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Forn	"`990-T <i>"</i>	Exempt Organization-Business-Income Tat Return (and proxy tax under section 6033(e)) OMB No. 1545-0687										
1 0.11		For sale	dilu p ndar year 2018 or other t	-				•		2019	1	മ െ 10 [`]
Doog	rtment of the Treasury	For cale									1 4	<u> </u>
	nal Revenue Service	► Go to www.irs.gov/Form990T for instructions and the latest information. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 50 t(c)(2)							Openst	to Public Inspection for (3) Organizations Only		
A	Check box if		Name of organization (Check b	ox if na	me changed	and see in	struction	ıs)		oloyer iden	tification number
	address changed									, , , , , ,	noyees wast,	, see manucions)
	tempt under section	Print	NATIONAL FIS					ON		ـ ر	1 20 41 2	•
	501(C () 3)	Or	Number, street, and roo	m or suite no	ira P O	box, see ir	structions				138413	iness activity code
7.67	408(e) 220(e) 408A 530(a)	. 3 PC	 1133 15TH ST	REET NW	STE	1000*					instructions)	
	529(a)	1	City or town, state or pi				n postal cod	ie		-		
	ook value of all assets	Ĺ _	WASHINGTON,	DC 2000	5-27	27	_			5259	990	·
	end of year		up exemption number									
	2847334651.	_	ck organization type					501(c) trust	Other trust
			nization's unrelated tra RTNERSHIP INVE		sses	▶ <u>1</u>		-		ibe the on	• •	•
			end of the previous s		mnlete	Parte I an			•			ne, describe the
	rade or business, th		·	entence, coi	inpiete	raitsian	a ii, compi	icic a c	chequie W for	cacii additii	Jilai	
-			corporation a subsidia	iry in an affil	ated g	roup or a p	arent-subs	sidiary (controlled group	٥,	▶	Yes X No
			identifying number of	the parent co	rporati	on >		_				
			KUNBO FALAYI					lephor	ne number 🕨 🤅		-0166	
	77		or Business Incon	<u>ne</u> _		(A) Income	_	(B) Exp	enses	3 40 60 386	(C) Net
) 1a) b	fross receipts or s			c Balance ▶	1 c							
) 2			ule A, line 7)	_	2			_				
3			2 from line 1c		3						33	And Shahafar Shahara Sanara are 1
- 4a	Capital gain net ii	ncome (a	ttach Schedule D)		4a		75,8				122	75,826.
b			Part II, line 17) (attach Fo		4b		5,0	284.	0.2		<u> </u>	5,084.
) c			rusts		4c		-49,1	120	AZĆH		-	-49,120
9 5 6			an S corporation (attach state		5 6				ZZAZCH®	(Teggs 44, 25) 84,	<u> </u>	
7			come (Schedule E)		7				-			
8			nts from a controlled organiza					/				1
9	Investment income of a	section 50	I(c)(7), (9), or (17) organizati	on (Schedule G)	9							
10		•	ncome (Schedule I) .		10		_/_					
. 11	-		ule J)		11_					1000 C 10	era	
12	,		tions; attach schedule) ough 12			_/_	31,	790	4 T. S. W.		प्रथ	31,790
	nt ii Deduction	ns Not	Taken Elsewhere	(See instr	ructie	ns for li		_	leductions.)	(Except	for conf	
			be directly conne									
14	Compensation of	officers,	directors, and trustees	(Schedule K)						14		
15												
16												
17 18			see instructions)									
19			/			L						- 1,245
20	Charitable contrib	outions (S	See instructions for limit	tation rules)			A	ŢÇĦ	.2. ATC	H. 4 20		2,643
21	Depreciation (atta	sch Form	4562)				21	<u> </u>		1	X	
22	•		on Schedule A and els	DEOF	turn_		22a			221		1.
23	Depletion			VENE	IVE	\underline{D}			;	23		
24 25	Employee benefit	ererrea d	compensation plans	1111 9 0		: · · 👸	• • • • •			24 25		
26									· · · · · · · ·			
27	Excess readership	costs (S	chedule J)chedule J)	JOAN	4					27		
28			,						. ATCH.		7 -	% 4,113
29			s 14 through 28							<u>‡9</u>		8,002
30	/		e income before ne	(-			, , ,		1 <i>1</i>		* *** Y. NOKO	7 23,788
31			g loss arising in tax ye e income. Subtract line	-	-			18 (see	ins(ructions)	$\begin{bmatrix} & \cdot & \cdot & 31 \\ \cdot & \cdot & 32 \end{bmatrix}$		23,788
	Paperwork Reduct	ion Act N	otice, see instructions		JU .	<u></u>	A 4 P	٠١٠.	<u></u>	<u> </u>		Form 990-T (2018)
8X274	40 1409301 J S A 9	C						1	NFWF	(11	PAGE
											V・ン	▲.

