# \*\* 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2022 calendar year, or tax year beginning $JUL 1$ , $2022$ and er	nding J	<u>UN 30, 2023</u>	
<b>B</b> c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change			26-28879	67
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  PO BOX 129	oom/suite	E Telephone number 512-686-	
	termin- ated			G Gross receipts \$	53,334,340.
	Ameno			H(a) Is this a group re	
F	Application	,		for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	—
IT	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1 ' '	list. See instructions
	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 2008	M State of legal domicile: CA
Pa	rt I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: $RE:WII$	LD PR	OTECTS AND I	RESTORES
Activities & Governance		THE WILD TO BUILD A THRIVING EARTH WHERE A	LL LI	FE FLOURISH	ES.
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es 8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			65
Ϋ́Ē		Total number of volunteers (estimate if necessary)			10
Υcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)		63,330,226.	49,157,425.
en		Program service revenue (Part VIII, line 2g)	0.	1,875,000.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		572,250.	2,294,919.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,938.	6,996.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		63,945,414.	53,334,340.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,967,973. 0.	40,508,991.
		Benefits paid to or for members (Part IX, column (A), line 4)		5,996,150.	5,998,037.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	16,549.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,049,874	<u> </u>	0.	10,347.
Ĕ		Total fundraising expenses (Part IX, column (D), line 25) 1,049,874  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,550,235.	5,057,031.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		62,514,358.	51,580,608.
		Revenue less expenses. Subtract line 18 from line 12		1,431,056.	1,753,732.
- Se	13	rievende less expenses. Subtract line 10 from line 12	Bed	ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		75,195,563.	76,957,327.
Ass Bal	21	Total liabilities (Part X, line 26)		8,525,121.	8,524,381.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		66,670,442.	68,432,946.
	rt II	Signature Block		-	
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules at	ınd stateme	nts, and to the best of my	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whicl	h preparer l	has any knowledge.	
Sigr	1	Signature of officer		Date	
Her	е	WESTON SECHREST, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		RENAE DUNCAN Leval Duncan Co	<u>a 10</u>	4/18/24 self-employ	
Prep		Firm's name ATCHLEY & ASSOCIATES, LLP		Firm's EIN 7	4-2920819
Use	Only	Firm's address 1005 LA POSADA DRIVE		, -	10)245 2525
		AUSTIN, TX 78752		Phone no. (5	12)346-2086
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2022) RE:WILD	26-2887967	Page 2
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:		
	RE:WILD PROTECTS AND RESTORES THE WILD TO BUILD A THRIVI	NG EARTH WHE	RE
	ALL LIFE FLOURISHES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Voc	X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	1es	INU
_	,	□v <sub>aa</sub>	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	LA 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 it		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.	450	400
4a			499.
	WILDLIFE: RE:WILD FOCUSES OUR SPECIES CONSERVATION EFFOR		
	THREATENED SPECIES IN GROUPS THAT ARE NOT RECEIVING SUFF		
	CONSERVATION ATTENTION. THESE SPECIES ARE OFTEN THE FOCUS		
	CONSERVATION GROUPS THAT STRUGGLE TO FIND INTERNATIONAL	SUPPORT FOR	
	THEIR EFFORTS BEYOND RE:WILD. A FEW RECENT ACCOMPLISHMEN'	rs include:	
	- SURVEYS OF UNION ISLAND GECKOS (GONATODES DAUDINI, CR	), ENDEMIC T	0
	UNION ISLAND IN SAINT VINCENT AND THE GRENADINES, SHOWED	THE POPULAT	ION
	HAS INCREASED BY 80% SINCE 2018, THANKS TO IMPROVED PROT	ECTION	
	SUPPORTED BY RE:WILD.		
	- IN MEXICO WE SUPPORTED THE REINTRODUCTION OF THE GOLD	EN SKIFFIA.	AN
	EXTINCT IN THE WILD FISH, INTO THE TEUCHITLN RIVER AFTER		
	FOR 28 YEARS.		
4b	(Code:) (Expenses \$16 , 274 , 362 . including grants of \$13 , 434 , 346 . ) (Revenue	470.	499.
	WILDLANDS: RE:WILD WORKS TO PROTECT AND RESTORE KEY BIOD		
	AND UNIQUE ECOSYSTEMS.		
	- IN ANGUILLA, WE WORKED WITH LOCAL PARTNERS TO COMPLETE	THE FIRST	
	INVENTORY OF FAUNA AND FLORA IN FOUNTAIN NATIONAL PARK TO		
	MANAGEMENT AND RESTORATION PLANS, AND ANOTHER PARCEL OF		
	PURCHASED TO ENLARGE THE PARK. OUR DIRECTOR OF PROTECTED		
	FACILITATED A TWO-DAY MANAGEMENT PLANNING WORKSHOP FOR T		
	PARTICIPATED IN A SCOPING VISIT TO PLAN HOW THIS SMALL BY		 I
	PROTECTED AREA MAY BE FUNDED THROUGH TOURISM.	JI IMIONIANI	
	- RE:WILD IS WORKING IN CLOSE PARTNERSHIP WITH VIRUNGA	MATOMAT DAD	V
	IN EASTERN DRC TO OVERCOME MAJOR CHALLENGES RELATED TO I		
			NT.
	POACHING, AND HABITAT ENCROACHMENT BY ENHANCING THE PARK		
4c	(Code:) (Expenses \$10,431,014. including grants of \$8,730,026. ]) (Revenue CHARD TANK CHARD		499.
	GUARDIANS: WE SUPPORT BIODIVERSITY GUARDIANS SUCH AS IND		- T
	PEOPLES, WOMEN, YOUTH, AND RANGERS. OUR SUPPORT FOR PEOPLE STATES OF THE		N
	CONSERVATION INCLUDES CULTIVATING LEADERSHIP, WEAVING NET	IWORKS, AND	
	ACCESS TO TECHNICAL AND FINANCIAL RESOURCES.		
	- RE:WILD TRAINED AND EQUIPPED COMMUNITY WARDENS, FORES		NGO
	STAFF AND OTHER PERSONNEL IN SAINT VINCENT AND THE GRENA	DINES ON	
	WILDLIFE MONITORING, DATA ANALYSIS AND GPS USE.		
	- RE:WILD FUNDED THE RED INDGENA BRIBRI Y CABECAR (RIBC	A) TO ORGANI	ZE
	A NATIONAL WORKSHOP ON CARBON MARKETS WITH REPRESENTATIVE	ES FROM 18	
	INDIGENOUS TERRITORIES FROM COSTA RICA, COSTA RICAN NATIO	ONAL	
	GOVERNMENT, AND GLOBAL CARBON MARKETERS. THIS LED TO CREATE		
	SPACES FOR GOVERNMENT OFFICIALS AND INDIGENOUS TERRITORIES		S
4d	Other program services (Describe on Schedule O.)		
		470,499.)	
40	Total program service expenses 48,882,374.	-,=,	
-10	Total program delivide expended	<del></del> ,	200 /

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# Form 990 (2022) RE: WILD Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,		Х	
•	Schedule D, Part III	8	Λ	-
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>		
ıza	, ,	120		X
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X_	_
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		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_X_	
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	X	
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	_X_	
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	<u> </u>
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
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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

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	990 (2022) RE: WILD 26-2887  t IV Checklist of Required Schedules (continued)	1901	<u> </u>	age <sup>2</sup>
ı uı	oncokiist of ricquired conteduces (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	Х	
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	J		
	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
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	X	

#### Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	62			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			10	x	

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	990 (2022) RE:WILD 26-2887  TV Statements Regarding Other IRS Filings and Tax Compliance (continued)	967	Р	age
<b>.</b>	Continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	INC
Za	filed for the calendar year ending with or within the year covered by this return 2a 65			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	7.11	3a		x
	ISBN BL SELECTION OF THE CONTRACTOR	3b		† <u></u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	16		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		ㄴ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$\perp$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		$\perp$
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
0-	amounts due or received from them.)  [11b]  Casting 4047(-)(4) man approximate the situation of the superior filling Form 10412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	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.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Vas." complete Form 4720. Schadula O			

