

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RE:WILD		D Employer identification number 26-2887967
	Doing business as		E Telephone number 512-686-6062
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 129		G Gross receipts \$ 53,334,340.
	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78767		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: WESTON SECHREST SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.REWILD.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2008	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RE:WILD PROTECTS AND RESTORES THE WILD TO BUILD A THRIVING EARTH WHERE ALL LIFE FLOURISHES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	10
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,330,226.	49,157,425.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	1,875,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	572,250.	2,294,919.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,938.	6,996.
		63,945,414.	53,334,340.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,967,973.	40,508,991.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,996,150.	5,998,037.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	16,549.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,049,874.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,550,235.	5,057,031.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	62,514,358.	51,580,608.
19 Revenue less expenses. Subtract line 18 from line 12	1,431,056.	1,753,732.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	75,195,563.	76,957,327.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,525,121.	8,524,381.
		66,670,442.	68,432,946.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WESTON SECHREST, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RENAE DUNCAN	<i>Rena Duncan, CPA</i>	04/18/24		P01257722
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	ATCHLEY & ASSOCIATES, LLP 1005 LA POSADA DRIVE AUSTIN, TX 78752	74-2920819		(512) 346-2086	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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 THRIVING EARTH WHERE ALL LIFE FLOURISHES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 18,764,941. including grants of \$ 15,440,346.) (Revenue \$ 470,499.) WILDLIFE: RE:WILD FOCUSES OUR SPECIES CONSERVATION EFFORTS ON HIGHLY THREATENED SPECIES IN GROUPS THAT ARE NOT RECEIVING SUFFICIENT CONSERVATION ATTENTION. THESE SPECIES ARE OFTEN THE FOCUS OF LOCAL CONSERVATION GROUPS THAT STRUGGLE TO FIND INTERNATIONAL SUPPORT FOR THEIR EFFORTS BEYOND RE:WILD. A FEW RECENT ACCOMPLISHMENTS INCLUDE: - SURVEYS OF UNION ISLAND GECKOS (GONATODES DAUDINI, CR), ENDEMIC TO UNION ISLAND IN SAINT VINCENT AND THE GRENADINES, SHOWED THE POPULATION HAS INCREASED BY 80% SINCE 2018, THANKS TO IMPROVED PROTECTION SUPPORTED BY RE:WILD. - IN MEXICO WE SUPPORTED THE REINTRODUCTION OF THE GOLDEN SKIFFIA, AN EXTINCT IN THE WILD FISH, INTO THE TEUCHITLN RIVER AFTER IT WAS GONE 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 BIODIVERSITY AREAS AND UNIQUE ECOSYSTEMS. - IN ANGUILLA, WE WORKED WITH LOCAL PARTNERS TO COMPLETE THE FIRST INVENTORY OF FAUNA AND FLORA IN FOUNTAIN NATIONAL PARK TO INFORM MANAGEMENT AND RESTORATION PLANS, AND ANOTHER PARCEL OF LAND WAS PURCHASED TO ENLARGE THE PARK. OUR DIRECTOR OF PROTECTED AREAS FACILITATED A TWO-DAY MANAGEMENT PLANNING WORKSHOP FOR THE PARK AND PARTICIPATED IN A SCOPING VISIT TO PLAN HOW THIS SMALL BUT IMPORTANT PROTECTED AREA MAY BE FUNDED THROUGH TOURISM. - RE:WILD IS WORKING IN CLOSE PARTNERSHIP WITH VIRUNGA NATIONAL PARK IN EASTERN DRC TO OVERCOME MAJOR CHALLENGES RELATED TO INSECURITY, POACHING, AND HABITAT ENCROACHMENT BY ENHANCING THE PARK'S PROTECTION