Form	990/ <i>T</i> /(2018)		Page 2
_	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses		
	Instructions),	· { · [33]	23,788
34	Amounts paid for disallowed fringes	<u>84</u>	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018	(see	٠
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum	
	of lines 33 and 34	36	23,788
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 🗴 37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line		
	enter the smaller of zero or line 36	11.11	22,788
	Tax Computation	1 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 24).		4,785
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax	/~== (×*****	
	the amount on line 38 from Tax rate schedule or Schedule 0 (from 1041). \		
41	Proxy tax. See instructions	· · · · · · · · · · · · · · · · · · ·	
42 43	Alternative minimum tax (trusts only)		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		4,785
Par		· · I· H4	
_	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	\$2°, 33	
b	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44		4,785
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche		
48	Total tax. Add lines 46 and 47 (see instructions)	, , , , , , , , , , , , , , , , , , , 	4,785
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 24	49	
50 a		500.	
	2018 estimated tax payments		
c	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions)		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g		2,500
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		2,285
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	: 1 - - - - - - - - - 	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax		
Par			Vec No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of figure 1 accounts (basis accounts a signature of figure 2 life (No.2 the accounts a signature 2 life (
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizati FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	-	123-35%
	here	the foleigh co	ountry X
57			 _ +,, _
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?	
58	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and it	to the best of my kn-	owledge and belief, it i
Sigr	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her			discuss this return parer shown below
	Signature of officer Date Title	(see instructions)?	
	Print/Type preparer's name Preparer's signature Date	Check If	PTIN' /
Paid	MARY TORRETTA Yary Oulle 7/6/2020	self-employed	P0Ó847851
Prep	Firm's name GRANT THORNTON LLP	Firm's EIN ▶ 36	
	Only Firm's address ► 1000 WILSON BLVD, SUITE 1400, ARLINGTON, VA 22209	Phone no 703-	847-7500

Form **990-T** (2018)

School of Contact Cont	d- C-ld =										Page 3
Schedule A - Cost of G	T I	nter metho	d of invent					1 - 1			
1 Inventory at beginning of				i			ear	6			
2 Purchases	· · · - - - - - - - - 			7		•	old. Subtract line				
3 Cost of labor							nter here and in				
4a Additional section 263A costs				Part I, line	2		7				
(attach schedule)			_	8			section 263A (v			Yes	No
b Other costs (attach schedu	, · 						or acquired for				
5 Total. Add lines 1 through					to the org	anization? .	 	• • • •	<u></u> .		<u></u>
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal l	Property	Leased	With Real Proper	rty)			
(see instructions)							-				
1. Description of property											
(1)						<u> </u>					
(2)											
(3)						_					
(4)							 -				
	2. Rent recei	ved or accru	ed								
(a) From personal property (if the for personal property is more the more than 50%)	nan 10% but not	percent	rom real and age of rent for r if the rent is	or pers	sonal propert	y exceeds	3(a) Deductions di in columns 2(me
(1)											
(2)								-			-
(3)	<u> </u>					_	· · · · · · · · · · · · · · · · · · ·				
(4)				_							
Total		Total					-				
(c) Total income. Add totals of c	olumns 2/a) and 2/			_			(b) Total deductio				
here and on page 1, Part I, line 6							Enter here and on Part I, line 6, colur				
Schedule E - Unrelated D			e instruct	ons)	_			(-/_			
	<u> </u>	115 (5)				3.	Deductions directly cor			le to	
1 Description of del	bt-financed property			s income from or e to debt-financed property		(=) (54====		nanced property			
			p			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)						<u> </u>			· ·····	<u> </u>	
(2)				_						-	
(3)	-										
(4)					_	-					
4. Amount of average 5. Average adjusted basis acquisition debt on or of or allocable to 6 allocable to debt-financed debt-financed property			Colun dıvıde colum	ed	7. Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)					%						
(2)					%		-				
(3)					%						
(4)			<u> </u>		%						
			•		<u> </u>	Enter he	re and on page 1, ne 7, column (A)	Enter Part	r here and o I, line 7, col	n page umn (B	1, 3)
Totals	tions included in co										