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Form **990** (2022)

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
				Y	es	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7					
	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	6					
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			X		
3	Did the organization delegate control over management duties customarily performed by or under the							
		·	3			X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asset					Х		
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?	•	.   78			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?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		. 71			X		
а	The governing body?	•	. 8	ı 2	ζ			
b	Each committee with authority to act on behalf of the governing body?			, 2	ζ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9			X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)						
		,		Y	es	No		
10a	Did the organization have local chapters, branches, or affiliates?		. 10	а		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10	b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11	aΣ	ζ			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12	aΣ	ζ			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			ьΣ	ζ			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe						
	on Schedule O how this was done		. 12	c 2	ζ			
13	Did the organization have a written whistleblower policy?		. 1	3 2	ζ			
14	Did the organization have a written document retention and destruction policy?		14	ι <u>Σ</u>	ζ			
15	Did the process for determining compensation of the following persons include a review and approval	l by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		. 15		-			
b	Other officers or key employees of the organization		. 15	b 2	ζ			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a						
	taxable entity during the year?		16	а	_	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's						
	exempt status with respect to such arrangements?		. 16	b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section 501(c)	(3)s onl	y) ava	ailab	le		
	for public inspection. Indicate how you made these available. Check all that apply.							
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and fina	ncial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and telephone number of the person who possesses the organization's books are the name, address, and telephone number of the person who possesses the organization's books are the name, address, and telephone number of the person who possesses the organization's books are the name, address, and telephone number of the person who possesses the organization's books are the name, address, and telephone number of the person who possesses the organization is books are the name, address, and telephone number of the person who possesses the organization is books are the name of the person who possesses the organization is books are the name of the person who possesses the organization is books are the name of the person who possesses the organization is the name of the person who possesses the organization is the name of the person who possesses the organization is the name of the name	ks and records						
	WESTON SECHREST - 512-686-6062							
	PO BOX 129, AUSTIN, TX 78767			-				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)  Name and title	(B) Average hours per	box	not c , unle:	Pos heck i ss per	more rson i	than o	n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ALEJANDRO QUINTERO COO/SECRETARY/ASST TREASURER	40.00			Х				200,005.	0.	24,613.
(2) RUSSELL MITTERMEIER, PHD	40.00									
CHIEF CONSERVATION OFFICER					х			193,586.	0.	13,677.
(3) PENNY LANGHAMMER	40.00									-
EXECUTIVE VICE PRESIDENT						Х		176,701.	0.	22,258.
(4) WESTON SECHREST, PHD	40.00									
CEO/CHIEF SCIENTIST/BOARD CHAIR		Х		Х				181,655.	0.	12,601.
(5) BARNEY LONG	40.00	-				l		1-0-046		
SENIOR DIRECTOR, CONSERVATION STRATE	40.00					X		152,316.	0.	23,174.
(6) ROBIN MOORE	40.00	-				,,		150 776		00 004
VICE PRESIDENT, COMMUNICATIONS & MAR	40.00					X		152,776.	0.	20,004.
(7) ANTHONY RYLANDS, PHD PRIMATE CONSERVATION DIRECTOR	40.00	1				x		157,308.	0.	12,498.
(8) DIRK BYLER	40.00		_			^		137,300.	0.	12,490.
DIRECTOR, GREAT APES PROGRAM	40.00	1				x		161,918.	0.	5,347.
(9) DANIEL RICHARDS	1.00							101/3101	•	3,31,0
LEAD DIRECTOR/TREASURER		Х		x				0.	0.	0.
(10) SCOTT MCDONALD	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(11) JOHN MITCHELL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) LEONARDO DICAPRIO	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MELANI WALTON	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(14) RAZAN AL MUBAREK	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
		$\frac{1}{2}$								
		1								
						$\vdash$				_
		1								
	l .							<u> </u>	l	Form <b>990</b> (2022)

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	ΙHiς	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do		Posi		than c	ne	Reportable	Reportable	Estimated
	hours per week	box,	, unles	ss per	son is	s both r/trust	an	compensation	compensation	amount of
	(list any					1	,	from the	from related organizations	other compensation
	hours for	direct				- G		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	•	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lns	JJ 0	Key	Hig	Po.			
								1 276 265	•	124 172
1b Subtotal								1,376,265.	0.	134,172.
c Total from continuation sheets to Part VI								1,376,265.	0.	134,172.
d Total (add lines 1b and 1c)										1 134,1/4.
compensation from the organization	iot iimitea to th	use	uste	u ab	ove	) wn	o re	ceived more than \$100,	ooo or reportable	20
compensation from the organization										Yes No
3 Did the organization list any former officer.	director, truste	ee, k	ev e	mpl	ove	e, or	high	nest compensated empl	loyee on	

Pid 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

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

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

rendered to the organization? If "Yes," complete Schedule J for such person

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.

the organization: Heport compensation for the defender year chaining with or with	Trano organization o tax your.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
TERRA GLOBAL CAPITAL, LLC, 220 MONTGOMERY	INVESTMENT IN CARBON	
STREET, SUITE 608, SAN FRANCISCO, CA 94104	PROJECT	1,405,000.
REMITIX LTD., 12 OLD MILLS INDUSTRIAL	ONLINE PLATFORM	
ESTATE, PAULTON , BRISTOL, UNITED KI	SERVICES	307,930.
DYNAMIC PLANET	MARINE CONSERVATION	
1444 SWANN ST NW, DC, WA 20009	DEVELOPMENT WORK	280,000.
NANSEN HOLDING LLC, 401 N. MORGAN STREET,		
SUITE 204A, CHICAGO, IL 60642	WEBSITE SUPPORT	191,296.
JON PAUL RODRIGUEZ, CALLE CHULAVISTA	CHAIR, IUCN SPECIES	
PARQUE RESIDENCIAL ATALAYA #53A, COLINAS	SURVIVAL COMMISSION	160,000.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 9		
		- 000 ()

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Form 990 (2022) RE:WILD
Part VIII Statement of Revenue

		Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Tariotion Toveride	Buoin 1000 Teveride	sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran	b	Membership dues	1b					
Y, G	С	Fundraising events	1c					
ar ji	d	Related organizations	1d					
s, ( mil	е	Government grants (contributions	s) <b>1e</b>	784,608.				
r ion	f	All other contributions, gifts, grants, a	ınd					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	1f	48,372,817.				
g G	g	Noncash contributions included in lines 1a-1	1g \$					
<u> ၁ ရ</u>	h	Total. Add lines 1a-1f			49,157,425.			
				Business Code				
မွ	2 a	FEE FOR SERVICE		900099	1,875,000.	1,875,000.		
e Ķ	b	·						
Program Service Revenue	С	·						
ev ev	d							
о Б	е	·						
<u>a</u>	f	All other program service revenue	·					
	g	Total. Add lines 2a-2f			1,875,000.			
	3	Investment income (including div	dends, intere	est, and				
		other similar amounts)			2,294,919.			2294919.
	4	Income from investment of tax-ex		roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
		Net rental income or (loss)						
	7 a	Gross amount from sales of (	i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
	b	Less: cost or other basis						
Jue		and sales expenses						
Revenue		Gain or (loss) 7c						
~		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
ther	8 a	Gross income from fundraising event	s (not					
Ò		including \$						
		contributions reported on line 1c)						
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundrais						
	э а	Gross income from gaming activi	I .					
	<b>L</b>	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming						
	10 a	Gross sales of inventory, less retu	I .	3,773.				
	h	and allowances	I .	· ·				
		Less: cost of goods sold  Net income or (loss) from sales or		, ~ ~ .	3,773.	3,773.		
-	C	Mor moome or floss) from sales of	miveritory	Business Code	3,,,3.	3,,,3.		
Sn	11 2	REIMBURSEMENT		900099	3,223.	3,223.		
neo Tue	ii a b				-,	, ====		
Miscellaneous Revenue	C							
ŠČ		All other revenue						
Σ		Total. Add lines 11a-11d			3,223.			
	12	Total revenue. See instructions			53,334,340.	1,881,996.	0.	2294919.