4c (Code:) (Expenses \$ 10,431,014. including grants of \$ 8,730,026.) (Revenue \$ 470,499.) GUARDIANS: WE SUPPORT BIODIVERSITY GUARDIANS SUCH AS INDIGENOUS PEOPLES, WOMEN, YOUTH, AND RANGERS. OUR SUPPORT FOR PEOPLE WORKING IN CONSERVATION INCLUDES CULTIVATING LEADERSHIP, WEAVING NETWORKS, AND ACCESS TO TECHNICAL AND FINANCIAL RESOURCES. - RE:WILD TRAINED AND EQUIPPED COMMUNITY WARDENS, FOREST OFFICERS, NGO STAFF AND OTHER PERSONNEL IN SAINT VINCENT AND THE GRENADINES ON WILDLIFE MONITORING, DATA ANALYSIS AND GPS USE. - RE:WILD FUNDED THE RED INDGENA BRIBRI Y CABECAR (RIBCA) TO ORGANIZE A NATIONAL WORKSHOP ON CARBON MARKETS WITH REPRESENTATIVES FROM 18 INDIGENOUS TERRITORIES FROM COSTA RICA, COSTA RICAN NATIONAL GOVERNMENT, AND GLOBAL CARBON MARKETERS. THIS LED TO CREATING OPEN SPACES FOR GOVERNMENT OFFICIALS AND INDIGENOUS TERRITORIES TO DISCUSS

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,412,057. including grants of \$ 2,904,272.) (Revenue \$ 470,499.)

4e Total program service expenses 48,882,374.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," 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? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	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
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b 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 year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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 with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEJANDRO QUINTERO COO/SECRETARY/ASST TREASURER	40.00			X				200,005.	0.	24,613.
(2) RUSSELL MITTERMEIER, PHD CHIEF CONSERVATION OFFICER	40.00				X			193,586.	0.	13,677.
(3) PENNY LANGHAMMER EXECUTIVE VICE PRESIDENT	40.00					X		176,701.	0.	22,258.
(4) WESTON SECHREST, PHD CEO/CHIEF SCIENTIST/BOARD CHAIR	40.00	X		X				181,655.	0.	12,601.
(5) BARNEY LONG SENIOR DIRECTOR, CONSERVATION STRATE	40.00					X		152,316.	0.	23,174.
(6) ROBIN MOORE VICE PRESIDENT, COMMUNICATIONS & MAR	40.00					X		152,776.	0.	20,004.
(7) ANTHONY RYLANDS, PHD PRIMATE CONSERVATION DIRECTOR	40.00					X		157,308.	0.	12,498.
(8) DIRK BYLER DIRECTOR, GREAT APES PROGRAM	40.00					X		161,918.	0.	5,347.
(9) DANIEL RICHARDS LEAD DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(10) SCOTT MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(12) LEONARDO DICAPRIO DIRECTOR	1.00	X						0.	0.	0.
(13) MELANI WALTON DIRECTOR	1.00	X						0.	0.	0.
(14) RAZAN AL MUBAREK DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							1,376,265.	0.	134,172.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,376,265.	0.	134,172.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 20

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TERRA GLOBAL CAPITAL, LLC, 220 MONTGOMERY STREET, SUITE 608, SAN FRANCISCO, CA 94104	INVESTMENT IN CARBON PROJECT	1,405,000.
REMITIX LTD., 12 OLD MILLS INDUSTRIAL ESTATE, PAULTON, BRISTOL, UNITED KI	ONLINE PLATFORM SERVICES	307,930.
DYNAMIC PLANET 1444 SWANN ST NW, DC, WA 20009	MARINE CONSERVATION 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 PARQUE RESIDENCIAL ATALAYA #53A, COLINAS	CHAIR, IUCN SPECIES SURVIVAL COMMISSION	160,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	784,608.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	48,372,817.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		49,157,425.			
Program Service Revenue	2 a	FEE FOR SERVICE	Business Code	900099	1,875,000.	1,875,000.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,875,000.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,294,919.		2294919.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a		3,773.			
b	Less: cost of goods sold	10b		0.			
c	Net income or (loss) from sales of inventory		3,773.	3,773.			
Miscellaneous Revenue	11 a	REIMBURSEMENT	Business Code	900099	3,223.	3,223.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		3,223.			
12	Total revenue. See instructions		53,334,340.	1,881,996.	0.	2294919.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 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, 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 section 401(k) and 403(b) employer contributions)	84,202.	65,773.	9,879.	8,550.
9 Other employee benefits	348,338.	272,097.	40,869.	35,372.
10 Payroll taxes	398,336.	311,152.	46,735.	40,449.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	36,297.	34,547.	725.	1,025.
d Lobbying				
e 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.	28,869.	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.	236,350.	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), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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	
	7 Notes and loans receivable, net		7	
	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	43,178,852.	11	54,128,364.
	12 Investments - other securities. See Part IV, line 11	22,661,895.	12	19,987,197.
	13 Investments - program-related. See Part IV, line 11	1,000,000.	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)	75,195,563.	16	76,957,327.	
Liabilities	17 Accounts payable and accrued expenses	525,121.	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	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,000,000.	23	8,252,734.
	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 of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,525,121.	26	8,524,381.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,645,602.	27	6,005,657.
	28 Net assets with donor restrictions	58,024,840.	28	62,427,289.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	66,670,442.	32	68,432,946.
	33 Total liabilities and net assets/fund balances	75,195,563.	33	76,957,327.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,334,340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,580,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,753,732.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,670,442.
5	Net unrealized gains (losses) on investments	5	8,772.
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	68,432,946.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20994969.	47241457.	36820053.	63330226.	49157425.	217544130
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	20994969.	47241457.	36820053.	63330226.	49157425.	217544130
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)						49017340.
6 Public support. Subtract line 5 from line 4.						168526790