Form **990-T** (2018)

Schedule F—Interest, Anni	unies, Royanies	 -		ontrolled Or			0113 (36)	- mstructions	<u>'/</u>	
1. Name of controlled 2. Employ organization identification		ar (loss) (see instructions)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		ng	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)									_	
(4)					L	·				
Nonexempt Controlled Organia	zations					40.0		<u> </u>		0-444
7. Taxable Income	8 Net unrelated in (loss) (see instruc	· I		Total of specific payments made		include	t of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
1)										
2)										
(3)							·			
4)						-	olumns 5 a			d columns 6 and 11
Totals	ncome of a Sec		 (c)(7),	(9), or (17	▶) Orga	Enter h Part I,	iere and on line 8, colu	page 1, mn (A)	Ente	er here and on page 1, t I, line 8, column (B)
1 Description of income	2. Amount of	income	3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)	
1)									4	
2)	·		.						_	
3)			_						\bot	
4)			30000000	379, 06, 379 Supply (00000), 300	1,1000000000000000000000000000000000000	200000000000000000000000000000000000000	5000°40'4 300 00 0'00 . S	NS-2000 - 1 2000 2000 1000 1000	.	
「otals ▶	Enter here and Part I, line 9, or									Enter here and on page 1 Part I, line 9, column (B)
chedule I-Exploited Exe	mpt Activity In	come. Of	her Th	nan Adverti	sina In	come (s	ee instru	ctions)	200	
) , , 1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direct connecte product unrelations	nses ' itly id with ion of	4 Net inconfrom unrelation business 2 minus collif a gain, colors 5 through	ne (loss) ed trade (column umn 3) ompute	5. Gross from act	income	6 Expense attributable column 5	to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
								-		-
1) 2)								,	—	
								<u> </u>	—	
3) 4)				<u> </u>				 -		 -
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,					l		Enter here and on page 1, Part II, line 26
otals	Come (see instri	uctions)		\$880 9988 W.S.S.C. N.	:):nec:38853575/	38888275 <u>38886</u>	8K-0K-2338887.4030	\$6°86037°95.88885533°4.1	E188667	<u> </u>
Part I Income From Peri			onéol	lidated Ras				 		
art meenic i ioni i en	louicais report	ea on a v	3011301	late a Bac						T
1 Name of periodical	2. Gross advertising income	3 Dır advertisin		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute	5. Circ		6 Readersh costs	пр	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)		1	_							
2)],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3)			-							7
4)			_							
otals (carry to Part II, line (5))		,								

Form **990-T** (2018)

JSA

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Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) Part II

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						,
(4)						,
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
2)	·	%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

52-1384139

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS

-49,120.

ATTACHMENT 2

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	31,790. 0. 5,359.
	<u>0.</u> * 10응
CHARITABLE CONTRIBUTION LIMITATION (10%) CHARITABLE CONTRIBUTION	2,643. 2,643.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	2,643.

52-1384139

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES

3,550. 563.

PART II - LINE 28 - OTHER DEDUCTIONS

4,113.

EIN 52-1394139

National Fish and Wildlife Foundation

Form 990-T, Part II, Line 20 FYE 9/30/2019

Charitable Contributions Carryforward

Contributions Made	Contributions Used	Carryforward available for next year	Tax Period Charitable Contributions used	
240,084,503	(424)	240,084,079	2016	
	(13,510)	240,070,569	2017	
	(2,643)	240,067,926	2018	
221,581,336	-	461,649,262	N/A	
201,707,299	-	663,356,561	N/A	
_	Made 240,084,503 221,581,336	Made Used 240,084,503 (424)	Made Used year 240,084,503 (424) 240,084,079 (13,510) 240,070,569 (2,643) 240,067,926 221,581,336 - 461,649,262	

Carryforward to FYE 9/30/2020

663,356,561

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123 ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,