232009 12-13-22

# Form 990 (2022) RE: WILD Part IX Statement of Functional Expenses

Carry	on 501(a)(2) and 501(a)(4)iti	alata all aglumas All all		anlata askum = (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,488,610.	3,488,610.		
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	25 202 201	25 000 201		
	individuals. See Part IV, lines 15 and 16	37,020,381.	37,020,381.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	640.000	506 405	76.060	65 001
	trustees, and key employees	648,298.	506,405.	76,062.	65,831.
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	4,518,863.	3,529,823.	530,174.	458,866.
8	Pension plan accruals and contributions (include				<b>.</b>
	section 401(k) and 403(b) employer contributions)	84,202.	65,773.	9,879.	8,550.
9	Other employee benefits	348,338.		40,869.	8,550. 35,372. 40,449.
10	Payroll taxes	398,336.	311,152.	46,735.	40,449.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	36,297.	34,547.	725.	1,025.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	16,549.			16,549.
f	Investment management fees	16,010.		16,010.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,986,941.	1,189,845.	475,834.	321,262.
12	Advertising and promotion	383.	383.		
13	Office expenses	889,830.	578,559.	278,530.	32,741.
14	Information technology				
15	Royalties				
16	Occupancy	108,243.		79,374.	
17	Travel	1,518,415.	1,446,046.	44,258.	28,111.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	248,179.		7,234.	4,595.
20	Interest	252,733.	173,534.	42,676.	36,523.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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).				
а	amount, list line 24e expenses on Schedule 0.)				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	51,580,608.	48,882,374.	1,648,360.	1,049,874.
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)				

RE:WILD 26-2887967 Page **11** 

Form 990 (2022)
Part X Balance Sheet

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,711,791.	1	1,046,227.
	2	Savings and temporary cash investments	4,616,747.	2	46,547.
	3	Pledges and grants receivable, net	850.	3	47,790.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	80,428.	9	305,482.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	54,128,364.
	12	Investments - other securities. See Part IV, line 11		12	19,987,197.
	13	Investments - program-related. See Part IV, line 11		13	450,720.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	945,000.	15	945,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	76,957,327.
	17	Accounts payable and accrued expenses	•	17	271,647.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lak		controlled entity or family member of any of these persons	0 000 000	22	8,252,734.
_	23	Secured mortgages and notes payable to unrelated third parties		23	0,232,734.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25	8,525,121.	26	8,524,381.
_	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	0,323,121	20	0,324,301
န္		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	8,645,602.	27	6,005,657.
3ala	28	Net assets with donor restrictions		28	62,427,289.
힐		Organizations that do not follow FASB ASC 958, check here			, , , , , , , , , , , , , , , , , , ,
F.		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	68,432,946.
_	33	Total liabilities and net assets/fund balances		33	76,957,327.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>53</u> ,	<u>. 33</u>	4,3	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	_51,	58	0,6	08.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	75	3,7	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,		0,4	
5	Net unrealized gains (losses) on investments	5			8,7	72.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	68,	43	2,9	46.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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	X	
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	225	
				Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

		RE:W						2	6-2887967	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	$\square$	A school described in <b>sect</b> i		•	• • •					
3	$\square$	A hospital or a cooperative					•			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii).	Enter	the hospital's name	e,
_		city, and state:		lana au mainanaith anns a					- al :	
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit de	escribe	ea in	
6		section 170(b)(1)(A)(iv). (C		antal unit described in	tion 4	70/6//4// 4/	()			
6	X	A federal, state, or local gov	•				• •	noral r	vublic described in	
•		An organization that norma section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	en in ientan	unit or nom the ge	ileiai p	dubile described in	
8		A community trust describe	•	1)(A)(vi) (Complete Par	+ 11 \					
9	H	An agricultural research org				ed in coniu	ınction with a land	-grant	college	
Ŭ		or university or a non-land-g				-		-	-	
		university:	, and somege or agree			, 5,	, and state or the c	reege		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fe	es, and	d gross receipts fro	m
		activities related to its exem								
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the organiza	ation a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry o	ut the	purposes of one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509</b> (a	a)( <b>3</b> ). C	Check the box on	
	_	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g			
а			anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), typica	ılly by (	giving	
		the supported organization		• • • •	majority o	of the direc	tors or trustees of	the su	pporting	
		organization. You must o	-							
b		Type II. A supporting org	•					-	-	
		control or management o			ame perso	ns that coi	ntrol or manage th	e supp	oorted	
		organization(s). You mus							-1211-	
С		Type III functionally inte its supported organization	-				•	egrate	a with,	
d		Type III non-functionally		·	•	•	•	organiz	ration(c)	
u		that is not functionally int						-		
		requirement (see instructi	•	• ,	•		•	tttoritiv	CHCSS	
е		Check this box if the orga	•	-				pe III		
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,						
g	Pro	vide the following information	about the supporte							
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of mon	1	(vi) Amount of oth	
		organization		above (see instructions))	Yes	No	support (see instruc	tions)	support (see instructi	ions)
			ļ				<u> </u>			

Schedule A (Form 990) 2022 RE: WILD 26-2887967 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 B. Total Support   Subtract line 5 from line 4   16852679	Sec	tion A. Public Support							
Girds, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization'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  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, subreat line 5 from line 4  8 Gross income from interest, dividends, payments received on unrelated business activities, whether or not the business is regularly carried on Other income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Exphain in Part VI)  11 Total support. Add lines 7 through 10  22 Gross receipts from elated activities, etc. (see instructions)  12 Gross receipts from elated activities, etc. (see instructions)  13 First 5 years, if the Form 90 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(x)3 organization, check this box and stop here. The organization qualifies as a publicly supported organization  24 So Gross income from contents of the companization qualifies as a publicly supported organization of into 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization and if the organization meets the facts-and circumstances test - 2022. If the organization and if the organization meets the facts-and circumstances test - 2022. If the organization and into the organization in Part VI how the organization and in the organization meets the facts-and circumstances test - 2022. If the organization of indiction and stop here. Explain in Part VI how the organization.	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization'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 change  4 Total, Add lines 1 through 3  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)  6 Public support, subset files 1 bon line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources and income from similar sources 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)  11 Total support, Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization of Public Support Percentage  14 Public support percentage from 2021 Schedule A Part II, line 14  15 Public support percentage from 2021 Schedule A Part II, line 14  16 To 5. 74  17 Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A Part II, line 14  15 Public support percentage from 2021 Schedule A Part II, line 14  16 To 5. 73, 73  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -fact-and-circumstances test - 2022. If the organization did not check the box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the facts-and circumstances test show and stop here. Explain in Part VI how the organization cum and fire the organization meets the facts-and circumstances test show and s			, ,	, ,	,	,			
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on line 1 that exceeds 2% of the amount shown on line 11, column (f) 49017340  6 Public support. Subtract line 5 from line 4 16852679  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 20994969 47241457 36820053 63330226 49157425 21754413  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and 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.) 10,841 14,599 39,229 3,223 67,892  11 Total support. Add lines 7 through 10 22250915  22 Gross receipts from related activities, etc. (see instructions) 12 1,875,000  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 75.74  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 73.73  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in part VI how the organization or 17a 10% -facts-and-circumstances test - 2022. If the organization of span line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		governmental unit or publicly							
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column (f)  6 Public support. Subtract line 5 from line 4.  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and 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).  1 Total support. Add lines 7 through 10 12 2250915 (see instructions) 15 First 5 years. If the Form 990 is for the organization, check this box and stop here. The organization qualifies as a publicly supported organization. Income from contents the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization. Incred the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization.		on line 1 that exceeds 2% of the							
6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 73.73 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		amount shown on line 11,							
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fliscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  reganization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14 15 73.73 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		column (f)						49017340.	
Section B. Total Support  Calendar year (or fiscal year beginning in) 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) 11. Total support. Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 13. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14. Public support percentage from 2021 Schedule A, Part II, line 14 15. Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a. 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 17a. 10% -facts-and-circumstances test - 2022. If the organization did not check this box and stop here. Explain in Part VI how the organization	6	Public support. Subtract line 5 from line 4.						168526790	
7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14  15 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 16 33 1/3% support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	Cale	ndar year (or fiscal year beginning in)			(c) 2020	(d) 2021	(e) 2022		
dividends, payments received on securities loans, rents, royalties, and income from similar sources  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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	7	Amounts from line 4	20994969.	47241457.	36820053.	63330226.	49157425.	217544130	
securities loans, rents, royalties, and income from similar sources  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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14  15 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization  18 Section C. Computation meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	8	Gross income from interest,							
and income from similar sources  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.)  10 Gross receipts from related activities, etc. (see instructions)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		dividends, payments received on							
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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		securities loans, rents, royalties,							
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.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and income from similar sources	625,829.	930,768.	473,369.	572,250.	2294919.	4897135.	
business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  10,841. 14,599. 39,229. 3,223. 67,892  11 Total support. Add lines 7 through 10  22250915  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	9	Net income from unrelated business							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  10,841. 14,599. 39,229. 3,223. 67,892  11 Total support. Add lines 7 through 10  22250915  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		activities, whether or not the							
or loss from the sale of capital assets (Explain in Part VI.)  10,841. 14,599. 39,229. 3,223. 67,892  11 Total support. Add lines 7 through 10  22250915  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		business is regularly carried on							
assets (Explain in Part VI.)  10,841. 14,599. 39,229. 3,223. 67,892  11 Total support. Add lines 7 through 10  22250915  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	10	Other income. Do not include gain							
11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		or loss from the sale of capital							
12  1,875,000  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  15 73.73  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		assets (Explain in Part VI.)		10,841.	14,599.	39,229.	3,223.	67,892.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	11	<b>Total support.</b> Add lines 7 through 10						222509157	
organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,875,000.	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)		
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 75.74  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		organization, check this box and sto	p here						
15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	Sec	tion C. Computation of Publ	ic Support Per	centage					
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							14		
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	73.73 %	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	16a	33 1/3% support test - 2022. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or m	ore, check this bo		
and <b>stop here.</b> The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization		stop here. The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	b								
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization		and <b>stop here.</b> The organization qua	lifies as a publicly s	supported organiza	ation				
and the second of the second o	17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation	
		meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	iblicly supported o	rganization			
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the		
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a			