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	20994969.	47241457.	36820053.	63330226.	49157425.	217544130
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	625,829.	930,768.	473,369.	572,250.	2294919.	4897135.
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.)		10,841.	14,599.	39,229.	3,223.	67,892.
11 Total support. Add lines 7 through 10						222509157
12 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						<input type="checkbox"/>

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 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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 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						
c 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	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 Part VI. 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:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

RE : WILD

Employer identification number

26-2887967

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

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).

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

Part I Contributors (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
1	 <hr/> <hr/> <hr/>	\$ <u>1,160,131.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>3,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,211,348.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>10,015,262.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>2,005,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (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
7	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,032,997.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>1,718,659.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>1,160,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (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	<hr/> <hr/> <hr/>	\$ 1,032,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 1,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RE : WILD	Employer identification number 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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
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

2022

Open to Public
Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,200,603.	5,908,112.	4,710,409.	4,803,014.	4,459,312.
b Contributions			750.	250.	910.
c Net investment earnings, gains, and losses	426,136.	-527,769.	1,295,003.	-92,855.	342,792.
d Grants or scholarships					
e Other expenditures for facilities and programs	137,590.	179,740.	98,050.		
f Administrative expenses					
g End of year balance	5,489,149.	5,200,603.	5,908,112.	4,710,409.	4,803,014.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 27.8500 %
 - b Permanent endowment 55.1500 %
 - c Term 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 organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI 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 Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) 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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 SEHREST 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

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

RE: WILD

26-2887967

Part I 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments 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	34	PROGRAM SERVICES	RESEARCH/CONSERVATION	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	60	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.
3 a Subtotal	0	671			37,714,600.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	671			37,714,600.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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 / CARIBBEAN	RESEARCH/CONSERVATION	150,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	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 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 **114**