52-1384139

Department of the Treasury Internal Revenue Service

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number NATIONAL FISH AND WILDLIFE FOUNDATION

74777	TONAL FISH AND WILDLIFE FOUNDATIO				`	32-1364139
Par	Short-Term Capital Gains and Losses	(See instructions	.)			
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments to		
	the lines below	Proceeds	Cost	or loss from Forma 8949, Part I, line 2		Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	column (g)	۷,	the result with column (g)
1:	Totals for all short-term transactions reported on Form			W./4839/21/2		
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,					•
	if you choose to report all these transactions on Form 8949,					
	leave this line blank and go to line 1b		<u> </u>	###*** <u>\</u> \6.2388.8624648	3883.35 <u>.</u>	<u> </u>
•	b Totals for all transactions reported on Form(s) 8949 with Box A checked				,	
						-
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949	1 027				
	with Box C checked	1,837.		·		1,837
4	Short-term capital gain from installment sales from l	Form 6252, line 26 or 3	7		4	<u> </u>
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)	<i>.</i>			6	(
7	Net short-term capital gain or (loss) Combine lines	la through 6 in column	h		7	1,837
⊃ar						<u> </u>
-	See instructions for how to figure the amounts to enter on	`		(g) Adjustments to	gain	(h) Gain or (loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from Form(Subtract column (e) from
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part II, line column (g)	2,	column (d) and combine the result with column (q)
8:	whole dollars a Totals for all long-term transactions reported on Form		 _	100 (3)	د، مير	the result with column (g)
	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949,					
	leave this line blank and go to line 8b				850 2 F	
81	Totals for all transactions reported on Form(s) 8949					
	with Box D checked			+		
9	Totals for all transactions reported on Form(s) 8949					
	with Box E checked					
10	Totals for all transactions reported on Form(s) 8949			1		İ
	with Box F checked	73,989.		<u> </u>		73,989
			·	-		
11	Enter gain from Form 4797, line 7 or 9				11	5,084
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	7		12	}
			• • • • • • • • • •			_
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
	Long term supriar gam or (1000) from the kind oxona.	igeo menir i onni eez i	• • • • • • • • • •			
4.4	Capital gain distributions (see instructions)			ł	14	ł
14	Capital gain distributions (see instructions)		• • • • • • • • •		14	
<u> </u>	Night learn Assess page 15 and	a Alica comba d'Alica de la	L		4.5	70 072
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	<u>"</u>		15	79,073
'ar	Summary of Parts I and II					
			· ·	j		
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	ll loss (line 15)	, <i></i>	16	1,837
17	Net capital gain Enter excess of net long-term capit	al gain (line 15) over ne	et short-term capital lo	ss (line 7)	17	79,073
18	Add lines 16 and 17 Enter here and on Form 1120,				18	80,910
		· -				
	Note: If losses exceed gains, see Capital losses in the aperwork Reduction Act Notice, see the instructions		<u></u>		-	chedule D (Form 1120)

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

ame(s) shown on return											
λια τη Τολία τ.	FTCH	ע איז ע	WILDLIER	EQUIND VALO							

Social security number or taxpayer identification number

52-1384139

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (C) Short-term transactions not reported to you on Form 1099-B

(a)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a lf you enter a coordinate of the separate of	(h) Gain or (loss). Subtract column (e)	
Description of property (Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ST CAPITAL GAIN (LOSS)	VAR	VAR	1,837				1,837
	_						
			_		<u> </u>		
							<u> </u>
Z Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above)	I here and inc	lude on your					
above is checked), or line 3 (if Box C at	oove is checked)	<u> </u>	1,837		() !!		1,837

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

NATIONAL FISH AND WILDLIFE FOUNDATION

52-1384139

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transaction	s not reported t	o you on For	m 1099-B		· · · · · · · · · · · · · · · · · · ·		
(a) Description of property	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a cod See the separ	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAPITAL GAIN (LOSS)	VAR	VAR	73,989				73,989
	 						
				<u> </u>	-		
					!		
	 						