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

RE:WILD

## 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)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
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						
	Add lines 10a and 10b						
11	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

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Schedule A (Form 990) 2022 RE: WILD 26-2887967 Page 4

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

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Pa	Triv Supporting Organizations (continued)			
			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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	tion of type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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 Part VI 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			
	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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
a	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.		-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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		

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Schedule A (Form 990) 2022

RE:WILD

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3_	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	ion 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				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	nization (see		
	instructions).			•		

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	. aga -
Secti	on D - Distributions	/	Current Year		
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	S	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 2022 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount	Т	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
<u>       e</u>	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A	A (Form 990) 2022 RE: WILD	20-200/90/ Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section C,  ', Section B, line 1e; Part V,

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2022

Schedule B (Form 990) (2022)

**Employer identification number** 

RE:WILD 26-2887967 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

223451 11-15-22

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

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

RE: WILD

26-2887967

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,160,131.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,211,348.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$10,015,262.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions	Person X Payroll
		\$\$,005,031.	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* \$ 1 , 450 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page 2

Name of organization

Employer identification number

26-2887967

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,250,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$1,000,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$1,032,997.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$1,718,659. 	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4	* \$ 1,160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

RE: WILD

26-2887967

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	* \$ 1,010,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

RE:WILD 26-2887967

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

Name of organization **Employer identification number** RE:WILD 26-2887967 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

RE:WILD

**Employer identification number** 26-2887967

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
	Signification anomored 155 on 1511 cos, 1 aren, ins	(a) Donor advis	ed funds	(b) Fund	ds 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				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose con	ferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a h	nistorically	mportant land area
	Protection of natural habitat		Preservation of a	ertified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	conservat	ion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			. 2a	
b					
С					
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	easement	s during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	its of section 170(h)(4	-)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense sta	tement and	d
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	s that desc	ribes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of		easures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and	balance sh	eet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furth	erance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ince sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthera	ince of pub	lic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			9	S
					S
2	If the organization received or held works of art, historical treat	sures, or other similar	assets for financial ga	in, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			9	
	Assets included in Form 990, Part X				945,000.
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		-	Schedule D (Form 990) 2022

232051 09-01-22

RE:WILD 26-2887967 Page 2 Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets X No to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 5,200,603. 5,908,112, 4.710.409 4,803,014 4,459,312. **1a** Beginning of year balance 750 250 910. Contributions 342,792. 426,136. 1,295,003. -92,855. -527,769. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 137,590. 179,740. 98,050. and programs Administrative expenses 5,489,149. 5,200,603. 5,908,112. End of year balance 4,710,409. 4,803,014. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 27.8500 a Board designated or quasi-endowment 55.1500 Permanent endowment 17.0000 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the N/ 1 organization by: (i) Unrelated organizations (ii) Related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

	res	NO
 3a(i)		X
 3a(ii)		X
 3b		

#### Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment						
e Other						
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2022

2022.05080 RE:WILD

Schedule D (Form 990) 2022 RE: WILD		26	-2887967 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) FIMM GOVERNMENT PORTFOLIO			
(B) INSTL CLASS	8,000,197.	END-OF-YEAR MARKET	VALUE
(C) FIMM TREASURY ONLY			
(D) PORTFOLIO CLASS I	3,987,000.	END-OF-YEAR MARKET	VALUE
(E) FIMM GOVERNMENT PORTFOLIO			
(F) CLASS I	8,000,000.	END-OF-YEAR MARKET	VALUE
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,987,197.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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 1	1d. 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	2 15 )		
Part X Other Liabilities.	· · - · · · · · · · · · · · · · · · · ·		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	<b>5</b> .
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			+
(9)	05.)		1
Total. (Column (b) must equal Form 990, Part X, col. (B) line			leat was asta the
2. Liability for uncertain tax positions. In Part XIII, provide	trie text of the footnote to t	ne organization's financial statements t	nat 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) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4e and 4h		1.0	

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE WALTER STEVEN SECHREST ENDOWMENT FOR WILDLIFE PROTECTION IS TO PROTECT

ENDANGERED WILDLIFE THROUGH ANTI-POACHING EFFORTS, INCLUDING SUPPORT TO

WILDLIFE RANGERS AT NATURE RESERVES AROUND THE WORLD. THE HABITAT FOR

BIODIVERSITY ENDOWMENT IS TO PROTECT ENDANGERED WILDLIFE THROUGH

ESTABLISHING NATURE PRESERVES AROUND THE WORLD, EITHER THROUGH PRIVATE,

COMMUNITY, INDIGENOUS OR GOVERNMENT PROTECTION. SMALL WILD CAT ENDOWMENT

IS TO ENSURE THE SURVIVAL OF SMALL WILD CATS AND THEIR NATURAL HABITATS

WORLDWIDE.

#### PART X, LINE 2:

RE:WILD IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE

Part XIII Supplemental Information (continued) SECTION 501(C)(3). 52HZ, INC. IS A TAXABLE CORPORATION FOR FEDERAL AND STATE INCOME TAX PURPOSES. IT FILES ANNUAL FEDERAL AND STATE RETURNS BASED ON ITS CALENDAR YEAR END. RE: WILD HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GAAP, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. RE:WILD HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES. RE:WILD BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON RE:WILD'S FINANCIAL POSITION, CHANGES IN NET ASSETS OR CASH FLOWS. ACCORDINGLY, RE:WILD HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2023 AND 2022. RE: WILD IS SUBJECT TO INCOME TAX AUDITS FOR THE PREVIOUS THREE YEARS WHICH ARE OPEN. THERE ARE CURRENTLY NO INCOME TAX AUDITS FOR ANY TAX PERIODS IN PROGRESS.