3 Enter total number of other organizations or entities **95**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	63,603.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	38,168.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	63,993.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	3691640.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	449,400.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	230,101.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	27,557.	WIRE PAYMENT	0.		
		CENTRAL AMERICA / CARIBBEAN	RESEARCH/CONSERVATION	270,996.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		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.		
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	253,584.	WIRE PAYMENT	0.		
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	50,400.	WIRE PAYMENT	0.		
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	9,700.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	139,661.	WIRE PAYMENT	0.		
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	0.		
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		EAST ASIA / PACIFIC	RESEARCH/CONSERVATION	214,717.	WIRE PAYMENT	0.		
		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.		
		EUROPE	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	37,372.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	10,752.	WESTERN UNION	0.		
		EUROPE	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		EUROPE	RESEARCH/CONSERVATION	235,910.	WIRE PAYMENT AND WESTERN UNION	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.		
		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 Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		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 Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		NORTH AMERICA	RESEARCH/CONSERVATION	55,200.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	100,040.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	5,752.	WESTERN UNION	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	25,280.	WIRE PAYMENT	0.		
		NORTH AMERICA	RESEARCH/CONSERVATION	7,270.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	45,263.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	341,017.	WIRE PAYMENT	0.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	516,640.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	50,000.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		
		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 Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		
		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 of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	313,400.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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.		
		SOUTH AMERICA	RESEARCH/CONSERVATION	25,000.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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 of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	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.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	124,766.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	9,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	15,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	40,000.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 AFRICA	RESEARCH/CONSERVATION	67,160.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	8,805.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	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 AFRICA	RESEARCH/CONSERVATION	10,996.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 AFRICA	RESEARCH/CONSERVATION	5,875.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	85,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	125,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	24,139.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	9,827.	WESTERN UNION	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	218,914.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	100,000.	WIRE PAYMENT	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 Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 AFRICA	RESEARCH/CONSERVATION	82,490.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	405,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN 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 AFRICA	RESEARCH/CONSERVATION	135,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	218,339.	CHECK AND WIRE PAYMENT	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 Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 AFRICA	RESEARCH/CONSERVATION	20,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	46,289.	WIRE PAYMENT	0.		
		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 AFRICA	RESEARCH/CONSERVATION	161,432.	WESTERN UNION AND WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	31,153.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	250,000.	WIRE PAYMENT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 AFRICA	RESEARCH/CONSERVATION	30,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	10,000.	WIRE PAYMENT	0.		
		SUB-SAHARAN AFRICA	RESEARCH/CONSERVATION	32,000.	WIRE PAYMENT	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)
GRANTS	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	1	10,000.	WIRE TRANSFER	0.		
GRANTS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	2	83,000.	WIRE TRANSFER	0.		
GRANTS	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	3	23,177.	WIRE TRANSFER	0.		
GRANTS	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	4	65,170.	WIRE TRANSFER	0.		
GRANTS	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	7	91,038.	WIRE TRANSFER	0.		

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 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 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 No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2022

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
LISA LORD PRICE - PO BOX 1400, JACKSON, WY 83001	FUNDRAISING		X	0.	16,549.	-16,549.
Total					16,549.	-16,549.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 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 An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 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); 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 FUNDRAISERS:

(I) NAME OF FUNDRAISER: LISA LORD PRICE

(I) ADDRESS OF FUNDRAISER: PO BOX 1400, JACKSON, WY 83001

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2022

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) 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

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

(a) Type of grant or assistance	(b) Number of recipients	(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 required in Part I, line 2; Part III, column (b); and any other additional information.

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

Part IV Supplemental Information

GRANTS ARE SUBJECT TO PROGRAMMATIC AND FINANCIAL REPORTING DESCRIBING THE
ACTIVITIES, IMPACT, AND FINANCIAL EXPENDITURES UNDER THE GRANT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RE : WILD

Employer identification number

26-2887967

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RE:WILD

Employer identification number
26-2887967

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
NATIONAL PARK, ECUADOR AND ALSO SUPPORTED RESEARCH AND CONSERVATION ON
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.

- N HAITI, 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), WITH
EXCELLENT SURVIVAL RATES OBSERVED.

- THROUGH GRANTS TO OUR PARTNERS ASSOCIATION FANAMBY AND MADAGASCAR
BIODIVERSITY PARTNERSHIP, WE SUPPORTED FOREST RESTORATION INITIATIVES
IN FOUR PRIORITY SITES IN MADAGASCAR: ANJOZOROBE ANGAVO (101,565 ACRES,
41,102 HA), MENABE ANTIMENA (517,589 ACRES, 209,461 HA), IHOFA

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

Schedule O (Form 990) 2022

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 REPALÉAC, 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.

Name of the organization RE:WILD	Employer identification number 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.

Name of the organization

RE:WILD

Employer identification number

26-2887967

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)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REWILD COLOMBIA CORP. PO BOX 129 AUSTIN, TX 78767	CONSERVATION	DELAWARE	0.	0.	RE : WILD
LONELY WHALE, LLC PO BOX 129 AUSTIN, TX 78767	CONSERVATION	DELAWARE	0.	0.	RE : WILD

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

