,350
19	Total land, buildings and equipment			15,067	12,350

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....			
2	.....			
3	.....			
4	.....			
5	.....			
6	.....			
7	.....			
8	.....			
9	.....			
10	.....			
11	Total	0	0	0

**Line 63 (990) - Loans from officers, directors, trustees and key employees**

	Name of lender	Title	Original amount	Balance due beginning of year	Balance due end of year
1	EDDY FOUNDATION		50,000	51,250	54,325
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals		50,000	51,250	54,325

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1		9/1/2004			6 0000%
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description and fair market value of consideration
1	OPERATIONS	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

**Line 65 (990) - Other liabilities**

0 17,973

		Beginning	End
1	UNEMPLOYMENT COMPENSATION PAYABLE	0	17,973
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Line 22 (Sch A (990/990-EZ)) - Other Income**

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1 AFFINITY PHONE INCOME	0	567	2,587	1,121	4,275
2 COPYRIGHT INCOME	777	0	224	98	1,099
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	777	567	2,811	1,219	5,374

**Form 4562 Statement - 990**

WILD EARTH SOCIETY INCORPORATED

16-1402497

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2005 Deprec	2005 Accum Deprec
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**Depreciation Detail**

**MACRS deductions for prior years (Line 17)**

14	FAX MACHINE	1/25/2000	F-5	100.00%	160	0	0	160	5	SL	HY	157	3	160
15	SUBLIST DA	2/8/2000	F-5	100.00%	2,995	0	0	2,995	5	SL	HY	2,945	50	2,995
16	ZIP DRIVE	5/15/2000	F-5	100.00%	1,140	0	0	1,140	5	SL	HY	1,064	76	1,140
17	MONITOR	7/24/2000	F-5	100.00%	160	0	0	160	5	SL	HY	141	16	157
18	CD BURNER	7/24/2000	F-5	100.00%	219	0	0	219	5	SL	HY	194	22	216
22	LEASEHOLD IMPROV	8/15/2000	R-5	100.00%	10,184	0	0	10,184	40	SL	MM	1,126	255	1,381
19	NETWORKING	8/22/2000	F-5	100.00%	260	0	0	260	5	SL	HY	225	26	251
20	LASER PRINTER	8/31/2000	F-5	100.00%	1,049	0	0	1,049	5	SL	HY	910	105	1,015
11	OFFICE EQUIPMENT	12/31/2000	F-5	100.00%	1,567	0	0	1,567	5	SL	HY	1,540	27	1,567
12	OFFICE EQUIPMENT	12/31/2000	F-5	100.00%	1,946	0	0	1,946	5	SL	HY	1,913	33	1,946
26	MAC UPGRADE	1/22/2001	F-5	100.00%	450	0	0	450	5	SL	HY	353	90	443
24	MAC 7600/132	6/8/2001	F-5	100.00%	321	0	0	321	5	SL	HY	229	64	293
25	PRINTER CARD	7/25/2001	F-5	100.00%	344	0	0	344	5	SL	HY	236	69	305
23	INTERVISION TELEPI	10/18/2001	F-5	100.00%	2,000	0	0	2,000	5	SL	HY	1,267	400	1,667
30	IBOOK COMPUTER	1/21/2002	F-5	100.00%	984	0	0	984	3	SL	HY	957	27	984
31	DELL LAPTOP	1/24/2002	F-5	100.00%	1,652	0	0	1,652	3	SL	HY	1,607	45	1,652
32	FLEET DATA BASE	2/14/2002	F-5	100.00%	9,631	0	0	9,631	3	SL	HY	9,363	268	9,631
33	XEROX LASER PRINT	9/10/2002	F-5	100.00%	2,074	0	0	2,074	3	SL	HY	1,612	346	1,958
34	EXABYTE TAPE DRIV	9/10/2002	F-5	100.00%	851	0	0	851	3	SL	HY	663	142	805
35	LAPTOP W/DOCKING	5/20/2003	F-3	100.00%	1,747	0	0	1,747	3	SL	HY	922	582	1,504
36	DELL PC - GIS GRAN	12/1/2003	F-5	100.00%	4,261	0	0	4,261	3	SL	HY	1,538	1,420	2,958

Total MACRS deductions for prior years (Line 17) 43,995

**ADS class life (Line 20a)**

LAPTOP COMPUTER	8/31/2005	F-5	100.00%	1,499	0	0	1,499	5	SL			0	150	150
Total ADS class life (Line 20a)														
<u>1,499</u>														
<u>45,494</u>														
<u>45,494</u>														

**Subtotal**

<u>28,962</u>													
<u>4,216</u>													
<u>33,178</u>													

**Form 4562 Reconciliation**

Annual depreciation and amortization	4,216
Special allowance except listed property (Line 14)	0
Listed property special allowance (Line 25)	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
<b>Form 4562, Line 22</b>	<b>4,216</b>

STATEMENT  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO DBP & DC	EXPENSE ACCOUNT OTHER
MARY GRANSKOU	PRESIDENT VARIES	\$0 00	\$0 00	\$0 00
DAVID JOHNS, JD PO BOX 725 MCMINNVILLE OR 97128	VICE PRESIDENT VARIES	\$0 00	\$0 00	\$0 00
KATHLEEN FITZGERALD PO BOX 142 STOWE VT 05672	SECRETARY VARIES	\$0 00	\$0 00	\$0 00
ROBERT HOWARD 14 RENO PLACE SANTA FE NM 87508	TREASURER VARIES	\$0 00	\$0 00	\$0 00
JOHN DAVIS RR1 BOX 120 ESSEX NY 12936	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
BARBARA DEAN STAR ROUTE 1, BOX 38 COVELO CA 95428	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
SUSAN HOLMES 1625 MASS AVE NW STE 702 WASHINGTON DC 20036	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
RURIK LIST PHD 52179 TOLUCA EDO DE MEXICO MEXICO	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
MARGO MCKNIGHT	EXECUTIVE DIRECTOR 40 HOURS PER WEEK	\$36,000 00	\$0 00	\$0 00
OSCAR MOCTEZUMA APARTADO POSTAL 21-541 MEXICO 03600 MEXICO	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
PAUL PAQUET PHD 125 2ND MEACHAM SK SOK2V0	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
JAMIE PHILLIPS PO BOX 42 ESSEX NY 12936	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
MICHAEL SOULE PHD PO BOX 2010 HOTCHKISS CO 81419	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
JOHN TERBORGH PHD DUKE UNIVERSITY BOX 90381 DURHAM NC 27708	DIRECTOR VARIES	\$0 00	\$0 00	\$0 00
HARVEY LOCKE 176 FEDERAL STREET BOSTON MA 02110	DIRECTOR EMERITUS VARIES	\$0 00	\$0 00	\$0 00
CAROLYN FINE FRIEDMAN NEWTON MA	ADVISOR VARIES	\$0 00	\$0 00	\$0 00
BILL MEADOWS 1615 M ST NW WASHINGTON DC 20036-3209	ADVISOR VARIES	\$0 00	\$0 00	\$0 00
BRIAN MILLER PHD DENVER CO	ADVISOR VARIES	\$0 00	\$0 00	\$0 00
MIKE PHILLIPS 1123 RESEARCH DRIVE BOZMEN MT 59718	ADVISOR VARIES	\$0 00	\$0 00	\$0 00
LOUISA WILLCOX 97 SUCE CREEK ROAD LIVINGSTON MT 59047	ADVISOR VARIES	\$0 00	\$0 00	\$0 00
SANDI BOONE PO BOX 455	DIRECTOR OF FINANC 40 HOURS PER WEEK	\$7,500 00	\$0 00	\$0 00