### SCHEDULE F (Form 990)

### 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

RE:WILD 26-2887967

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total (b) Number of expenditures employees, (by type) (such as, fundraising, prooffices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS 0 109 PROGRAM SERVICES RESEARCH/CONSERVATION 9,497,941. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA 0 PROGRAM SERVICES RESEARCH/CONSERVATION 34 1,116,889. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 89 PROGRAM SERVICES RESEARCH/CONSERVATION 1,297,671. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 63 PROGRAM SERVICES RESEARCH/CONSERVATION 1,361,041. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR 0 166 PROGRAM SERVICES RESEARCH/CONSERVATION 19,063,104. SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 PROGRAM SERVICES RESEARCH/CONSERVATION 1,664,534. SUB-SAHARAN AFRICA ANGOLA, BENIN, BOTSWANA, BURKINA FASO 0 131 PROGRAM SERVICES RESEARCH/CONSERVATION 3,475,422. MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 19 PROGRAM SERVICES RESEARCH/CONSERVATION 237,998. 0 671 37,714,600. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a

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Schedule F (Form 990) 2022

37,714,600.

and 3b)

RE:WILD

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA /		150.000				
		CARIBBEAN	RESEARCH/CONSERVATION	150,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA /						
			RESEARCH/CONSERVATION	18,500.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	476,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA /						
		CARIBBEAN	RESEARCH/CONSERVATION	64,207.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	136,215.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	290 000	WIRE PAYMENT	0.		
2 Enter total number of		l	recognized as charities by the f	,		٠٠١		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

_			tions or Entities Outside the U					
(a) Name of organization (D) In	N (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ci	ENTRAL AMERICA /						
	C	ARIBBEAN	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
	cı	ENTRAL AMERICA /						
	cz	ARIBBEAN	RESEARCH/CONSERVATION	63,603.	WIRE PAYMENT	0.		
	cı	ENTRAL AMERICA /						
	cz	ARIBBEAN	RESEARCH/CONSERVATION	38,168.	WIRE PAYMENT	0.		
	cı	ENTRAL AMERICA /						
	cz	ARIBBEAN	RESEARCH/CONSERVATION	63,993.	WIRE PAYMENT	0.		
	c	ENTRAL AMERICA /						
	C	ARIBBEAN	RESEARCH/CONSERVATION	3691640.	WIRE PAYMENT	0.		
		ENTRAL AMERICA /						
	C	ARIBBEAN	RESEARCH/CONSERVATION	449,400.	WIRE PAYMENT	0.		
		ENTRAL AMERICA /		020 101				
	C	ARIBBEAN	RESEARCH/CONSERVATION	230,101.	WIRE PAYMENT	0.		
		ENTRAL AMERICA / ARIBBEAN	RESEARCH/CONSERVATION	27 557	WIRE PAYMENT	0.		
			MEDITACITY CONDERVATION	21,331.		· · ·		
		ENTRAL AMERICA / ARIBBEAN	RESEARCH/CONSERVATION	270,996.	WIRE PAYMENT	0.		

Schedule F (Form 990)

Schedule F (Form 990)	111.111				20 20			Faye <b>Z</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV,
(4)	and EIN (if applicable)	(5) 9	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		CENTRAL AMERICA /						
		CARIBBEAN	RESEARCH/CONSERVATION	50 000.	WIRE PAYMENT	0.		
				,				
		CENTRAL AMERICA /						
		CARIBBEAN	RESEARCH/CONSERVATION	145,419.	WIRE PAYMENT	0.		
				,				
		CENTRAL AMERICA /						
		CARIBBEAN	RESEARCH/CONSERVATION	125,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA /						
		CARIBBEAN	RESEARCH/CONSERVATION	7,233.	WIRE PAYMENT	0.		
		CENTRAL AMERICA /						
		CARIBBEAN	RESEARCH/CONSERVATION	2721416.	WIRE PAYMENT	0.		
		CENTRAL AMERICA /				_		
		CARIBBEAN	RESEARCH/CONSERVATION	170,493.	WIRE PAYMENT	0.		
		EACH ACTA /						
		EAST ASIA / PACIFIC	DECEADOU/CONCEDUATION	252 504	WIRE PAYMENT	_		
		PACIFIC	RESEARCH/CONSERVATION	253,584.	WIKE PAIMENT	0.		
		EAST ASIA /						
		PACIFIC	RESEARCH/CONSERVATION	50 400	WIRE PAYMENT	0.		
			TESTINGII, CONSERVATION	30,400.	PIZZE IZITENI	9.		
		EAST ASIA /						
		PACIFIC	RESEARCH/CONSERVATION	9.700.	WIRE PAYMENT	0.		
				-,.00.		•••		

Schedule F (Form 990)

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA /						
			RESEARCH/CONSERVATION	139,661.	WIRE PAYMENT	0.		
		EAST ASIA /						
			RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		EAST ASIA /						
			RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		EAST ASIA /						
			RESEARCH/CONSERVATION	214,717.	WIRE PAYMENT	0.		
				,				
		ENGE 1671 /						
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	19,900.	WIRE PAYMENT	0.		
				,				
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	25 225.	WIRE PAYMENT	0.		
			, , , , , , , , , , , , , , , , , , , ,					
		EUROPE	RESEARCH/CONSERVATION	9 950.	WIRE PAYMENT	0.		
			, , , , , , , , , , , , , , , , , , , ,	7				
		EUROPE	RESEARCH/CONSERVATION	20 000.	WIRE PAYMENT	0.		
						7.		
		EUROPE	RESEARCH/CONSERVATION	37,372.	WIRE PAYMENT	0.		

Scriedule F (Form 990)	1(11.111				20 20	0,20,		Faye Z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE	RESEARCH/CONSERVATION	10,752.	WESTERN UNION	0.		
		EUROPE	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
					WIRE PAYMENT AND WESTERN			
		EUROPE	RESEARCH/CONSERVATION	235,910.		0.		
		EUROPE	RESEARCH/CONSERVATION	9,966.	WESTERN UNION	0.		
		EUROPE	RESEARCH/CONSERVATION	6,250.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		EUDODE	DECEADON/CONCEDIAMION	25 000	WIDE DAYMENIO			
		EUROPE	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH/CONSERVATION	10,500.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	12,681.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	307,930.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	36,846.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		MIDDLE EAST /						
		NORTH AFRICA	RESEARCH/CONSERVATION	106,707.	WIRE TRANSFER	0.		
		MIDDLE EAST / NORTH AFRICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
				·				
		NORTH AMERICA	RESEARCH/CONSERVATION	115,962.	WESTERN UNION	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	23,777.	СНЕСК	0.		

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH/CONSERVATION	6,000.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	9,899.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	15,002.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	7,975.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	50,800.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	550,000.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		

Part II Continuation of	f Grants and Other /	1)	r ugo z					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pogion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	250,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	969,609.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	65,675.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	46,071.	WIRE PAYMENT	0.		+
		SOUTH AMERICA	RESEARCH/CONSERVATION	53,237.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	294,750.	WIRE PAYMENT	0.		<del> </del>
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		<u> </u>

Part II Continuation of	f Grants and Other /	1)	r ago <b>z</b>					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	192,742.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		<del> </del>
		SOUTH AMERICA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,140.	WIRE PAYMENT	0.		+
		SOUTH AMERICA	RESEARCH/CONSERVATION	379,705.	WIRE PAYMENT	0.		

Part II Continuation of	f Grants and Other /	1)	r ago <b>z</b>					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	10,935.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	100.000.	WIRE PAYMENT	0.		
				,				
		SOUTH AMERICA	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	48,000.	WIRE PAYMENT	0.		

Scriedule F (FOITH 990)	1111111				20 20			Faye Z
Part II Continuation	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						455.51455	455,514,755	app.a.oa., oo.,
		SOUTH AMERICA	RESEARCH/CONSERVATION	11,994.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	662,701.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	8,435.	WIRE PAYMENT	0.		
				,				
		SOUTH AMERICA	RESEARCH/CONSERVATION	430 000	WIRE PAYMENT	0.		
				200,000.				
		GOLIMIL AMEDICA	DEGEARGII / GONGERIYA ETON	350 000	MIDE DAYMENIE	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	350,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	44,600.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	7,800.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	10,606.	WIRE PAYMENT	0.		