2 Totals. Add the amounts in column negative amounts) Enter each to							
Schedule D, line 8b (If Box D abo	ve is checked), line		73,989				73,989

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

JSA 8X2616 1 000 Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

► Go to www.irs.gov/Form4562 for instructions and the latest information

Attachment Sequence No 179

OMB No 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

NATIONAL FISH AND WILDLIFE FOUNDATION

52-1384139

	TITTOWNE I TON MI	CHOUSE LOO	NDATION				[32 1304137
	ness or activity to which this form relates	_	,		•		
	ENERAL DEPRECIATION						
Pa	rt I Election To Expense C Note: If you have any lis			A VOU COMP	loto Part I		•
1	···		·			1	
2	Total cost of section 179 property pla						
3	Threshold cost of section 179 property						
A	Reduction in limitation Subtract line						<u> </u>
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter -	0- If married filing			5	
6	(a) Description			ousiness use only	(c) Elect	ed cost	Z443 25 25 25 25 25 25 25 25 25 25 25 25 25
		<u> </u>			•		
						_	
7	Listed property Enter the amount from	m line 29	·	7			
	Total elected cost of section 179 pro					8	Charles described and provided and an artist of the second and an artist of the second and artist of the second artist of the second and artist of the second artist of the second and artist of the second artist of the second artist of the second artist of the second arti
	Tentative deduction Enter the smalle	·					
	Carryover of disallowed deduction from						
	Business income limitation Enter the	-					
	Section 179 expense deduction Add						
	Carryover of disallowed deduction to					•	
Note	e: Don't use Part II or Part III below for	r listed property Instea	ad, use Part V				
Рa	rt II Special Depreciation A	llowance and Ot	her Depreciation (I	Don't include	listed proper	y See in	structions)
14	Special depreciation allowance fo	r qualified property	(other than listed	property) pla	aced in service	e	_
	during the tax year. See instructions		<i></i>		. .	14	<u>. </u>
15	Property subject to section 168(f)(1)				. .	15	<u> </u>
16	Other depreciation (including ACRS)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> 16</u>	1
Pa	rt MACRS Depreciation (Oon't include listed	property See instru	ctions)	-		
			Section A		_		
17	MACRS deductions for assets placed	d in service in tax yea	rs beginning before 2018	3		17	,
18	If you are electing to group any a					al 💥	
	asset accounts, check here						
	Section B - Assets		During 2018 Tax Ye		General Dep	reciation	System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)		(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
	15-year property			,			
f	20-year property						
g	25-year property			25 yrs	<u></u>	S/L	
h	Residential rental			27 5 yrs	MM	S/L_	
	property			27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property	<u> </u>	<u></u>		MM	_S/L	<u> </u>
_	Section C - Assets P	laced in Service D	uring 2018 Tax Year	Using the A	Iternative De	preciatio	n System
	Class life					S/L	
b	12-year			12 yrs	<u> </u>	S/L	
С	30-year			30 yrs	MM	S/L	
	40-year			40 yrs	ММ	S/L	
Pa	rt IV Summary (See instruction	ons.)					
21	Listed property Enter amount from lin					21	
22	Total. Add amounts from line 12,						
23	here and on the appropriate lines of your assets shown above and place	our return. Partnership	os and S corporations -:	see instruction	s	22	
	For assets shown above and place portion of the basis attributable to se	ction 263A costs	ino odironi year, en	23	1		

52-1384139

Listed Property (Include automobiles, certain other vehicles, certain aircraft, property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) X No 24b If "Yes," is the evidence written? 24a Do you have evidence to support the business/investment use claimed? Yes X Yes (e) (b) (f) (i) Basis for depreciation Business/ Type of property (list Date placed Method/ Depreciation Elected section 179 Recovery Cost or other basis investment use (business/investment vehicles first) in service Convention deduction cost period percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use % Property used 50% or less in a qualified business use S/L -% S/L -S/L -% Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 30 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year. 32 Total personal (noncommuting) other 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No No Yes No Yes No Yes 34 Was the vehicle available for personal use during off-duty hours?....... 35 Was the vehicle used primarily by a more than 5% owner or related person?..... Is another vehicle available for personal use?. Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions No Yes Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization (e) (b) **(f)** (c) (a) (d) Amortization Date amortization Description of costs Amortizable amount Code section period or Amortization for this year percentage Amortization of costs that begins during your 2018 tax year (see instructions) 43 Amortization of costs that began before your 2018 tax year 43 Total. Add amounts in column (f) See the instructions for where to report Form 4562 (2018)

8X2310 1 000

Form 4562 (2018)