Part II Continuation o	f Grants and Other /	1)	r ugo <b>z</b>					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	130,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	7,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	287,662.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	1672072.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	5277363.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	180,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	316,257.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	524,000.	WIRE PAYMENT	0.		

Scriedule F (Form 990)	1111111				20 20			Faye <b>Z</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	76,705.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	11,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	450,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	30,000.	WESTERN UNION	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	119,334.	WIRE PAYMENT	0.		
				,				
		SOUTH AMERICA	RESEARCH/CONSERVATION	51,151.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	22 000	WIRE PAYMENT	0.		
		DOUTH AMERICA	KESEAKCH/ CONSERVATION	22,000.	MINE FAIRENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	313,400.	WIRE PAYMENT	0.		

Part II Continuation o	f Grants and Other /	)	r ago <b>z</b>					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	39,130.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	14,899.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	69,520.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	35,750.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	31,693.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	208,945.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	597,935.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	152,460.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	250,000.	WIRE PAYMENT	0.		

Scriedule F (FOITH 990)	112.11				20 20			Faye Z
Part II Continuation o	f Grants and Other I	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	312,075.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	11,170.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	1405000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		
				,				
		SOUTH AMERICA	RESEARCH/CONSERVATION	20 000.	WIRE PAYMENT	0.		
						3,		
		SOUTH AMERICA	DECEMBER /CONCEDIAMION	25 000	WIRE PAYMENT	0.		
		POOLU AMERICA	RESEARCH/CONSERVATION	25,000.	WINE PAIMENT	U .		

Part II Continuatio	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organizatio	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH/CONSERVATION	28,511.	ACH	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	9,526.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	24,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	100,514.	WESTERN UNION	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	10,424.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH/CONSERVATION	9,921.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	7,284.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	10,027.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	37,969.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	108,940.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	630,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	156,000.	WIRE PAYMENT	0.		

Part II Continuation of	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States				es. (Schedule F (Form 990), Part II, line 1)			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SOUTH ASIA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	12,041.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	16 540	WIRE PAYMENT	0.		
				20,010.				
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	124,766.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	9 000	WIRE PAYMENT	0.		
				3,000.		J.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	67,160.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	8,805.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	30,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	90,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	135,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	10,996.	WIRE PAYMENT	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	5,875.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	85 000	WIRE PAYMENT	0.		
		AFRICA	RESEARCH/ CONSERVATION	03,000.	WIRE PAIRENT	0.		
		SUB-SAHARAN				_		
		AFRICA	RESEARCH/CONSERVATION	125,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	24,139.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	9,827.	WESTERN UNION	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	218.914.	WIRE PAYMENT	0.		
				,		-		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	100 000	WIRE PAYMENT	0.		
		AFRICA	RESEARCH/ CONSERVATION	100,000.	WIRE PAIMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		

Part II Continuation of	t II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States			United States.	es. (Schedule F (Form 990), Part II, line 1)			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	82,490.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	405 000	WIRE PAYMENT	0.		
		III KI OII	KIBBIRGII, GONBERVIII ION	103,000.	WIRE 1111111111			
		SUB-SAHARAN		40.000				
		AFRICA	RESEARCH/CONSERVATION	10,222.	WIRE PAYMENT	0.		+
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	8,190.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	135,000.	WIRE PAYMENT	0.		
				,				
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	218,339.	CHECK AND WIRE	0.		
		AFRICA	RESEARCH/ CONSERVATION	210,333.	FAIMENT	0.		+
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	5,760.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	32,000.	WIRE PAYMENT	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	46 289	WIRE PAYMENT	0.		
				10,200.				
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		+
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	30,000.	WESTERN UNION	0.		
		SUB-SAHARAN			WESTERN UNION AND WIRE			
			RESEARCH/CONSERVATION	161,432.		0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	10 000	WIRE PAYMENT	0.		
			ALDERMON, COMBENVATION	10,000.	THE THEFT	J .		+
		SUB-SAHARAN				_		
		AFRICA	RESEARCH/CONSERVATION	31,153.	WIRE PAYMENT	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH/CONSERVATION	250,000.	WIRE PAYMENT	0.		

	rt II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)					1)	r ago z	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	30 000	WIRE PAYMENT	0.		
			NEDELIKOH, GONDEKVIII ION	30,000.	71111	<u> </u>		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	10 000	WIRE PAYMENT	0.		
			RESERVOIT, CONSERVITION	10,000.	71111	<u> </u>		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	32 000	WIRE PAYMENT	0.		
		AFRICA	RESEARCH/ CONSERVATION	32,000.	WIRE PAIMENT	0.		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH,						
GRANTS	BHUTAN, INDIA,	1	10,000.	WIRE TRANSFER	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
GRANTS	DJIBOUTI, EGYPT,	2	83,000.	WIRE TRANSFER	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
GRANTS	ALBANIA, ANDORRA,	3	23,177.	WIRE TRANSFER	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN						
	- ANTIGUA &						
GRANTS	BARBUDA, ARUBA,	4	65,170.	WIRE TRANSFER	0.		
	SOUTH AMERICA -		,				
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
GRANTS	CHILE, COLUMBIA,	7	91.038.	WIRE TRANSFER	0.		
			, , , , ,				

Schedule F (Form 990) 2022 RE: WILD 26-2887967 Page 4

scrieat	ile F (FOITH 990) 2022 RE: WILD	20	2007307	Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"			
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X No

Foreign Partnerships (see Instructions for Form 8865)

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? *If* "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Fund (see Instructions for Form 8621)

Instructions for Form 5713; don't file with Form 990)

Yes X No

Schedule F (Form 990) 2022

Yes X No

4

5

6

# 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: RE:WILD PERFORMS DUE DILIGENCE TO ASSESS ALL PROSPECTIVE GRANTEES, SUCH AS REQUESTING: 1) SCOPE OF WORK / TERMS OF REFERENCE / PROPOSAL AND BUDGET AS APPLICABLE, 2) EVIDENCE OF LEGAL STATUS (COPY OF NATIONAL ID OR ARTICLES OF INCORPORATION), 3) US TAX FORMS(FOR INDIVIDUALS) W8 FOR NON-US PERSONS, W9 FOR US PERSONS AND 4) ANTI-TERRORISM WORKSHEET (ONLY FOR ORGANIZATIONS OUTSIDE THE US) PROPOSALS AND BUDGETS ARE REVIEWED AND ANALYZED BY RE: WILD MANAGERS. ALL GRANTS ARE SUBJECT TO PROGRAMMATIC AND FINANCIAL REPORTING DESCRIBING THE ACTIVITIES, IMPACT, AND FINANCIAL EXPENDITURES UNDER THE GRANT.

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

RE:WILD	)				26-2887	967
Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rail     X Mail solicitations     Internet and email solicitation     X Phone solicitations     X In-person solicitations     X In-person solicitations	sed funds through any of the following set of the solicitary of the solicitary of the following set of the solicitary of	tion of tion of fundra (includ	non-g gover aising ding of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
LISA LORD PRICE - PO BOX		Yes	No			
1400, JACKSON, WY 83001	FUNDRAISING		Х	0.	16,549.	-16,549.
3 List all states in which the organization	on is registered or licensed to solicit (			or has been notified	16,549.	-16,549. gistration
or licensing.						

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

Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 99	0, Part IV, line 18, or reporte	d more than \$15,000
		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b.	List events with gross rece	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
ā			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	4	Crass respirts				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ģ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	rt I	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a			9. or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		,,	-, · - <b> </b> - · · · - · · · · · · · · · · · · · · ·	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instabingo/progressive b		(d) Total gaming (add col. (a) through col. (c))
Rev	4	Crass valianile				
		Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes No	%	%
	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)			
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming act No," explain:		states?		Yes No
		ere any of the organization's gaming licenses rev Yes," explain:	oked, suspended, or te	rminated during the	e tax year?	Yes No
	_					
23208	2 10	)-27-22			Scl	nedule G (Form 990) 2022

Schedule G (Form 990) 2022 RE: WLLD	26-288/967 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
<b>b</b> An outside facility	13b  %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the air and the discount of a second part of the standard part of	nount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
News	
Name	
A delugan	
Address	
16 Gaming manager information:	
16 Gaming manager information:	
Name	
Nume	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	v): and Part III. lines 9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
· · · · · · · · · · · · · · · · · · ·	
(I) NAME OF FUNDRAISER: LISA LORD PRICE	
(I) ADDRESS OF FUNDRAISER: PO BOX 1400, JACKSON, WY 83001	

Schedule G	(Form 990) RE:WILD	26-2887967 <sub>Pa</sub>	age <b>4</b>
Part IV	(Form 990) RE:WILD Supplemental Information (continued)		
	(continued)		

### SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

RE:WILD							26-2887967
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro     Part II Grants and Other Assistance to I	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$					anzanon anowered	05 011 0111 000,1 411	17, 1110 21, 101 4119
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIVE RENEWABLES, INC. 3111 CADEN COURT, SUITE 130							
FLAGSTAFF, AZ 86004	85-2285816	501(C)(3)	25,000.	0.			RESEARCH CONSERVATION
PINE RIDGE GIRLS' SCHOOL, INC. 2237 BIA 27 PORCUPINE, SD 57772	46-3668492	501(C)(3)	25,000.	0.			RESEARCH CONSERVATION
POLARIS INSTITUTE USA 1901 OLYMPIC BLV, SUITE 200 WALNUT CREEK, CA 94596	74-3099465	501(C)(3)	30,000.	0.			RESEARCH CONSERVATION
SMITHSONIAN INSTITUTION 1000 JEFFERSON DRIVE SW, SUITE T-23 WASHINGTON, DC 20560	53-0206027	501(C)(3)	41,742.	0.			RESEARCH CONSERVATION
GLOBAL CONSERVATION NETWORK 12101 JOHNNY CAKE RIDGE ROAD APPLE VALLEY, MN 55124	41-1719362	501(C)(3)	38,000.	0.			RESEARCH CONSERVATION
CENTER FOR LARGE LANDSCAPE CONSERVATION - PO BOX 1587 - BOZEMAN, MT 59771	27-1226829	501(C)(3)	50,000.	0.			RESEARCH CONSERVATION
2 Enter total number of section 501(c)(3) ar	•	•	ne line 1 table				

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

26-2887967

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
CAT ACTION TREASURY, INC PO BOX 332												
CAPE NEDDICK, ME 03902	85-0435896	501(C)(3)	100,000.	0.			RESEARCH CONSERVATION					
TREEPEOPLE, INC 12601 MULHOLLAND DRIVE												
BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	200,000.	0.			RESEARCH CONSERVATION					
SAMO FUND 401 W. HILLCREST DRIVE												
THOUSAND OAKS, CA 91360	95-4187832		300,000.	0.			RESEARCH CONSERVATION					
							0 - h - dula 1 (F 000)					

Schedule I (Form 990) 2022 RE: WILD 26-2887967 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
RE:WILD PERFORMS DUE DILIGENCE TO A	ASSESS AL	L PROSPECT	TIVE GRANTE	ES, SUCH AS	
REQUESTING: 1) SCOPE OF WORK / TERM	MS OF REF	ERENCE /PF	ROPOSAL AND	BUDGET AS	
APPLICABLE, 2) EVIDENCE OF LEGAL ST	ratus (cop	Y OF NATIO	ONAL ID OR .	ARTICLES OF	
INCORPORATION), 3) US TAX FORMS (FO	OR INDIVI	DUALS) W8	FOR NON-US	PERSONS, W9	
FOR US PERSONS AND 4) ANTI-TERRORIS					
OUTSIDE THE US)					
OOISIDE INC OS!					

PROPOSALS AND BUDGETS ARE REVIEWED AND ANALYZED BY RE:WILD MANAGERS. ALL

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury
Internal Revenue Service
Name of the organization

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

RE:WILD 26-2887967 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALEJANDRO QUINTERO	(i)	200,005.	0.	0.	5,599.	19,014.	224,618.	0.
COO/SECRETARY/ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RUSSELL MITTERMEIER, PHD	(i)	193,586.	0.	0.	5,606.	8,071.	207,263.	0.
CHIEF CONSERVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PENNY LANGHAMMER	(i)	176,701.	0.	0.	5,175.	17,083.	198,959.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WESTON SECHREST, PHD	(i)	181,655.	0.	0.	5,175.	7,426.	194,256.	0.
CEO/CHIEF SCIENTIST/BOARD CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BARNEY LONG	(i)	152,316.	0.	0.	4,313.	18,861.	175,490.	0.
SENIOR DIRECTOR, CONSERVATION STRATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBIN MOORE	(i)	152,776.	0.	0.	3,563.	16,441.	172,780.	0.
VICE PRESIDENT, COMMUNICATIONS & MAR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANTHONY RYLANDS, PHD	(i)	157,308.	0.	0.	4,456.	8,042.	169,806.	0.
PRIMATE CONSERVATION DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(8) DIRK BYLER	(i)	161,918.	0.	0.	4,450.	897.	167,265.	0.
DIRECTOR, GREAT APES PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

de 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	al information.

## SCHEDULE O (Form 990)

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 26 – 2887967

RE:WILD FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RE:WILD LED CONSERVATION PLANNING FOR THE TAPIR VALLEY FROG (TLALOCOHYLA CELESTE), A NEW ENDEMIC SPECIES DISCOVERED IN COSTA RICA. IN THE WESTERN AMAZON WE SUPPORTED THE CONSTRUCTION OF A CANOPY RESEARCH TOWER IN THE TIPUTINI BIODIVERSITY STATION IN THE YASUN ECUADOR AND ALSO SUPPORTED RESEARCH AND CONSERVATION ON NATIONAL PARK, A NUMBER OF CRITICALLY ENDANGERED AND ENDANGERED SPECIES SUCH AS THE PERUVIAN YELLOW-TAILED WOOLLY MONKEY (LAGOTHRIX FLAVICAUDA, CR). FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH FUNDING SUPPORT FOR RANGER OPERATIONS, INCLUDING INCREASING THE NUMBER OF PATROLS IN THE MOUNTAIN GORILLA SECTOR, ADVANCING AERIAL SURVEILLANCE. AND REESTABLISHING CRITICAL PARK BOUNDARIES. WE ARE ALSO ASSISTING THE PARK IN THE DEVELOPMENT AND IMPLEMENTATION OF A THREAT MITIGATION STRATEGY WHICH AIMS TO SERVE AS A MODEL AND RESOURCE FOR OTHER PARKS IN EASTERN CONGO THREATENED BY SIMILAR CHALLENGES OF PROTECTING THE REGION'S IMMENSE ECOLOGICAL VALUE IN THE FACE OF ARMED CONFLICT. 99 ACRES (40 HA) OF GRAND BOIS NATIONAL PARK WERE RESTORED WITH OUR SUPPORT BY REMOVING EIGHT INVASIVE ALIEN SPECIES OF PLANTS AND PLANTING 60,000 NATIVE TREES AND PALMS (MORE THAN 20 SPECIES), EXCELLENT SURVIVAL RATES OBSERVED. THROUGH GRANTS TO OUR PARTNERS ASSOCIATION FANAMBY AND MADAGASCAR BIODIVERSITY PARTNERSHIP, WE SUPPORTED FOREST RESTORATION INITIATIVES

232211 10-28-22

,102 HA)

IN FOUR PRIORITY SITES IN MADAGASCAR: ANJOZOROBE ANGAVO (101,565 ACRES,

MENABE ANTIMENA (517,589 ACRES,

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

209,461 HA)

IHOFA

Schedule O (Form 990) 2022 Page **2** 

Name of the organization RE:WILD

Employer identification number 26-2887967

VOHITSARA BIOSRESERVE (24,693 ACRES, 9,993 HA), AND KIANJAVATO (223,610

ACRES, 90,492 HA). IN THESE SITES, LOCALLY-DRIVEN TREE PLANTING IS

RESTORING VITAL ECOLOGICAL CORRIDORS AND STIMULATING SUSTAINABLE

ECONOMIC GROWTH.

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

SAFEGUARDS, INTEGRITY, AND BENEFIT SHARING PLANS FOR REVENUE FROM A

JURISDICTIONAL CARBON PROGRAM.

- IN AMAZONIA, RE:WILD PROVIDED SUPPORT FOR CACIQUE RAONI TO HOLD ONE

  OF THE LARGEST GATHERINGS OF INDIGENOUS LEADERS IN BRAZIL IN HISTORY.

  WE ATTENDED THIS MEETING WHERE MORE THAN 900 INDIGENOUS LEADERS FROM

  ACROSS AMAZONIA MET TO TALK ABOUT THE FUTURE OF THE AMAZON. THIS

  MEETING ALLOWED US TO CONTINUE TO BE A CLOSE ALLY TO THE INDIGENOUS

  MOVEMENT IN BRAZIL AND TO POSITION OURSELVES WITH DONORS.
- IN MAY 2023, RE:WILD PROVIDED FUNDING SUPPORT FOR AND ATTENDED THE

  FIRST SUB-REGIONAL FORUM OF INDIGENOUS AND LOCAL COMMUNITY WOMEN OF

  CENTRAL AFRICA AND THE CONGO BASIN, AIMED AT STRENGTHENING THE ROLE OF

  THESE WOMEN IN CLIMATE CHANGE RESILIENCE AND BIODIVERSITY CONSERVATION,

  AND ESTABLISHING A SUSTAINABLE SUPPORT MECHANISM FOR THIS WORK. THE

  EVENT WAS HELD IN BRAZZAVILLE, HOSTED BY REPALEAC, A NETWORK OF

  INDIGENOUS AND LOCAL PEOPLES FOCUSED ON DEFENDING THEIR RIGHTS AND

  PROTECTING FORESTS THROUGH THE ADVANCEMENT OF THEIR LEADERSHIP IN

  SUSTAINABLE FOREST MANAGEMENT.
- IN MADAGASCAR, WE FUNDED THE PARTICIPATION OF MALAGASAY CONSERVATION

  LEADERS FROM OUR PARTNERS ASSOCIATION FANAMBY, GROUPE D'TUDE ET DE

  RECHERCHE SUR LES PRIMATES DE MADAGASCAR (GERP), AND ASSOCIATION DES

  GUIDES D'ANDASIBE IN AN ENVIRONMENTAL LEADERSHIP PROGRAM LEAD BY

MALIASILI.

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number RE: WILD 26-2887967

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

CREATING CHANGE: RE:WILD WORKS TO PROMOTE GREATER RECOGNITION OF THE IMPORTANCE OF CONSERVING BIODIVERSITY.

- RE:WILD HELD DISCUSSIONS WITH THE CARIBBEAN HOTEL AND TOURISM

  ASSOCIATION (CHTA) AND CARIBBEAN ALLIANCE FOR SUSTAINABLE TOURISM

  (CAST) TO COLLABORATE ON INITIATIVES TO STRENGTHEN TIES BETWEEN TOURISM

  AND BIODIVERSITY CONSERVATION.
- RE:WILD DEVELOPED COMMUNICATIONS MATERIAL TO BE USED FOR FURTHER

  AWARENESS RAISING AS WELL AS FUNDRAISING FOR THE ANNAMITES. THIS

  INCLUDED BOTH A FULLY DESIGNED 35-PAGE DOCUMENT COMPLETE WITH MAPS OF

  PRIORITY LANDSCAPES AND SITES IN THE ANNAMITES, AS WELL AS AN

  INTERACTIVE GIS STORYMAP, WHICH HIGHLIGHTS THE TRIP OF RE:WILD

  INFLUENCER, LANA CONDOR, TO VARIOUS PRIORITY SITES IN ORDER TO SPREAD

  THE WORD ABOUT THE INCREDIBLE BIODIVERSITY OF THE ANNAMITES AS WELL AS

  THE THREATS IT IS FACING, AND ACTIONS THAT RE:WILD PARTNERS ARE TAKING

  IN RESPONSE.
- OVER THE PAST YEAR, THE RE:WILD COMMUNICATIONS TEAM PRODUCED SEVERAL
  STORIES AND CONTENT ABOUT THE BRAZILIAN AMAZON, WITH EMPHASIS ON
  CAMPAIGNS AGAINST ATTEMPTS TO PASS LAWS THAT CHANGE THE TEMPORAL
  FRAMEWORK FOR THE TITLING OF INDIGENOUS LANDS AND AGAINST DEFORESTATION
  AND ON THE EFFECTS OF FIRES IN THE SOUTHERN AMAZON.

EXPENSES \$ 3,412,057. INCL GRANTS OF \$ 2,904,272. REVENUE \$ 470,499.

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

CEO AND COO REVIEW FORM 990 ACCURACY PRIOR TO SUBMISSION TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

09325\_\_1

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 26-2887967 RE:WILD FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS HAS IMPLEMENTED A CONFLICT OF INTEREST POLICY WHICH IT MONITORS, ENFORCES AND REVIEWS; THE CONFLICT OF INTEREST POLICY ARTICLE VI STATES THAT EACH EMPLOYEE, DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE MUST ANNUALLY SIGN A STATEMENT AGREEING TO COMPLY WITH THE POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE CEO AND COO'S COMPENSATION ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. KEY EMPLOYEES COMPENSATION WERE REVIEWED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MS, MO, NV, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MN FORM 990, PART VI, SECTION C, LINE 18: DOCUMENTS ARE AVAILABLE UPON REQUEST AND ON OUR WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

RE:WILD

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-2887967

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	ome End-of-yea	r assets	Direct cont entity	-	
REWILD COLOMBIA CORP.								
PO BOX 129								
AUSTIN, TX 78767	CONSERVATION	DELAWARE		0.	0.RE:WI	LD		
LONELY WHALE, LLC								
PO BOX 129								
AUSTIN, TX 78767	CONSERVATION	DELAWARE		0.	0.RE:WI	LD		
Part II Identification of Related Tax-Exempt Organizations during the tax year.  (a)	anizations. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34, I	Decause it had one	or more related			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct conti	rolling	Section 512(b controlled entity?	
				501(c)(3))		,	Yes	No

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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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Primary activity Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping owners er?	tage ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
	GOLDGERIT GO. H.T. O.V.	country)						Yes	No
52HZ INC - 86-3982504	COMMUNICATION,								
2105 BEVERLY BEACH DR NW	CREATIVE, AND								İ
OLYMPIA, WA 98502	ENGAGEMENT	DE	RE:WILD	C CORP	1,766,872.	251,284.	100%		X

RE:WILD 26-2887967 Schedule R (Form 990) 2022

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Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		_X_			
	Gift, grant, or capital contribution to related organization(s)				1b		X			
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		<u>X</u>			
h	Purchase of assets from related organization(s)				1h		<u>X</u>			
i	Exchange of assets with related organization(s)				1i		X_			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
1	Performance of services or membership or fundraising solicitations for related organiz	zation(s)			11		X			
m Performance of services or membership or fundraising solicitations by related organization(s)										
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(				1n		Х			
0	Sharing of paid employees with related organization(s)				10		X			
р	Reimbursement paid to related organization(s) for expenses				1p		X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
_	•									
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who									
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved					
		type (a-s)								
1)										
2)										
-										
3)										
4)										
5)										
6)										
	3 09-14-22		•	Schedule	R (Form	990)	2022			

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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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion:	por- ate ons?		Gener mana partr	ral or aging ner?	(k) Percentage ownership
		332	Sections 3 12-3 14)	Yes No	 33333	Yes	No	(1011111003)	Yes	NO	